			EXTENDED TO NOVEMBER 15,			
	Ω	00	Return of Organization Exempt Fro	om Ir	ncome Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	de (exc	ept private foundations	» <b>2021</b>
Depa	rtmont	of the Treasury	Do not enter social security numbers on this form as it	-	-	Open to Public
Intern	al Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the	e latest	information.	Inspection
AF						
	heck if pplicab	la.	organization		D Employer identific	ation number
	_ ⊐Addre	ЕПТ	S HOSPITAL FOUNDATION, INC.			
	 		FOUNDATION FOR ELLIS MEDICINE		14 162005	-
	_chang	ge Doing bi	usiness as		14-163895	7
	_return  Final	Number		om/suite	E Telephone number	<b>COO</b>
	return⊥ termin		NOTT STREET		518-243-4	
	ated ∖Amen		own, state or province, country, and ZIP or foreign postal code NECTADY, NY 12308		G Gross receipts \$	15,099,736.
	_return ⊐Applio				H(a) Is this a group ret	
	_tion pendi		nd address of principal officer: MARCIA STEINER AS C ABOVE		for subordinates? <b>H(b)</b> Are all subordinates inc	
<u> </u>	-	empt status:		527		
				527	H(c) Group exemption	ist. See instructions
			X Corporation Trust Association Other ►	I Vear		State of legal domicile: NY
	art I	Summary				
	1		e the organization's mission or most significant activities: $\_{\tt THE}$ $\_{\tt MI}$	SSTO	N OF THE FOU	NDATION
e	.		IS MEDICINE IS TO INCREASE PHILANTHR			
nan	2		x      if the organization discontinued its operations or disposed of the organization discontinued its operations or disposed of the organization discontinued its operations of the organization discontited its operations of the organization discontinued its operation d			
Governance	3		ing members of the governing body (Part VI, line 1a)			20
	4		ependent voting members of the governing body (Part VI, line 1b)			20
s S	5		of individuals employed in calendar year 2021 (Part V, line 2a)			7
Activities &	6		of volunteers (estimate if necessary)			80
cti	7 a		d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
					Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		8,307,365.	5,240,551.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
Sev.	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		2,615,924.	1,258,041.
ш	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-81,162.	-37,376.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,842,127.	6,461,216.
			nilar amounts paid (Part IX, column (A), lines 1-3)		3,057,063.	2,880,079.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		714,898. 275,160.	727,036. 340,000.
ens	16a	Professional fu	and raising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ <u>1,029,048</u>		275,100.	340,000.
Expenses					387,130.	390,282.
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		4,434,251.	4,337,397.
	18 19		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12		6,407,876.	2,123,819.
- Si		nevenue less			ginning of Current Year	End of Year
t Assets or d Balances	20	Total assets (F	Part X, line 16)		22,133,451.	24,325,863.
Asse Bal	21		(Part X, line 26)		1,622,075.	980,461.
Net /	22		fund balances. Subtract line 21 from line 20		20,511,376.	23,345,402.
	irt II	Signature		<u> </u>	, , ,	
Unde	er pena	_	I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the best of my l	knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which			- /

Sign Here	Signature of officer MARCIA STEINER, EXECUTI	Date											
	Type or print name and title												
	Print/Type preparer's name	Preparer's signature Date	Check PTIN										
Paid	THOMAS J. GIUFRE	THOMAS J. GIUFRE 11/	07/22 self-employed P00841958										
Preparer	Firm's name 🕨 FUST CHARLES CHAN	IBERS LLP	Firm's EIN ▶ 16-1226221										
Use Only	Firm's address 🖕 5784 WIDEWATERS	PARKWAY											
	SYRACUSE, NY 13214- Phone no. 315-446-3600												
May the IF	RS discuss this return with the preparer shown abov	re? See instructions	X Yes No										
132001 12-09	132001       12-09-21       LHA       For Paperwork Reduction Act Notice, see the separate instructions.       Form 990 (2021)												

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		PITAL FOUNDATI	-			_
		ATION FOR ELLI	S MEDICINE	14-163	8957	Page <b>2</b>
Par	t III Statement of Program Service	-				
_	Check if Schedule O contains a respon	ise or note to any line in this	s Part III		<u></u>	X
1	Briefly describe the organization's mission: THE FOUNDATION FOR ELL]	IS MEDICINE EN		V НЕАТ. ТНСАРЕ ТN	OUR	
	COMMUNITY BY RAISING, 1					
	THE LIFESAVING WORK PER					
	CHARITABLE GIFTS OF INI				OUR	
2	Did the organization undertake any significan					
			2		Yes	XNo
	If "Yes," describe these new services on Sch					
3	Did the organization cease conducting, or ma		ow it conducts, any pro	gram services?	Yes	XNo
	If "Yes," describe these changes on Schedule	e O.				
4	Describe the organization's program service a	accomplishments for each	of its three largest progra	am services, as measured by e	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations	are required to report the a	mount of grants and allo	ocations to others, the total exp	penses, and	ł
	revenue, if any, for each program service rep					
4a		0,079. including grants o				)
	PHILANTHROPIC SUPPORT -					
	QUALITY HEALTH CARE ANI			•		NG
	AND DISTRIBUTING FUNDS				ED AT	
	ELLIS MEDICINE. THROUGH CORPORATIONS AND FOUNDA					
	MEDICINE'S MISSION TO S	-				
	FOUNDATION TO MEET MANY				10 11	<u>.c.</u>
	STATE-OF-THE-ART MEDICA				CARE	
	PROGRAMS THAT SERVICE 7				CAR	
	UNDERSERVED, UPGRADE AN				NG	
	EDUCATION AND SCHOLARSH					
4b	(Code:) (Expenses \$	including grants o	f\$	) (Revenue \$		)
4c	(Code:) (Expenses \$	including grants o	f\$	) (Revenue \$		)
4d	Other program services (Describe on Schedu	le O.)				
	(Expenses \$ inclu	iding grants of \$	) (Revenue	e \$	)	
4e	Total program service expenses 🕨	2,880,079.				
					Form <b>99</b>	<b>0</b> (2021)
132002	12-09-21	SEE SCHEDULE	U FOR CONTIN	IUATION (S)		
0011	09 781828 3	3 2021	05000 87779	HOSPITAL FOUNDA		2
	0 / 0 T 0 T 0 T 0 T 0 T 0 T 0 T 0 T 0 T		CIUCO FUTP	TODITIVE LOONDY	TTOM D	'

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Part IV Checklist of	of Required	Schedules			
Form 990 (2021)	THE H	OUNDATION	FOR	ELLIS	MEDICINE
	ELLIS	5 HOSPITAL	FOUI	IDATIO	N, INC.

