

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0087

**2008**

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning ..... 2008, and ending ..... 20 . See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

- A**  Check box if address changed
- B** Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Name of organization ( Check box if name changed and see instructions.)  
**Ellis Hospital**

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.  
**1101 Nott Street**

City or town, state, and ZIP code  
**Schenectady, NY 12308-1425**

**D** Employer identification number (Employees' trust, see instructions for Block D on page 9.)  
**14 1338428**

**E** Unrelated business activity codes (See instructions for Block E on page 9.)  
**621990 621500**

**C** Book value of all assets at end of year  
**197,584,901**

**F** Group exemption number (See instructions for Block F on page 9.)

**G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. **All other healthcare services/Medical & Diagnostic Lab**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **Finance Department** Telephone number **( 518 ) 243-1559**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <b>3,344,055</b>			
b	Less returns and allowances <b>0</b>			
	<b>c</b> Balance	<b>1c 3,344,055</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2 25,074</b>		
3	Gross profit. Subtract line 2 from line 1c	<b>3 3,318,981</b>		<b>3,318,981</b>
4a	Capital gain net income (attach Schedule D)	<b>4a 0</b>		<b>0</b>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b 0</b>		<b>0</b>
c	Capital loss deduction for trusts	<b>4c 0</b>		<b>0</b>
5	Income (loss) from partnerships and S corporations (attach statement)	<b>5 0</b>		<b>0</b>
6	Rent income (Schedule C)	<b>6 0</b>	<b>0</b>	<b>0</b>
7	Unrelated debt-financed income (Schedule E)	<b>7 0</b>	<b>0</b>	<b>0</b>
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8 0</b>	<b>0</b>	<b>0</b>
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9 0</b>	<b>0</b>	<b>0</b>
10	Exploited exempt activity income (Schedule I)	<b>10 0</b>	<b>0</b>	<b>0</b>
11	Advertising income (Schedule J)	<b>11 0</b>	<b>0</b>	<b>0</b>
12	Other income (See page 11 of the instructions; attach schedule.)	<b>12 0</b>		<b>0</b>
13	Total. Combine lines 3 through 12	<b>13 3,318,981</b>		<b>3,318,981</b>

**Part II Deductions Not Taken Elsewhere** (See page 11 of the instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		<b>14 0</b>
15	Salaries and wages		<b>15 830,145</b>
16	Repairs and maintenance		<b>16 91,811</b>
17	Bad debts		<b>17 0</b>
18	Interest (attach schedule)		<b>18 0</b>
19	Taxes and licenses		<b>19 (8,315)</b>
20	Charitable contributions (See page 13 of the instructions for limitation rules.)		<b>20 0</b>
21	Depreciation (attach Form 4562)	<b>21 0</b>	
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a 0</b>	<b>22b 0</b>
23	Depletion		<b>23 0</b>
24	Contributions to deferred compensation plans		<b>24 0</b>
25	Employee benefit programs		<b>25 221,941</b>
26	Excess exempt expenses (Schedule I)		<b>26 0</b>
27	Excess readership costs (Schedule J)		<b>27 0</b>
28	Other deductions (attach schedule)		<b>28 2,220,774</b>
29	Total deductions. Add lines 14 through 28		<b>29 3,356,356</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30 (37,375)</b>
31	Net