14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         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 any foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X				Yes	No
2         b In organization engage in direct or indices to pick the pick of combistors? See instructions         2         X           3         D of the organization engage in direct or indices to pick the pick of the pi	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3       Old the organization engage in direct or unliked campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II       3       X         4       Section 501(b) organizations. Di di hei organization ingage in lobbying activities, on have a section 501(b) decidion in effect of the section of the se					
public office? if 'Yes,' complete Schedule C, Part I         3         X           4         Section 501(k) or ganization. Bit the organization engage in lobbying activities, or have a section 501(k) election in effect         4         X           5         Is the organization a section 501(k) 501(k)(k), 501(k),			2	X	
4         Section 501(kg) organizations. Did the organization inspace in tobying activities, or have a section 501(kg) election in effect during the tax year? // 'Yes,' complete Schedule C, Part II.         4         X           5         Is the organization a section 501(kg)(kg), or 501(kg)(g) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98197. // 'Yes,' complete Schedule C, Part II.         5         X           6         Did the organization certain any doorn advised funds or any similar tunds or accounts? // 'Yes,' complete Schedule D, Part II.         6         X           7         X         8         Did the organization neutron or historic structures? // if 'Yes,' complete Schedule D, Part II.         7         X           8         Did the organization neutron in anount in Part X, ime 21, for secret or on statodial account liability, serve as a cutodian for any doorn advised at numbership dues, assessments, or in usal endowments? // 'Yes,' complete Schedule D, Part II.         7         X           9         Did the organization neutron in anount for induction duestion in structures? // if 'Yes,' complete Schedule D, Part II.         7         X           9         Did the organization neutron in anount for induction in structures? if 'Yes,'' complete Schedule D, Part II.         10         X           11         If the organization neotra a amount for induction in structures? If 'Yes,' complete Schedule D, Part X.         10         X           12         Did the organization neotr	3				v
during the taxy year (II Yes, * complete Schedule C, Part II         4         X           is the organization a section Stol(k) 50 (clk) 50 (clk) 50 (clk) 50 (clk) tunds or accounts for which doors have the aptit to provide advace on the distribution or investment of amounts in such tunds or accounts for which doors have the aptit to provide advace on the distribution or investment of amounts in such tunds or accounts for which doors have the aptit to provide advace on the distribution or investment of amounts in such tunds or accounts for which doors have the aptit to provide advace on the distribution or investment tunds or accounts for which doors have the aptit to provide advace on the distribution or investment at amounts in such tunds or accounts for which doors have the aptit to provide advace on the distribution or investment of use of the account (lability, serve as a custodian for amounts not listed in Part X; or provide credit conselling, debt management, credit repair, or debt negotiation services?         7         X           9         Did the organization indexity or through a related organization, hold assets in donor-restricted endowments         10         X           11         If the organization report an amount for lend, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part VI         10         X           2         Did the organization report an amount for lends. Schedule D, Part VI         11         X           3         Did the organization report an amount for lends. Schedule D, Part VI         11         X           4         Did the organization report an amount for lends. Schedule D, Part VI         11 <td< td=""><td>_</td><td></td><td>3</td><td></td><td><u> </u></td></td<>	_		3		<u> </u>
5         Is the organization asciclor 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98197 if **es, "complete Schedule C, Part II         5         X           Did the organization maintan any doora divised funds or any similar funds or accounts? If **es, "complete Schedule D, Part II         6         X           Did the organization maintan any doora divised massement, houlding easements to preserve open space, the environment, historic land areas, or historic structures? If **es, "complete Schedule D, Part II         7         X           9         Did the organization maintan any doora divised in assumes, in colling easements to preserve open space, the environment, historic at rougen collicitons of works of at, historical treasures, or other similar assets? If **es, * complete Schedule D, Part II         7         X           9         Did the organization, report an amount for hord X, line 21, for secrow or custodal account liability, serve as a custodian for amounts not listed in Part X, ine 71, for secrow or custodal account liability, serve as a custodian for amounts not listed in Part X, line 71, for secrom or custodal account liability, serve as a subtodian for asset septicable.         9         X           10         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *yes, *complete Schedule D, Part V         11a         X           11         If 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 ParX, X, line 16? If *yes, *complete Schedule D, Part W </td <td>4</td> <td></td> <td></td> <td></td> <td>v</td>	4				v
eminiparamounts as defined in Rev. Proc. 99:197 µr/ss," complete Schedule D, Part II         5         X           0         Did the organization marina may donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II         6         X           7         Did the organization marina marks or historic attrasminist for which down have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II         7         X           8         Did the organization marina marks or historic attrasmines, or other similar assets? If "Yes," complete Schedule D, Part II         8         X           9         Did the organization directly or through a nelated organization, hold assets in donor restricted endowments         9         X           10         Did the organization directly or through a nelated organization, hold assets in donor restricted endowments         9         X           10         Did the organization organization answer to any of the following questions is "Yes," then complete Schedule D, Part V         10         X           11         If the organization report an amount for ind. buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V         11a         X           2         Did the organization report an amount for investments - program related in Part X, line 10? If "Yes," complete Schedule D, Part V         11b         X           2         Did the organization report an amo	-		4		
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 II	5		-		v
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic ind areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, which assets in donor-restricted endowments       10       X         9       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization report an amount for least the part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         111       X       Did the organization report an amount for least metals in Part X, line 10? If "Yes," complete Schedule D, Part X       111       X         111       X       Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part X       112       X	6		5		
7       Did the organization receive or hold a conservation assement, including easements to preserva open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.       7       X         8       X       Schedule D, Part III.       8       X         9       Did the organization maints on cleations of voices of ant, historics treasures, or other similar asset? If 'Yes,' complete Schedule D, Part II.       8       X         10       Did the organization report an amount in Part X, ine 21, for escrew 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?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11b       X         13       Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes,' complete Schedule D, Part VI       11a       X         14       Did the organization report an amount for other assets in Part X, line 20? If 'Yes,' complete Schedule D, Part X       11b	0		6		x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II     7     X       8     Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II     8     X       9     Did the organization report an amount in Part X, line 21, for escrew 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?     9     X       10     Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments?     10     X       11     If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     10     X       12     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 VI     11a     X       13     Did the organization report an amount for other liabilities in Part X, line 12? If "Yes," complete Schedule D, Part X     11a     X       14     X     11a     X     11a     X       14     X     11a     X     11a     X       15     Did the organization report an amount for investments - other assets in Part X, line 12? If "Yes," complete Schedule D, Part X     11a     X       16     Did the	7		0		
B       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III       B       X         D bit the organization report an amount in Part X, line 21, for escrew 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?       9       X         D bit the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         D bit the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Part V, use applicable.       10       X         a       Did the organization report an amount for innet, buildings, and equipment in Part X, line 127 If 'Yes,' complete Schedule D, Part VI       11a       X         D bit the organization report an amount for investments - order securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VI       11a       X         D bit 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 167 If 'Yes,' complete Schedule D, Part X       11e       X         D bit the organization is biblifty for uncertain tax positions under Fill A (SC 7 407) 'Yes,' complete Schedule D, Part X       11d       X         D bit the organization scholute to runortain itax positions under Fill A (SC 7 407) 'Yes,' c	'		7		x
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 121, from secrew 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?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - other securities in Part X, line 107. If "Yes," complete Schedule D, Part VI       10       X         12       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 167. If "Yes," complete Schedule D, Part VII       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VII       11a       X         14       X       It the organization report an amount for threat is in Part X, line 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part X       11a       X         14       X       It the organization report an amount for threat steaments for the tax year?       114       X         15       Did the organization report an amount for threat liabilling for	8		<b>_</b>		
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 neoptation services?       9       X         10       Ub the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII	0		8		x
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         If 'Yes,'' complete Schedule D, Part IV       10       X       10       X         If the organization, directly or through a related organization, hold assets in donor-restricted endowments       10       X       10       X         If the organization, directly or through a related organization, site Yes,'' then complete Schedule D, Parts VI, VII, VIII, DK, or X, as applicable.       10       X       11       If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI       11a       X         Did the organization report an amount for investments - other securities 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 VII       11a       X         Did the organization report an amount for investments - other assets 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 X       11e       X         Did the organization report an amount for investments - other assets 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 X       11e       X         Did the organization report an amount for investments - other labilities in Part X, line 25? If 'Yes,'' complete Schedule D, Part X       11e       X         Did the organization report an amount for in	a				
If "Yes," complete Schedule D, Part IV     9     X       10     Did the organization, directly or through a related organization, hold assets in donor-restricted endowments     10     X       11     If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V     10     X       11     If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V     11a     X       12     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 VI     11a     X       13     Did the organization report an amount for investments - other securities 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 VI     11d     X       14     Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X     11d     X       11     Test     Test organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X     11d     X       12     Did the organization separate or consolidated financial statements for the tax year?     11d     X       13     Ith deorganization separate, independent audited financial statements for the tax year?     11d     X       14     Did the organization included in consolidated, independent audited fin	5				
10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,			9		x
or in quasi endowments? If "Yes," complete Schedule D, Part V     10     X       11     If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable.     11a     X       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI     11a     X       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 VI     11b     X       c) 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 VII     11d     X       d) Did the organization report an amount for other liabilities 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 VII     11d     X       e) Did the organization report an amount for other liabilities 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 X     11e     X       11d     X     11d     X     11d     X     11d     X       12a     Did the organization is apparate, independent audited financial statements for the tax year?     11f Yes," complete Schedule D, Part X     11e     X       12a     X     11d     X     11d     X     11e     X	10				
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.       11			10	х	
as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI       11a       X         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? // *Yes," complete Schedule D, Part VI       11b       X         c) Did the organization report an amount for investments - orpgram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part VII       11c       X         d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // *Yes," complete Schedule D, Part X       11c       X         e) Did the organization report an amount for other issets in Part X, line 25? // *Yes," complete Schedule D, Part X       11e       X         f) Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         14a       X       Did the organization as chool described in Section 170(b)(1)(A)(ii)? // *Yes," complete Schedule D, Part X       11a       X         14a       X       Did the organization as chool described in thore States, or agg	11		10		
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foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       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 II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       X         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       21       X			14b		X
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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 16       X         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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 20b       21       X	15				
or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? /f "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H       20a       X         20a       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? /f "Yes," complete Schedule I, Parts I and II       20b       20b			15		X
<ul> <li>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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>19 If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20 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? <i>If "Yes," complete Schedule I, Parts I and II</i></li> </ul>	16				37
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       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       20a       X			16		<u> </u>
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines         1       1c and 8a? If "Yes," complete Schedule G, Part II         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       X         20b       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	17			v	
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X			17	Ā	
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	18			v	
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	40		18	Δ	
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	19				v
b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II       21       X	~~				
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					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			206		
	21		04	y	
	0000				00011

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## ELLIS HOSPITAL FOUNDATION, INC.

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		х
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	0	х	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	А	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 10		103	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	
132004	12-09-21		990	2021
	5			1

<sup>2021.05000</sup> ELLIS HOSPITAL FOUNDATION 3\_\_\_\_1

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ar	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1 1		Yes	No
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 7			
	filed for the calendar year ending with or within the year covered by this return		0	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Δ	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions Did the ergenization have unrelated business great income of \$1,000 or more during the upper 2.		3a		x
		<b>^</b>	3b		
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " <i>to line 3b, provide an explanation on Schedule</i> At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
Tu	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		x
b	If "Yes," enter the name of the foreign country				
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
		-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required			
	to file Form 8282?	1 1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
_			9b		
0	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
			-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
1	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
		·····	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
_			15		X
_	excess parachute payment(s) during the year?				
_	excess parachute payment(s) during the year?				
5			16		X
5	If "Yes," see the instructions and file Form 4720, Schedule N.		16		X
5	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
5	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	income?	<u>16</u> 17		X

# ELLIS HOSPITAL FOUNDATION, INC.

Form 990 (2021)

THE FOUNDATION FOR ELLIS MEDICINE 14-1638957 Page **6** Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI							
Sec	tion A. Governing Body and Management							
			Yes					
та	Enter the number of voting members of the governing body at the end of the tax year <b>1a 2</b>	4						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 2	의						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5						
6	Did the organization have members or stockholders?	6						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15						
		8a	X					
a ⊾	The governing body? Each committee with authority to act on behalf of the governing body?		X					
a a		8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
200	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9						
bec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes					
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	x					
		15b						
D		150						
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10						
	taxable entity during the year?	16a						
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only)	availa					
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	ELLIS MEDICINE FINANCE - 518-612-8640							
	600 MCCLELLAN STREET, SCHENECTADY, NY 12304							

<u>Form 990 (</u>	2021) THE FOUNDATION FOR ELLIS MEDICINE	14-1638957	Page 7								
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Comple	<b>1a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										
	• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.										
Enter -0- in	columns (D), (E), and (F) if no compensation was paid.										

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

ELLIS HOSPITAL FOUNDATION, INC.

(A)	(B)							(D)	(F)			
Name and title	Average	Position (do not check more than one					ne	Reportable	Reportable	Estimated		
	hours per	box	box, unless per officer and a di			s both	n an	compensation	compensation	amount of		
	week							from	from related	other		
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization		
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1033-1120)	and related		
	below	Individual trustee or director	Institutional trustee	L.	Key employee	est co oyee	er			organizations		
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			5		
(1) MARCIA STEINER	55.00											
EXECUTIVE DIRECTOR				Х				226,186.	0.	19,396.		
(2) KAREN MANTAS	50.00											
DIRECTOR OF ADVANCEMENT						X		113,906.	0.	17,315.		
(3) JAMES BARNES, ESQ.	1.00											
TREASURER		Х		Х				0.	0.	0.		
(4) GREG BUCHER	1.00											
TRUSTEE		Х						0.	0.	0.		
(5) ANTONIO CIVITELLA	1.00											
TRUSTEE		Х						0.	0.	0.		
(6) BECKY DANIELS	1.00											
TRUSTEE		Х						0.	0.	0.		
(7) CHRISTOPHER DIBBLE, MD	1.00											
TRUSTEE		Х						0.	0.	0.		
(8) CHRISTOPHER DOLINSKY, MD	1.00											
TRUSTEE		Х						0.	0.	0.		
(9) S LARRY FELDMAN, CLU	1.00											
TRUSTEE		Х						0.	0.	0.		
(10) LORI ANNE HARRIS	1.00									_		
SECRETARY		Х		Х				0.	0.	0.		
(11) DAVID C HORAN, JR	1.00									-		
BOARD CHAIR	1	Х		Х				0.	0.	0.		
(12) JIM HURLEY	1.00								•	•		
VICE CHAIR	1 00	X		Х				0.	0.	0.		
(13) AMANDA KURYLUK, ESQ	1.00								0	0		
TRUSTEE	1 00	Х						0.	0.	0.		
(14) CATHERINE LEWIS	1.00								0	0		
TRUSTEE	1 0 0	Х						0.	0.	0.		
(15) MARK M LITTLE	1.00								0	0		
TRUSTEE	1 0 0	Х						0.	0.	0.		
(16) JONATHAN LOECK	1.00								•	<u>^</u>		
TRUSTEE	1 00	Х						0.	0.	0.		
(17) STACY MARBLE	1.00	3.7							<u> </u>	0		
TRUSTEE		Х						0.	0.	0.		
132007 12-09-21										Form <b>990</b> (2021)		

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Form 99	<u>90 (2021)</u> THE FOUN	DATION F	OF	ξĒ	LL	JIS	SM	EE	DICINE	14-1638	;9 <u>5</u>	<u>7 ғ</u>	Page <b>8</b>
Part V	Section A. Officers, Directors, True	stees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average hours per week	box	not c , unles cer an	Pos heck ss pe	more more	than o is both	n an	Reportable compensation from	Reportable compensation from related		Estimat amount other	t of
		(list any hours for related organizations below line)	ndividual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	C	from the progenized of the pro	ation ne ition ited
(18) V TRUSTE	ISHNUDAS PAI, MD	1.00	x	_		×			0.	0.	1		0.
	NNE PHILLIPS	1.00	~				-		0.	0.	+		0.
TRUSTE	Е		x						0.	0.			0.
(20) F	ASQUALE M. SCISCI, CPA E	1.00	x						0.	0.			0.
(21) L TRUSTE	AUREN SHARKEY, ESQ. E	1.00	x						0.	0.			0.
(22) C	HRISTIAN SOLLER, ESQ	1.00									$\square$		
TRUSTE	E	1.00	x				_		0.	0.	$\vdash$		0.
TRUSTE	E		x						0.	0.	$\downarrow$		0.
(24) W TRUSTE	ILLIAM ZARZYCKI E	1.00	x						0.	0.			0.
	ubtotal								340,092.	0.		36,7	
	otal from continuation sheets to Part V otal (add lines 1b and 1c)								0. 340,092.	0.		36,7	0./11.
<b>2</b> T	otal number of individuals (including but i oppensation from the organization							io re	eceived more than \$100,	000 of reportable			2
												Yes	
	id the organization list any <b>former</b> officen ne 1a? If "Yes," complete Schedule J for s			•	•	•			• • •		3		x
<b>4</b> F	or any individual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	tion	and	l oth	ner compensation from t	he organization			
	nd related organizations greater than \$15 id any person listed on line 1a receive or										4		
	endered to the organization? If "Yes." cor	nplete Schedule	e J f	or sı	ich ,	pers	on				5	;	X
	n B. Independent Contractors omplete this table for your five highest co	managet ad inc	lono	ndor	ot or	ontre	ooto	ro th	at received more than (	100 000 of compone	otion	from	
	e organization. Report compensation for	-											
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	Com	(C) pensatio	on
<b>2</b> T	otal number of independent contractors (	including but n	ot lir	nitec	d to			ted	above) who received me	ore than			
\$	100,000 of compensation from the organ	ization 🕨				0	)						

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			2021) THE FOUNDATIC	ON FOR ELI	LIS MEDICIN	NE	14-1638	957 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin		(5)	(0)	
					(A) Total rayopula	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
					Total revenue	function revenue	business revenue	from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns 1a					
ran		b	Membership dues 1b					
<u> </u>		с	Fundraising events 1c	309,615.				
ifts ar A			Related organizations 1d					
nils.			Government grants (contributions) <b>1e</b>					
Sir			All other contributions, gifts, grants, and					
uti Jer		•	similar amounts not included above <b>1f</b>	4,930,936.				
otl		g	Noncash contributions included in lines 1a-1f	262,544.				
no:		-	Total. Add lines 1a-1f		5,240,551.			
0 0			Total. Add lines fa-11	Business Code	0,210,001.			
	~	-		Dusiness Coue				
vice	Z	a L						
er,		b						
n S /en		C.						
jraı Be∖		d						
Program Service Revenue		е						
Δ.			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter-					4=0.404
			other similar amounts)		178,101.			178,101.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	🕨				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b> 9,628,774.	•				
		b	Less: cost or other basis					
ne			and sales expenses					
evenue		с	Gain or (loss)	•				
Re		d	Net gain or (loss)	🕨	1,079,940.			1079940.
Other R	8	а	Gross income from fundraising events (not					
ŧ			including \$ 309,615. of					
			contributions reported on line 1c). See					
			Part IV, line 18	52,310.				
		b	Less: direct expenses 8k	89,686.				
		с	Net income or (loss) from fundraising events	▲	-37,376.			-37,376.
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a	a				
		b	Less: direct expenses 9k					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances 10	а				
		b	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
		-		Business Code				
sn	11	2						
oər	•••	a b						
ilai ven								
Miscellaneous Revenue		c d						
Ï			All other revenue					
	40		Total Add lines 11a-11d		6,461,216.	0.	0.	1220665.
10000	12		Total revenue. See instructions	····· 🕨	0,201,210.	I 0.	· · ·	Form <b>990</b> (2021)
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#### ELLIS HOSPITAL FOUNDATION, INC. THE FOUNDATION FOR ELLIS MEDICINE Part IX Statement of Functional Expenses

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Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t (A)	his Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,711,563.	2,711,563.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	168,516.	168,516.		
3	Grants and other assistance to foreign	100,0100			
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	225,853.		90,341.	135,512.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	383,824.		184,738.	199,086.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	28,920.		<u>11,739.</u> 20,169.	<u>    17,181.</u> 21,629.
9	Other employee benefits	41,798.			<u>21,629.</u> 25,597.
10	Payroll taxes	46,641.		21,044.	25,597.
11	Fees for services (nonemployees):				
	Management	6,451.		6,451.	
		15,031.		15,031.	
	Accounting	15,051.		15,051.	
	Lobbying Professional fundraising services. See Part IV, line 17	340,000.			340,000.
f	Investment management fees	57,917.		57,917.	
	Other. (If line 11g amount exceeds 10% of line 25,	,		,	
-	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	3,708.		3,708.	
14	Information technology				
15	Royalties				
16	Occupancy	1 990		1 770	
17	Travel	1,770.		1,770.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,078.		4,078.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BAD DEBT	115,000.			115,000.
b	PURCHASED SERVICES	113,732.			113,732.
c	RECEPTIONS / DONOR RECO	38,033.			38,033.
d	PRINTING	17,466.			17,466.
е	All other expenses	17,096.		11,284.	5,812.
25	Total functional expenses. Add lines 1 through 24e	4,337,397.	2,880,079.	428,270.	1,029,048.
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 if following SOP 98-2 (ASC 958-720)				000

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Form 990 (2021)

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Form 990 (			
Part X	Ba	lance	Sheet

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		Check if Schedule O contains a response or note to any line in this Pa			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	965,944.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,606,693.	4	3,837,994.
	5	Loans and other receivables from any current or former officer, direct	or,		
		trustee, key employee, creator or founder, substantial contributor, or	35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defin	ed		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)	(B)	6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges	16,997.	9	11,430.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	16,976,759.	11	19,510,495.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	24,325,863
	17	Accounts payable and accrued expenses	1,549,328.	17	840,932.
	18	Grants payable		18	
	19	Deferred revenue	230.	19	82,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Ĕ		trustee, key employee, creator or founder, substantial contributor, or	35%		
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	t t		
		parties, and other liabilities not included on lines 17-24). Complete Pa			
		of Schedule D		25	57,029.
	26	Total liabilities. Add lines 17 through 25	1,622,075.	26	980,461.
		Organizations that follow FASB ASC 958, check here $\blacktriangleright$ X			
š		and complete lines 27, 28, 32, and 33.	2 4 2 2 2 7 2		
a	27	Net assets without donor restrictions	3,488,976.	27	4,656,341.
Ba	28	Net assets with donor restrictions		28	18,689,061.
nn		Organizations that do not follow FASB ASC 958, check here			
يت ۲		and complete lines 29 through 33.			
<u>s</u>	29	Capital stock or trust principal, or current funds		29	
sei	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ĕΙ	31	Retained earnings, endowment, accumulated income, or other funds		31	
ا نې	~~	Total net assets or fund balances	20,511,376.	32	23,345,402.
Net Assets or Fund Balances	32		22,133,451.	33	24,325,863.

	ELLIS HOSPITAL FOUNDATION, INC.					
_	1 990 (2021) THE FOUNDATION FOR ELLIS MEDICINE	14-1	163895	7	Page	<sub>e</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		[	Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,4	61	<u>,21</u>	6.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,3			
3	Revenue less expenses. Subtract line 2 from line 1	3	2,1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,5			
5	Net unrealized gains (losses) on investments	5	5	61	<u>,89</u>	7.
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 on Schedule O)	9	1	48	<u>,31</u>	.0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	23,3	45	<u>,40</u>	2.
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u>  </u>	X
			_	Y	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		Х
	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?		2	b	X	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	c i	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:			
	Act and OMB Circular A-133?		3	a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3	b		
			Fo	rm 9	90 (2	0021

Form **990** (2021)

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SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service		Co		OMB No. 1545-0047					
Name of	the organizati	on ELLI	S HOSPITAL	FOUNDATION,	INC.			Employer	identification number
				FOR ELLIS ME					4-1638957
Part I	Reason	for Public 0	Charity Status.	All organizations must c	omplete thi	is part.) S	ee instructior	IS.	
The organ	nization is not a	private found	ation because it is: (F	For lines 1 through 12, ch	neck only o	ne box.)			
1	A church, cor	nvention of chi	urches, or associatio	n of churches described	in section	n 170(b)(1	l)(A)(i).		
2	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ı 990).)				
3	A hospital or	a cooperative	hospital service orga	nization described in se	ction 170(	b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described i	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state	e:							
5				lege or university owned	or operate	d by a go	vernmental u	nit describe	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6 🔛	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 170	0(b)(1)(A)	(v).		
7 X	An organizati	on that norma	lly receives a substar	ntial part of its support fr	om a gover	mmental	unit or from th	ne general p	oublic described in
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8	-			1)(A)(vi). (Complete Part					
9	-	-		in section 170(b)(1)(A)(i				-	-
		or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the na	ame, city	, and state of	the college	or
	university:								
10	-			than 33 1/3% of its supp				-	•
				t to certain exceptions; a					-
				(less section 511 tax) fro		ses acqui		janization a	inter Julie 30, 1975.
11 🗌			mplete Part III.)	vely to test for public saf	oty Soo e	oction 50	$\Omega(a)(4)$		
12	-	-	-	vely for the benefit of, to	•			rny out the	nurnoses of one or
	-	-	-	d in section 509(a)(1) o	-			•	
			-	f supporting organization					
a	_	•		upervised, or controlled I				-	aivina
			-	ularly appoint or elect a	•	-			
	organizatio	n. You must c	complete Part IV, Se	ctions A and B.					
b	<b>Type II.</b> A s	supporting org	anization supervised	or controlled in connect	ion with its	supporte	d organizatio	n(s), by hav	ring
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ime person	s that co	ntrol or mana	ge the supp	ported
	organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
с 🗌	Type III fur	nctionally inte	grated. A supporting	g organization operated i	n connectio	on with, a	and functional	lly integrate	d with,
	its supporte	ed organization	n(s) (see instructions)	. You must complete F	Part IV, Sec	ctions A,	D, and E.		
d		-	•	orting organization operation				•	· · ·
	that is not f	unctionally int	egrated. The organiz	ation generally must sati	sfy a distrib	oution rec	luirement and	I an attentiv	veness
	_			nplete Part IV, Sections					
e				vritten determination fror			Туре I, Туре	II, Type III	
	-	-	•••	nally integrated supportir	ng organiza	tion.			
	er the number		•						
	(i) Name of supp		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the organ	ization listed	(v) Amount o	fmonetarv	(vi) Amount of other
	organization		(	(described on lines 1-10	in your governing Yes	g document? No	support (see in	-	support (see instructions)
				above (see instructions))	100	110			
Total									

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

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

Schedule A (Form 990) 2021

Part II

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2229641.	1809528.	2052116.	8127710.	4930936.	19149931.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	2229641.	1809528.	2052116.	8127710.	4930936.	19149931.
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)						5660027.
	Public support. Subtract line 5 from line 4.						13489904.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2229641.	1809528.	2052116.	8127710.	4930936.	19149931.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	360,208.	368,594.	350,382.	231,328.	178,101.	1488613.
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.)	558,459.	559,795.	533,134.	234,045.	361,925.	
11	Total support. Add lines 7 through 10						22885902.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and stop	ohere					<b>&gt;</b>
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I		•			14	58.94 %
	Public support percentage from 2020					15	55.76 %
16a	1 33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2020.</b> If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<u>s</u>
						Schedule A	(Form 990) 2021

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#### Schedule A (Form 990) 2021 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.)

See	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organiz	ation,
	check this box and stop here						
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ne 8, column (f), d	divided by line 13, o	olumn (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	<b>21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2020. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/39	%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check tł	nis box and see ins	tructions	<b>&gt;</b>
1320	23 01-04-22					Schedu	le A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

Yes No

#### Part IV Supporting Organizations

Schedule A (Form 990) 2021

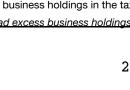
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

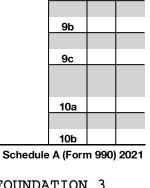
## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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## ELLIS HOSPITAL FOUNDATION, INC.

THE FOUNDATION FOR ELLIS MEDICINE Schedule A (Form 990) 2021 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 on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) 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? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a 3

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

## 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 instru
---

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization i	s the parent o	f each of its	supported	organizations.	Complete line 3	below.
---	--	--------------------	----------------	---------------	-----------	----------------	-----------------	--------

c [	The	organization sup	ported a governme	ental entity.	Describe in Pa	rt VI how	you supported a	governmental entity	v (see instruction <u>s).</u>	
-----	-----	------------------	-------------------	---------------	----------------	-----------	-----------------	---------------------	-------------------------------	--

- 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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## 18

No Yes

3

2a

2b

3a

3b Schedule A (Form 990) 2021

#### ELLIS HOSPITAL FOUNDATION, INC. THE FOUNDATION FOR ELLIS MEDICINE 14-1638957 Page 6

Sche	dule A (Form 990) 2021 THE FOUNDATION FOR ELLI			14-1638957 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

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Sche Par		N FOR ELLIS MEI (a)(3) Supporting Orga			4-1638957 Page 7
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1	ourront rou
2	Amounts paid to perform activity that directly furthers exemp				
-	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	° I		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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Part IV, Section A, I line 1; Part IV, Secti	<b>Information.</b> Provide the expl lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a ion D, lines 2 and 3; Part IV, Secti 5, and 8; and Part V, Section E, lin	ι, 9b, 9c, 11a, 11b, and on Ε, lines 1c, 2a, 2b, 3	11c; Part IV, Section B, lines 3a, and 3b; Part V, line 1; Par	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
SCHEDULE A, PART	II, LINE 10, EXP	LANATION FOF	OTHER INCOME:	
GROSS RECEIPTS F	ROM RELATED ACTIV	ITIES		
2017 AMOUNT: \$	558,459.			
2018 AMOUNT: \$	559,795.			
2019 AMOUNT: \$	533,134.			
2020 AMOUNT: \$	234,045.			
2021 AMOUNT: \$	361,925.			
132028 01-04-22		21		Schedule A (Form 990) 2021
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ELLIS HOSPITAL FOUNDATION, INC.

THE FOUNDATION FOR ELLIS MEDICINE

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Schedule A (Form 990) 2021

	HEDULE D	OMB No. 15	OMB No. 1545-0047			
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t Attach to Form 990.	).	Open to	Public
	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and the latest informa		Inspecti	
Nam	e of the organizatio			Emplo	yer identification	
Pa	t I Organiza	THE FOUNDATION FOR	d Funds or Other Similar Funds of	or Accounts	14-16389	
Fai		answered "Yes" on Form 990, Part IV, lin		JI ACCOUNTS	<ul> <li>Complete if th</li> </ul>	е
	organization		(a) Donor advised funds	(b) Funds	and other accou	nts
1	Total number at en	d of year	(	(-)		
2		contributions to (during year)				
3		grants from (during year)				
4		end of year				
5	Did the organization	n inform all donors and donor advisors in v	writing that the assets held in donor advise	d funds		
	are the organization	n's property, subject to the organization's	exclusive legal control?		Yes	No
6	-	-	dvisors in writing that grant funds can be u	-		
			r donor advisor, or for any other purpose c	-	_	
Pa					Yes	No
			ganization answered "Yes" on Form 990, P	art IV, line 7.		
1		ervation easements held by the organizatio	( 11 57	- biotorically im	nortant land area	
		of land for public use (for example, recreation natural habitat	Preservation of a	-	portant land area	
		of open space		a certined filsto	ne structure	
2			ied conservation contribution in the form o	f a conservatio	n easement on th	e last
-	day of the tax year.	<b>o o</b> .			eld at the End of the	
а	Total number of co	nservation easements		2a		
b	Total acreage restri					
с	Number of conserv		ucture included in (a)			
d			fter 7/25/06, and not on a historic structur			
	listed in the Nationa	al Register		2d		
3	Number of conserve	ation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization du	ring the tax	
	year 🕨					
4		where property subject to conservation eas				
5		ion have a written policy regarding the per				<b>—</b>
~		procement of the conservation easements it				
6	Stan and volunteer	nours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easeme	ents during the ye	ar
7			ling of violations, and enforcing conservati	on ogsomonts (	during the year	
'	► \$	es incurred in monitoring, inspecting, nand	ing of violations, and emorcing conservation	on easements t	duning the year	
8		ration easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	)(4)(B)(i)		
-					Yes	No
9			on easements in its revenue and expense s			
		•	ote to the organization's financial stateme		es the	
		ounting for conservation easements.	-			
Pa	rt III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Oth	ner Similar A	Assets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
<b>1</b> a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance shee	et works	
			lic exhibition, education, or research in fur	-	olic	
	· •		ncial statements that describes these items			
b			8, to report in its revenue statement and ba			
			exhibition, education, or research in furthe	erance of public	service,	
	-	ng amounts relating to these items:		•		
2			asures, or other similar assets for financial			
£		nts required to be reported under FASB A		gain, provide		
а	-		SC 956 relating to these items.	▶ \$		
		duction Act Notice, see the Instructions			hedule D (Form	990) 2021
	10-28-21					
-			27			

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2021.05000 ELLIS HOSPITAL FOUNDATION 3\_\_\_\_1

Sche		OSPITAL FOUNDATION FOR	-			14-16	38957	P	ana <b>2</b>
	t III Organizations Maintaining C								age –
3	Using the organization's acquisition, accession						Continu	ieu)	
5	collection items (check all that apply):		s, check any of the	following that makes	significant	136 01 113			
а	Public exhibition	d		hange program					
b	Scholarly research	ŭ		nange program					
	Preservation for future generations	e							
C A	-	llootions and avalair	bow those further th	o organization's ove	mot ouroo	oo in Dort	VIII		
4	Provide a description of the organization's co					sempart	AIII.		
5	During the year, did the organization solicit of						7		
Dar	to be sold to raise funds rather than to be ma <b>t IV</b> Escrow and Custodial Arrange						Yes		No
I ai	reported an amount on Form 990, Par		ete if the organizatio	on answered "Yes" of	n Form 990	, Part IV,	line 9, or		
4			· · · · · · · · · · · · · · · · · · ·		Secolaria d				
па	Is the organization an agent, trustee, custodia		•						٦.
_	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:				A		
							Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodial account liab	ility?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance	17,022,397.	11,439,294.	9,698,238.	11,2	23,053.	10,9	923,	221.
b	b Contributions 3,418,048. 6,446,253. 1,125,585. 910,858. 1,172,861.								
	c Net investment earnings, gains, and losses 1,171,370. 521,684. 1,518,729400,996. 919,755.								755.
	Grants or scholarships	2,922,759.	1,384,834.	903,258.	2,0	34,677.	1,	792,	783.
	Other expenditures for facilities								
-	and programs								
f	Administrative expenses								
		18 689 056.	17 022 397.	11,439,294.	96	98,238.	11 2	223	053.
2	Provide the estimated percentage of the curr				-,-	,	,	,	
	Board designated or quasi-endowment	ent year enu balance		j) Heiu as.					
a	Permanent endowment > 31.6500	0/	_%						
a		%							
С		%							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for t	he organiza	ation	5		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		_X_
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part X	, line 10.				
	Description of property	(a) Cost or o	ther (b) Cos	t or other (c)	Accumulate	ed	(d) Book	valu	е
		basis (investr	• •		epreciation				
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other		V aaluus (D) "	0-)					0.
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	<u>x, column (B), line 1</u>	<u>UC.)</u>				000	
						Schedule	e ט (Form	99U)	2021

Schedule D	(Form 990) 2021			ION	FOR	ELLIS	MEDICINE	14-1638957 Page
Part VII	Investments - 0							
	Complete if the orga	anization ar	nswered "Yes"	on For	m 990, F	Part IV, line	11b. See Form 990, Part X, line	12.
(a) Descrip	tion of security or categ	Ory (including	name of security)	(	<b>b)</b> Book	value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financia	al derivatives							
.,	held equity interests							
(3) Other								
( <b>A</b> )								
(B)								
(C)								
<u>(D)</u>								
<u>(E)</u>								
<u>(F)</u>								
(G)								
<u>(H)</u>								
Total. (Col. (I	b) must equal Form 990	, Part X, col.	(B) line 12.)					
Part VIII	Investments - F	-						
				1			11c. See Form 990, Part X, line	
	(a) Description of i	investment		(	<b>b)</b> Book	value	(c) Method of valuation: Co	ost or end-of-year market value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Part IX	b) must equal Form 990 Other Assets. Complete if the orga			on For	m 990, F	Part IV, line	I 11d. See Form 990, Part X, line	15.
			(a)	Descri	ption			(b) Book value
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
				- 15)				
Part X	<u>mn (b) must equal Fo</u> Other Liabilities	<u>nn 990, Pa</u> <b>S.</b>	<u>п л, сог. (В) IIN</u>	<del>.</del> (0.)				
			nswered "Vee"	on For	m 990 I	Part IV line	11e or 11f. See Form 990, Part	X line 25
4		escription o			111 000, 1	arerv, into		(b) Book value
<u>1.</u>			additty					
	eral income taxes			<u></u>				FE 226
	ARITABLE GI							55,336
	OLED LIFE E	3ENELT	CIARY P.	AYAB	ыцы			1,693
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	mn (b) must equal Fo	rm 990 Pa	rt X. col (R) lini	e 25 )				57,029
	for up out in tour of	::::::::::::::::::::::::::::::::::::::		<u>, 20.)</u>		·····		

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

Schedule D (Form 990) 2021

09291109 781828 3

	ELLIS HOSPITAL FOUNDATION,	INC.				
Sche	dule D (Form 990) 2021 THE FOUNDATION FOR ELLIS ME	EDICINE		14-2	1638957	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With R	evenue per Re	turn.		
	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	7,273,	,484.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	561,897.			
b	Donated services and use of facilities		12,375.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	237,996.			
е	Add lines 2a through 2d			2e	812	<u>,268.</u>
3	Subtract line 2e from line 1			3	6,461,	<u>,216.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,461,	,216.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	4,439	<u>,458.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities		12,375.			
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	89,686.			
е	Add lines 2a through 2d			2e		,061.
3	Subtract line 2e from line 1			3	4,337	<u>,397.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,337	,397.
Pa	t 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.

#### PART V, LINE 4:

#### PART X, LINE 2:

THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION UNDER SECTION 501(C)(3) OF 132054 10-28-21 Schedule D (Form 990) 2021 30

Part XIII Supplemental Information (continued)

THE INTERNAL REVENUE CODE AND EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO

SECTION 501(A) OF THE INTERNAL REVENUE CODE.

Schedule D (Form 990) 2021

THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON SETTLEMENT. CHANGES IN RECOGNITION IN MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCURS. THE FOUNDATION DID NOT RECOGNIZE THE EFFECT OF ANY UNCERTAIN INCOME TAX POSITIONS IN EITHER 2021 OR 2020. THE TAX YEARS OPEN TO EXAMINATION BY FEDERAL AND NEW YORK STATE TAXING AUTHORITIES ARE 2018 THROUGH 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS: EXPENSES OF SPECIAL EVENTS 89,686. CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 148,310. TOTAL TO SCHEDULE D, PART XI, LINE 2D 237,996.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF SPECIAL EVENTS

89,686.

Schedule D (Form 990) 2021

132055 10-28-21

09291109 781828 3

SCHEDULE G	Suppleme	ental Informa	ation Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)			answered "Yes" on				r 19,	or if the	2021
5	C	-	ntered more than \$1 Attach to Form 990						Open to Public
Department of the Treasury Internal Revenue Service	► Go	F	ov/Form990 for instr				on.		Inspection
Name of the organization	ELLIS HOSPITAL FOUNDATION, INC. Employer								entification number
Part I Fundrais			FOR ELLIS				ine 1'	14 - 1638	
	complete this par		le organization answe		03 01			7. T OIII 330 E	
c Phone solici d X In-person so 2 a Did the organization	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	s or oral agreeme art VII) or entity viduals or entitie	e X Solicita f Solicita g X Special nt with any individual in connection with p	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	-	X Ye	
(i) Name and addres or entity (fund		(ii	) Activity	(iii) fundi have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
CCS, LLC - 461 5TH	AVENUE,			Yes	No				
NEW YORK, NY 1001	7	CONSULTING			X	3,638,786.		340,000	3,298,786.
Total				<u></u>		3,638,786.		340,000	3,298,786.
3 List all states in whi or licensing.	ich the organizatio	on is registered	or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from re	egistration
NY									
LHA For Paperwork Re	eduction Act Not	ice, see the Ins	structions for Form 9	990 or	990-E	Z.		Schedul	e G (Form 990) 2021

ELLIS HOSPITAL FOUNDATION, INC. THE FOUNDATION FOR ELLIS MEDICINE 14-1638957 Page 2 Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events WOMEN'S FOUNDATION (add col. (a) through 2 NIGHT OUT GALA col. (c)) (event type) (event type) (total number) Revenue 113,093. 37,760. 211,072. 361,925. Gross receipts 1 37,760. 309<u>,615.</u> 113,093 158,762. 2 Less: Contributions 52,310. Gross income (line 1 minus line 2) 52,310. 3 4 Cash prizes 16,556. 16,556. Noncash prizes 5 Direct Expenses Rent/facility costs 12,493. 14,340. 26,833. 6 1,205. 30,217. 29,012. 7 Food and beverages

3,600. 2,645. 8 Entertainment 8,478. 1 049. 308. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) ► 11 Net income summary. Subtract line 10 from line 3, column (d)

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1 Gross revenue				
se	2 Cash prizes				
xpense	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization conduct a Is the organization licensed to conduct gaming ac b If "No," explain:	tivities in each of these s	states?		Yes No
	a Were any of the organization's gaming licenses re b If "Yes," explain:				Yes No

132082 10-21-21

Schedule G (Form 990) 2021

6,245.

9,835.

89,686.

-37,376.

Schedule G (Form 990) 2021	ELLIS HOSPITA		N, INC. MEDICINE	14-1638957 Page 3
11 Does the organization conduct ga				
12 Is the organization a grantor, ben				
to administer charitable gaming?				Yes No
13 Indicate the percentage of gamin				
<b>a</b> The organization's facility				13a   %
<b>b</b> An outside facility				
14 Enter the name and address of th				
Name ►				
<b>15a</b> Does the organization have a cor	itract with a third party from	n whom the organization	receives gaming revenue?	YesNo
<b>b</b> If "Yes," enter the amount of gam	ning revenue received by th	e organization 🕨 💲	and the a	mount
of gaming revenue retained by th	e third party 🕨 💲			
c If "Yes," enter name and address	of the third party:			
Name				
Address 🕨				
<b>16</b> Gaming manager information:				
Name 🕨				
Gaming manager compensation	▶ \$			
Description of services provided				
Director/officer	Employee	Independent cor	ntractor	
17 Mandatory distributions:				
a Is the organization required unde	r state law to make charital	ble distributions from the	aming proceeds to	
retain the state gaming license?				Yes No
<b>b</b> Enter the amount of distributions				it in the
organization's own exempt activi				
Part IV Supplemental Infor	mation. Provide the exp	planations required by Pa		(v); and Part III, lines 9, 9b, 10b,
150, 15C, 16, and 17D, as	s applicable. Also provide a	any additional information	n. See Instructions.	
132083 10-21-21				Schedule G (Form 990) 2021
		24		, ,

	( <b>-</b> )	ELLI	S HOSPITAL	FOUNDATION	N, INC.	14 1620057 - 4
Schedule G	(Form 990) Supplemental Inform	mation	FOUNDATION	FOR ELLIS	MEDICINE	14-1638957 Page 4
			(continued)			
						Schedule G (Form 990)
132084 11-18-2	21					Schedule & (Form 990)

132084 11-18-21

SCHEDULE I (Form 990)		Comple Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistanc d Individual: answered "Yes"	d Other Assistance to Organizations, ts, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	izations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. .gov/Form990 for the la	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	ation.		Open to Public Inspection
Ę	N ELLIS HOSPITAL THE FOUNDATION	TAL FOUN	NDA EL	INE				Employer identification number 14-1638957
Part I General Info	General Information on Grants and Assistance	Assistance						
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	ubstantiate the	amount of the grants o	or assistance, the g	grantees' eligibility i	for the grants or assis	tance, and the selectic	[
	criteria used to award the grants or assistance?	1ce?						X Yes No
SCI	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	dures for monit	oring the use of grant fu	unds in the United	States.			
Part II Grants and recipient that	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Organiz 300. Part II can i	cations and Domestic ( be duplicated if additior	<b>Governments.</b> Control nal space is neede	omplete if the orga ∍d.	Inization answered "Y	es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and add or gove	1 (a) Name and address of organization or government	( <b>q</b> )	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ELLIS HOSPITAL 1101 NOTT STREET SCHENECTADY, NY 12308		14-1338428	501(C)(3)	2,711,563.	0.			MEDICAL EQUIP/CLINICAL SERVICES EXP
<ul><li>2 Enter total number</li><li>3 Enter total number</li></ul>	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	government org ted in the line 1	anizations listed in the table					
4	For Paperwork Reduction Act Notice, see the Instructions for Form	e the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

ELLIS HOSPITAL Schedule   (Form 990) 2021 THE FOUNDATION	FOUNDATION, FOR ELLIS M	FOUNDATION, INC. FOR ELLIS MEDICINE			14-1638957 Pade 2
ner Assistance to Domestic Individuals luplicated if additional space is needed.	. Complete if the	organization answe	red "Yes" on Form 99	00, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOOL OF NURSING STUDENT AWARDS	67	100,581.	ò		
NURSING TUITION AWARDS	16	61,403.	°.		
EMPLOYEE CRISIS RELIEF	4	5,557.			
COVID MEALS	51	975.			
<b>Part IV</b> Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
PART II LINE 1					
ANNUALLY, THE FOUNDATION BOARD APPI	APPROVES A S	SPECIFIC AM	AMOUNT OF MOI	MONEY FOR	
CERTAIN AREAS OF HOSPITAL NEED. THE	E EXECUTIVE		DIRECTOR REVIEWS	ТНЕ	
HOSPITAL'S APPROVED CAPITAL BUDGET	MATCHING	TEMPORARILY	LY RESTRICTED	red	
CONTRIBUTIONS AND INTEREST EARNED (	ON PERMAN	ENTLY REST	PERMANENTLY RESTRICTED GIFTS	ß	
FOLLOWING THE BOARD APPROVED NYPMIFA	FA COMPLIANT		SPENDING POLICY.	ТНЕ	
EXECUTIVE DIRECTOR SENDS A WRITTEN	MEMORAND	A WRITTEN MEMORANDUM OF UNDERSTANDING		TO THE	
CAPITAL COMMITTEE OF ELLIS HOSPITAL	L ASKING THAT	THE	FOUNDATION I	BE	
BILLED MONTHLY AS THE APPROPRIATE 1	ITEMS ARE	ARE PURCHASED.	. THE HOSPITAL'S	LTAL'S	
		E C			Schedule I (Form 990) 2021

ELLIS HOSPITAL FOUNDATION, INC.         Schedule I (Form 990)       THE FOUNDATION FOR ELLIS MEDICINE       14-1638957 Page 2         Part IV       Supplemental Information
FINANCE DEPARTMENT SENDS A WRITTEN BILL TO THE FOUNDATION WITH
ACCOMPANYING DOCUMENTATION OF THE SPECIFIC PURCHASE. THE FOUNDATION
TRANSFERS THE MONEY FOR THE APPROVED ITEMS TO THE HOSPITAL.
PART III LINE 1
THE BELANGER SCHOOL OF NURSING (SON) FACULTY SELECTS STUDENTS TO
RECEIVE SPECIFIC AWARDS ESTABLISHED BY DONORS AND THE SCHOOL. THE
FACULTY ENSURES THAT STUDENTS ARE CHOSEN BASED UPON CRITERIA SET BY THE
DONOR. THE VICE PRESIDENT FOR NURSING AT ELLIS MEDICINE AND THE
FOUNDATION STAFF TRACK AWARDS AND SCHOLARSHIPS TO ENSURE THAT DONATIONS
ARE USED FOR THE INTENDED PURPOSE. IT IS THE RESPONSIBILITY OF THE
FOUNDATION TO RELEASE THE FUNDS AND ACCOUNT FOR THE REMAINING BALANCES.
IN ADDITION, THERE ARE SCHOLARSHIPS THAT ARE PRESENTED BY COMMUNITY
ORGANIZATIONS AT COMMENCEMENT.
PART III LINE 2
ADVANCED NURSING EDUCATION AWARDS ARE MADE AVAILABLE TO ELLIS-EMPLOYED
REGISTERED NURSES (RNS) TO SUPPORT EDUCATIONAL ADVANCEMENT IN PURSUIT
OF A BACHELOR'S OR MASTERS OF SCIENCE IN NURSING DEGREE OR DOCTORAL
DEGREE IN A RELATED HEALTHCARE FIELD. THIS PROGRAM IS ROOTED IN
ACADEMIC RESEARCH WHICH FOUND THAT PATIENTS RECEIVE BETTER
CARE/OUTCOMES IN HOSPITALS WHEN THE MAJORITY OF NURSES HAVE
HIGHER-LEVEL ACADEMIC DEGREES. THIS AWARD IS DESIGNED TO SUPPLEMENT
OTHER ELLIS SOURCES OF FUNDING WHICH SUPPORT EDUCATIONAL ADVANCEMENT.
THE NUMBER OF ADVANCED NURSING EDUCATION AWARDS IN ANY GIVEN YEAR MAY
VARY BASED ON AVAILABLE RESOURCES. AN AWARD COMMITTEE COMPRISED OF A
NURSE EDUCATOR, DIRECTOR OF NURSING, TWO RN STAFF, THE HUMAN RESOURCES
NURSING BUSINESS PARTNER, AND AN AD HOC DONOR REPRESENTATIVE, REVIEW
APPLICATIONS AND INTERVIEW NURSING APPLICANTS. DETERMINATIONS ARE MADE
BASED ON A MAJORITY VOTE. AWARDS OF \$150,000 ARE GRANTED AND PAYABLE TO
132291 04-01-21 38

ELLIS HOSPITAL FOUNDATION, INC.
Schedule I (Form 990) THE FOUNDATION FOR ELLIS MEDICINE 14-1638957 Page 2
Part IV Supplemental Information
THE EDUCATIONAL INSTITUTION ON A PER SEMESTER BASIS. AWARDEES ARE
REQUIRED TO SIGN A CONTRACT FOR THE NURSING AWARD PROGRAM FOR ADVANCING
EDUCATION THAT SPECIFIES A CERTAIN NUMBER OF WORKING HOURS WHILE IN
SCHOOL AND A SPECIFIC COMMITMENT TO ELLIS MEDICINE UPON DEGREE
COMPLETION.
PART III LINE 3
THE EMPLOYEE CRISIS RELIEF FUND IS A PROGRAM THAT WILL PROVIDE, THROUGH
AN APPLICATION PROCESS, LIMITED FINANCIAL ASSISTANCE TO ELIGIBLE
EMPLOYEES WHO EXPERIENCE AN ECONOMIC HARDSHIP DUE TO A QUALIFIED
EMERGENCY OR CRISIS. WHEN AN EMPLOYEE APPLIES FOR ASSISTANCE, A REVIEW
BOARD, COMPRISED OF NON-MANAGEMENT ELLIS MEDICINE STAFF, DISCUSS THE
APPLICATION AND MAKE A DETERMINATION ON FUNDING BASED ON ESTABLISHED
CRITERIA. FUNDS ARE USED TO PAY BILLS FOR SPECIFIC EXPENSES, NOT TO
PROVIDE CASH DIRECTLY TO THE EMPLOYEES. ALL APPLICATIONS ARE TREATED
CONFIDENTIALLY AND THE REVIEW BOARD DOES NOT HAVE ACCESS TO THE
IDENTITY OF THE APPLICANT.
PART III, LINE 4
DONATIONS WERE MADE TO PURCHASE MEALS TO SUPPORT STAFF WORKING THROUGH
THE COVID PANDEMIC.

Schedule I (Form 990)

132291 04-01-21

90	HEDULE J   Compensation Information	1	OMB No. 1	545-004	17
				_	
(FU	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	21	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
	Attach to Form 990.		Open to Inspe		C
_	al Revenue Service <b>Context Go to www.irs.gov/Form990 for instructions and the latest information.</b>	Employer id			mhor
INAII	· · · · · · · · · · · · · · · · · · ·		53895		nper
Da	THE FOUNDATION FOR ELLIS MEDICINE	14-10	00000	/	
10				Vee	
4-		00		Yes	No
a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for persona				
	Travel for companions	dence			
	Tax indemnification and gross-up payments	- 1 0			
	Discretionary spending account Personal services (such as maid, chauffeur,	chet)			
ь.	If any of the haves an line to are sheeled, did the argenization follows a written policy argentic statements				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		41.		
2			<b>1b</b>		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onicers, including the CEO/Executive Director, regarding the items checked on line Ta?				<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
3		. +0			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	110			
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X     Compensation committee       Written employment contract				
	Independent compensation consultant				
	Form 990 of other organizations	mmittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?				X
c	Participate in or receive payment from an equity-based compensation arrangement?				X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the revenues of:				
а	The organization?		5a		Х
b	Any related organization?		5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation				
	contingent on the net earnings of:				
а	The organization?		6a		Х
	Any related organization?				X
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III		7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
_	Regulations section 53.4958-6(c)?	<u></u>	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		le J (Forn	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021 THE F	ĮБ	FOUNDATION FOR	FOR ELLIS MEDICINE	ICINE	14-1638957	957		Page 2
s, Trustees, Key	blo	yees, and Highest C	compensated Emple	oyees. Use duplicat	e copies if additional s	pace is needed.		2
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	orm 9	oorted on Schedule נ 190, Part VII.	l, report compensati	on from the organize	ttion on row (i) and fror	n related organization	s, described in the inst	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	bri be	lividual must equal th	ne total amount of Fc	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (E	<ul> <li>amounts for that indi</li> </ul>	vidual.
		(B) Breakdown of W-2 and com	-2 and/or 1099-MISC compensation	and/or 1099-MISC and/or 1099-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARCIA STEINER	(i)	198,676.	24,808.	2,702.	8,835.	10,561.	245,582.	•0
EXECUTIVE DIRECTOR	(ii)	.0	.0	0.	.0	.0	.0	.0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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							Sched	Schedule J (Form 990) 2021

ELLIS HOSPITAL FOUNDATION, INC. THE FOUNDATION FOR ELLIS MEDICINE

132112 11-02-21

Schedule J (Form 990) 2021 THE FOUNDATION FOR ELLIS MEDICINE		Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	lete this part for any additional information.	
	Schedule J (Form 990) 2021	0) 2021

ELLIS HOSPITAL FOUNDATION, INC.

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132113 11-02-21

	HEDULE M rm 990)		Nonc	OMB No. 1545-0047			
	ment of the Treasury I Revenue Service	<ul> <li>Complete if the org</li> <li>Attach to Form 990.</li> <li>Go to www.irs.gov/</li> </ul>		Open to Public Inspection			
Name	e of the organization	ELLIS HOSPIT	AL FOU	NDATION, ]	INC.	Employe	r identification number
		THE FOUNDATI	ON FOR	ELLIS MEI	1	4-1638957	
Par	tl Types of F	Property					
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determining ontribution amounts
1	Art - Works of art						
2	Art - Historical treasu	ures					
3		ests					
4		ons					
5		nold goods					
6		cles					
7							
8							
9		traded	X	9	262,544.	MARKET V	ALUE
10		neld stock					
11	Securities - Partners						
12		neous					
13	Qualified conservation						
14							
15	Real estate - Resider						
16	Real estate - Comme						
17							
18							
19							
20		supplies					
21							
22							
23		\$					
24	Archeological artifac						
25	Other 🕨 (	)					
26	Other 🕨 (	)					
27	Other 🕨 (	)					
28	Other 🕨 (	)					
29	Number of Forms 82	283 received by the organiz	zation during	g the tax year for co	ontributions		
	for which the organiz	zation completed Form 828	83, Part V, D	onee Acknowledge	ement 29		
							Yes No
30a	During the year, did	the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	n 28, that it	
	must hold for at leas	t three years from the date	e of the initia	l contribution, and	which isn't required to be us	ed for	
	exempt purposes for	r the entire holding period?	?				30a X
b	If "Yes," describe the	e arrangement in Part II.					
31	Does the organization	on have a gift acceptance p	policy that re	equires the review o	of any nonstandard contributi	ons?	<u>31 X</u>
32a		•		•	it, process, or sell noncash		32a X
ь							32a X
	If "Yes," describe in		olumn (a) fa	rotupo of property	for which column (a) is the	(od	
33	describe in Part II.			a type of property	for which column (a) is chec	Neu,	
LHA	For Paperwork R	eduction Act Notice, see	the Instruct	tions for Form 990	).	Sche	dule M (Form 990) 2021

09291109 781828 3

THE FOUNDATION FOR ELLIS MEDICINE 14-1638957 Schedule M (Form 990) 2021 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

Part II

ON LINE 9, THERE ARE 9 TOTAL TRANSACTIONS CONSISTING OF 409 SHARES OF

APPLE INC, 12 SHARES OF VANGUARD EUROPEAN STOCK INDEX FUND, 25 SHARES

OF DUKE ENERGY, 35 SHARES OF SOUTHERN CO, 25 SHARES OF APPLIED

ELLIS HOSPITAL FOUNDATION, INC.

MATERIALS, 10 SHARES OF VANGUARD TOTAL STOCK MARKET INDEX ADMIRAL, 31

SHARES OF ISHARES S&P GLOBAL TECH, 6,630 SHARES OF GABELLI DIVID, AND

12,075 SHARES OF VIRTUS ALLIANZGI.

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

(Form 990)

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.



OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. ELLIS HOSPITAL FOUNDATION, INC. THE FOUNDATION FOR ELLIS MEDICINE

14-1638957

## FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCACY FOR ELLIS MEDICINE TO ENSURE AND SUPPORT QUALITY, LIFESAVING

HEALTHCARE IN OUR COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATION HELPS ADVANCE ELLIS MEDICINE'S MISSION TO SERVE THE

COMMUNITY AND REINVENT HEALTHCARE - ONE PATIENT AT A TIME.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF THE MANY ACCOMPLISHMENTS DURING 2021, THE THREE LARGEST INVESTMENTS

WERE IN CAPITAL IMPROVEMENTS AND PROGRAM SALARIES. SIGNIFICANT CAPITAL

IMPROVEMENTS INCLUDED THE RENOVATION OF EXISTING SPACE ON THE NOTT

STREET CAMPUS TO BUILD OUT ELLIS' NEW MEDICAL ONCOLOGY PROGRAM

(\$1,123,629), A ROSWELL PARK CARE NETWORK MEMBER SITE SERVING THE

CANCER NEEDS OF PEOPLE FROM ALL OVER UPSTATE NEW YORK; AND THE

CONSTRUCTION AND FURNISHINGS FOR ELLIS' NEW CHILD AND ADOLESCENT CLINIC

AT THE STATE STREET HEALTH CENTER (\$499,283) TO IMPROVE ACCESS AND

EXPAND MENTAL HEALTH TREATMENT SERVICES. THE FOUNDATION ALSO

SUCCESSFULLY FUNDED THE SALARIES FOR THE LIVING ROOM (\$232,638), AN

OUTPATIENT CRISIS DIVERSION PROGRAM LOCATED AT THE STATE STREET HEALTH

CENTER. THE LIVING ROOM IS A MISSION-DRIVEN SERVICE THAT HAS PROVEN TO

SAVE THE COMMUNITY MORE THAN \$1,500,000 A YEAR DIVERTING INDIVIDUALS

FROM RELIANCE ON THE EMERGENCY DEPARTMENT, PROVIDING BETTER CARE AT THE

RIGHT LOCATION.

PART III, LINE 2

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization ELLIS HOSPITAL FOUNDATION, INC. Employer identification number THE FOUNDATION FOR ELLIS MEDICINE 14-1638957 THE FOUNDATION'S GENERATIONS OF HEALTH CAPITAL CAMPAIGN WILL SUPPORT THREE MAJOR HOSPITAL INITIATIVES: 1) ADVANCED CANCER CARE THROUGH A PARTNERSHIP WITH ROSWELL PARK CANCER CENTER AND INVESTING IN THE NEWEST RADIATION THERAPY TREATMENTS THAT COMPLIMENT CHEMOTHERAPIES AND SURGERY: GIVING EVERY CANCER PATIENT A FIGHTING CHANCE, 2) EXPAND THE CAPACITY OF OUR MENTAL HEALTH SERVICES AND REMEDIATE THE INPATIENT ENVIRONMENT TO ASSURE THAT CARE IS PROVIDED IN A SAFE AND THERAPEUTIC WAY, AND 3) RENOVATE AND UPDATE THE OPERATING ROOMS ON THE ELLIS HOSPITAL AND BELLEVUE CAMPUSES. IN ADDITION, FUNDING WAS SECURED TO SUPPORT PROGRAMMATIC AND EDUCATION NEEDS FOR STAFF AND FUTURE NURSES.

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

A COPY OF THE ORGANIZATION'S FORM 990 WAS PREPARED AND SUBMITTED TO THE FOUNDATION'S EXECUTIVE DIRECTOR AND AUDIT COMMITTEE OF THE BOARD. AFTER A REVIEW WAS COMPLETED, THE FORM, INCLUDING ALL REQUIRED SCHEDULES AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH VOTING MEMBER OF THE FOUNDATION'S BOARD OF TRUSTEES FOR REVIEW. UPON APPROVAL BY THE BOARD OF TRUSTEES, THE FORM WAS FILED WITH THE IRS.

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

THE CONFLICT OF INTEREST POLICY OF THE FOUNDATION APPLIES TO INDIVIDUALS OF THE FOUNDATION, INCLUDING BUT NOT LIMITED TO EMPLOYEES, TRUSTEES AND STAFF WITH ADMINISTRATIVE RESPONSIBILITIES AND/OR DECISION MAKING

RESPONSIBILITIES. SELECTED INDIVIDUALS AS IDENTIFIED BY THE VICE PRESIDENT OF ELLIS HOSPITAL HUMAN RESOURCES AND THE DIRECTOR OF CORPORATE COMPLIANCE

AND INTERNAL AUDIT (CP-CC/IA) ARE REQUIRED TO FILE A CONFLICT OF INTEREST

DISCLOSURE STATEMENT ON AN ANNUAL BASIS. WHEN COMPLETED, THE STATEMENT IS

SENT IN A SEALED ENVELOPE TO THE DIRECTOR OF CC/IA FOR REVIEW. IN ANY CASE 132212 11-11-21 Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization ELLIS HOSPITAL FOUNDATION, INC. THE FOUNDATION FOR ELLIS MEDICINE	Employer identification number 14-1638957
WHERE A POTENTIAL CONFLICT HAS BEEN DISCLOSED, THE DIRECTO	R OF CC/IA WILL
MEET WITH THE EXECUTIVE DIRECTOR OF THE FOUNDATION AND CHA	IRMAN OF THE
BOARD OF TRUSTEES TO DISCUSS THE DISCLOSURE AND NEED FOR A	CTION, IF
NECESSARY. WHEN A POTENTIAL OR ACTUAL CONFLICT EXISTS, TH	E INTERESTED
PERSON MAY MAKE A PRESENTATION AT THE BOARD OF TRUSTEES ME	ETING, BUT MUST
LEAVE DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANS	ACTION RESULTING
IN THE CONFLICT OF INTEREST. THE BOARD SHALL DETERMINE BY	A MAJORITY VOTE
WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE FOUNDATION	N'S BEST
INTEREST.	

FORM 990, PART VI, SECTION B, LINE 15A:

ON AN ANNUAL BASIS, THE EXECUTIVE COMMITTEE OF THE FOUNDATION'S BOARD AND CEO OF ELLIS MEDICINE MEET TO REVIEW THE PERFORMANCE OF THE EXECUTIVE DIRECTOR OF THE FOUNDATION, WHICH IS MEASURED BY GOALS ESTABLISHED FOR THE PREVIOUS YEAR. THE POLICY AND PROCEDURE IS OUTLINED IN THE BY-LAWS OF THE ELLIS HOSPITAL FOUNDATION. AS PART OF THE PROCESS, THE CHAIRMAN OF THE BOARD CONSULTS WITH THE VP OF HUMAN RESOURCES OF ELLIS HOSPITAL TO ENSURE THAT THE COMPENSATION RANGE FOR THE POSITION IS CONTEMPORARY AND COMPETITIVE TO RECRUITMENT. THE EXECUTIVE COMMITTEE, WITH RECOMMENDATIONS FROM THE CEO, AWARDS PAY INCREASES AS APPROPRIATE AND MAINTAINS CONTEMPORANEOUS DOCUMENTATION TO SUPPORT SUCH CHANGES.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND AUDITED FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET A	ASSETS:
---	---------

148,310.	AGREEMENTS	INTEREST	SPLIT	UE OF	IN VALUE	CHANGE
Schedule O (Form 990) 2021						132212 11-11-21
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PART XII, LINE 2C:

THE BOARD OF TRUSTEES REVIEWS THE AUDIT AT THE ANNUAL MEETING EACH

THE FOUNDATION FOR ELLIS MEDICINE

YEAR. EFFECTIVE JANUARY 1, 2015, THE BOARD OF TRUSTEES APPOINTED AN

AUDIT COMMITTEE. THE AUDIT COMMITTEE IS GOVERNED BY AN AUDIT COMMITTEE

CHARTER. THE AUDIT COMMITTEE MEETS A MINIMUM OF TWO TIMES PER YEAR AND

ONE OF THEIR DUTIES AS DESCRIBED IN THE AUDIT COMMITTEE CHARTER IS TO

ANNUALLY RETAIN OR RENEW THE RETENTION OF THE INDEPENDENT AUDITOR TO

CONDUCT THE AUDIT, INCLUDING THE APPROVAL OF FEES AND TERMS OF

ENGAGEMENT.

Schedule O (Form 990) 2021

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SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▲ Go to www.irs.gov/Form990 for instructions and the latest information.	ions and Unrelated Pa ered "Yes" on Form 990, Part IV, ► Attach to Form 990. 1990 for instructions and the late:	r <b>tnerships</b> ine 33, 34, 35b, 3 st information.	6, or 37.	<u> </u>	OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization ELLIS HOSPITAL THE FOUNDATION	, FOUNDATION, INC. I FOR ELLIS MEDICINE	FI			Employer identification number 14-1638957	ication number 9 5 7
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	te if the organization answered "Yes"	on Form 990, Part IV, line 30	÷			
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II         Identification of Related Tax-Exempt Organizations.           organizations during the tax year.	tions. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	inswered "Yes" on Form 990	, Part IV, line 34, I	because it had one	or more related tax-exe	impt
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</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	Section 512(b)(13) controlled entity?
VOLUNTEER AIDES - 14-6004058 1101 NOTT STREET SCHENECTADY, NY 12308-2425	TO SUPPORT HOSPITAL	NEW YORK	501 (C) 3	509 (Å) 3		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.			-	Schedule R	Schedule R (Form 990) 2021

132161 11-17-21 LHA

$\frac{14-1638957}{14}$	(h)     (i)     (i)     (i)     (i)       Dispropriorate bisproportionate amount in box     Code V-UBI amount in box     Code V-UBI amount in box     Code V-UBI partner?       Yes     No     K-1 (Form 1065)     Yes No	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tegel controlling (c) (d) (e) (h) (g) (h) (g) (h) (g) (h) (g) (h) (h) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Schedule R (Form 990) 2021
N , INC . MEDICINE 14-1638957 Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(e)     (f)     (g)       Predominant income (related, unrelated, sections 512-514)     Share of total     Share of end-of-year       assets     assets	If the organization answered "Yes" on Form 96 (d) (b) (e) (e) (c) corp. S corp., Sh entity (C corp. S corp., Sh or trust) (c) or trust) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	_
	Direct controlling	or Trust.	_
ELLIS       HOSPITAL       FOUNDATIC         Schedule R (Form 990) 2021       THE       FOUNDATION       FOR       ELLIS         Part III       Identification of Related Organizations Taxable as a Partnership.       Part III       organizations treated as a partnership during the tax year.	(a)     (b)       Name, address, and EIN     Primary activity       of related organization	Part IV       Identification of Related Organizations Taxable as a Corporation or trust during the tax year.         (a)       (a)       (b)         Name, address, and EIN       (b)         Name, address, and EIN       (b)         Primary act       (b)         Image: Im	132162 11-17-21

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ELLIS HOSPITAL FOUNDATION, INC. Schedule R (Form 990) 2021 THE FOUNDATION FOR ELLIS MEDICINE

14-1638957 Page 3

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

					ľ	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	Ŷ
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?	s with one or more re	ated organizations listed ii	n Parts II-IV?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	A 10 10 10 10 10 10 10 10 10 10 10 10 10			<b>1</b> a		X
<b>b</b> Gift. grant. or capital contribution to related organization(s)				4		×
Gift. grant. or capital contribution from related organization(s)				<u>ب</u>	×	
				2		⊳
				-		⊲⊳
e coarts or loan guarantees by related organization(s)				e		4
f Dividends from related organization(s)				¥		×
				÷		×
				2 ;	T	*
h Purchase of assets from related organization(s)				ŧ	╡	4
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities. equipment, or other assets from related organization(s)				¥		×
	nization(s)			=	T	×
				= ,	T	: >
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ē		4
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				÷		×
<b>o</b> Sharing of paid employees with related organization(s)				9		×
<b>b</b> Reimbursement paid to related organization(s) for expenses				<b>e</b>		×
				- <del>-</del>		×
d neuribuisement paid by related organization(s) for expenses				2		4
r Other transfer of cash or property to related organization(s)				÷		×
Other transfer of cash or property from related organization(c)					T	×
<u>_</u>				2		
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.	ho must complete thi	s line, including covered re	elationships and transaction thresholds.			
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	volved		
(1)						
(2)						
(3)						
(4)						
(5)						
لکل 132163 11-17-21			Schedule R (Form 990) 2021	R (Form	(066	2021

Dist         Dist <thdist< th="">         Dist         Dist         <thd< th=""><th>Schedule R (Form 990) 2021 THE F</th><th>FOUNDATION FOR ELLIS</th><th></th><th>MEDICINE</th><th></th><th></th><th></th><th></th><th>14-163</th><th>1638957</th><th>Page 4</th></thd<></thdist<>	Schedule R (Form 990) 2021 THE F	FOUNDATION FOR ELLIS		MEDICINE					14-163	1638957	Page 4
ucted more than five percent of its activities (measured by total assets or g (i) (i) (i) (i) (i) (i) (i) (i) (i) (i)	Part VI Unrelated Organizations Taxa	lble as a Partnership. Co	mplete if the organ	iization answered "Yes	" on Form	990, Part IV, line	37.				
Prime table       (b)	Provide the following information for each that was not a related organization. See ins	entity taxed as a partnersh structions regarding exclus	ip through which t ion for certain inve	the organization condu estment partnerships.	cted more	than five percent	of its activities (me	asured by	r total assets or <u>(</u>	jross reve	(ənu
Primary activity     Legal dominal transmission     Predominal metany sectors 512-54)     Stare of metany metany sectors 512-54)     Stare of metany metany metany sectors 512-54)     Stare of metany metany metany metany metany metany metany metany     Stare of metany metany metany metany metany metany metany metany     Stare of metany metan	(a)	(q)	(c)		(e)		(6)	(L	(i)	(j)	(k)
	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated,	Are all partners sec. 501(c)(3) orgs.?		Share of end-of-year	Dispropor- tionate allocations?	Code V-UBI amount in box 20	General or F managing partner?	<sup>b</sup> ercentage ownership
				sections 512-514)	Yes No		assets	Yes No	(Form 1065)	Yes No	
		-									
		-									
Schedule B (Form 990) 2021											
Schedule R (Form 990) 2021											
								-	Schedule	R (Form	990) 2021

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e R (Form	990) 2021

# ELLIS HOSPITAL FOUNDATION, INC. THE FOUNDATION FOR ELLIS MEDICINE 14-1638957 Page 5

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

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(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

#### File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type of print	Name of exempt organization or other filer, see instru ELLIS HOSPITAL FOUNDATION,			Taxpayer	identification	number (TIN)		
•	THE FOUNDATION FOR ELLIS ME		E		14-163	8957		
File by th due date filing you return. Se	for Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.					
instructio		oreign addı	ress, see instructions.					
Enter t	he Return Code for the return that this application is for (file	e a separat	e application for each return)					
Applic	ation	Return	Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A			08		
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 990-T (corporation) 07 ELLIS MEDICINE FINANCE								
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>1</li> <li>t</li> <li>t</li> <li>2</li> </ul>	request an automatic 6-month extension of time until he organization named above. The extension is for the organization $x = \frac{2021}{2021}$ or	Group Exe and atta NOVEN anization's , an heck reasc	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u><b>1BER 15, 2022</b>, to file return for: d ending on: Initial return</u>	f this is fo all membe	r the whole gro ers the extension opt organization	on is for.		
	any nonrefundable credits. See instructions.	, enter the	teritative tax, less	3a	\$	0.		
	f this application is for Forms 990-PF, 990-T, 4720, or 6069	•		0	¢	0.		
-	estimated tax payments made. Include any prior year overp			3b	\$	0.		
	Balance due. Subtract line 3b from line 3a. Include your pa	•		0-	¢	0.		
	ising EFTPS (Electronic Federal Tax Payment System). See				\$	-		
instruc	<ul> <li>If you are going to make an electronic funds withdrawal tions.</li> </ul>	(airect det	Dit) with this form 8868, see form 84	+53-1 E and	1 Form 8879-1	E for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form <b>88</b>	68 (Rev. 1-2022)		

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#### FUST CHARLES CHAMBERS LLP 5784 WIDEWATERS PARKWAY SYRACUSE, NEW YORK 13214

**NOVEMBER 7, 2022** 

ELLIS HOSPITAL FOUNDATION, INC. THE FOUNDATION FOR ELLIS MEDICINE 1101 NOTT STREET SCHENECTADY, NY 12308 ATTENTION: MARCIA STEINER

DEAR MARCIA:

WE HAVE PREPARED AND ENCLOSED YOUR 2021 NEW YORK FORM CHAR500, ANNUAL FILING REPORT. THE REPORT SHOULD BE SIGNED, DATED, AND MAILED AS INDICATED.

NEW YORK FORM CHAR500:

FORM CHAR500 HAS A BALANCE DUE OF \$775.

THE NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS SHOULD BE FILED VIA THE WEB AS SOON AS POSSIBLE AT: HTTPS://CHARITIESNYS.COM/ONLINE ANNUAL FILING 22.HTML

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

FUST CHARLES CHAMBERS LLP

# CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1. General Information								
For Fiscal Year Beginning	g (mm/dd/yyy	y) 01/01/	2021 and Ending	(mm/dd/yyyy) 12	/31/202	21		
Check if Applicable: Address Change	Name of Org ELLIS		FOUNDATION,	INC. THE F		nployer Identification Number (EIN): $14-1638957$		
Name Change	Mailing Add 1101 N		ET			Y Registration Number: ) 3 – 1 1 – 7 5		
Final Filing	City / State /	ZIP: CTADY, N	Y 12308			elephone: 518 243-4600		
Reg ID Pending	Website:		INE.ORG/FOUND	ATION		nail: STEINERM@ELLISMEDIC		
Check your organization's registration category:					Confir	m your Registration Category in the ites Registry at <u>www.CharitiesNYS.com</u> .		
2. Certification								
See instructions for certifi two signatories.	ication require	ements. Improper	r certification is a violatior	of law that may be	e subject to pe	nalties. The certification requires		
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.								
MARCIA STEINER								
President or Authorized Officer: EXECUTIVE DIRECTOR								
Signature Print Name and Title Date JAMES BARNES								
Chief Financial Officer or	Chief Financial Officer or Treasurer: TREASURER							
		Signature		Pr	rint Name and	I Title Date		
3. Annual Reporting	g Exemptio	on						
Check the exemption(s) the	hat apply to y	our filing. If your	organization is claiming a	n exemption under o	one category	(7A or EPTL only filers) or both		
-						nar500. No fee, schedules, or		
additional attachments ar	e required. If	you cannot claim	an exemption or are a D	JAL filer that claims	s only one exe	mption, you must file applicable		
schedules and attachmer	nts and pay a	pplicable fees.						
exceed \$2		e organization dic		•		ment agencies, etc. did not g counsel (FRC) to solicit		
	filing exempti fiscal year.	<u>on:</u> Gross receipt	s did not exceed \$25,000	and the market val	lue of assets c	lid not exceed \$25,000 at any time		
4. Schedules and A	ttachment	ts						
Yes       X       No       4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.         attachments to complete your filing.       Yes       X       No       4b. Did the organization receive government grants? If yes, complete Schedule 4b.								
5. Fee								
See the checklist on the	7A filing	g fee:	EPTL filing fee:	Total fee:	M	ake a single check or money order		
next page to calculate you fee(s). Indicate fee(s) you	ur \$	25.	\$ 750.	\$ 775		payable to: <b>"Department of Law"</b>		
are submitting here:	Ψ	<u> </u>		ψ	•			

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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### ELLIS HOSPITAL FOUNDATION, INC. THE FOUNDATION FOR ELLIS MEDICINE

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

Annual Filing Checklist

- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

#### **Checklist of Schedules and Attachments**

\$25, if the NET WORTH is less than \$50,000

\$1500, if the NET WORTH is \$50,000,000 or more

Send your CHAR500, all schedules and attachments, and total fee to:

\$50, if the NET WORTH is \$50,000 or more but less than \$250,000

\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000

 ${f X}$  \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000

\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000

**CHAR500** 

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000 X Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required **Calculate Your Fee** Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon For 7A and DUAL filers, calculate the 7A fee: registration with the NY Charities Bureau: \$0, if you checked the 7A exemption in Part 3a 7A filers are registered to solicit contributions in New York X \$25, if you did not check the 7A exemption in Part 3a under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts For EPTL and DUAL filers, calculate the EPTL fee: Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. \$0, if you checked the EPTL exemption in Part 3b

DUAL filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between
- Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Need Assistance? Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov

NYS Office of the Attorney General

Charities Bureau Registration Section

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Send Your Filing

28 Liberty Street

New York, NY 10005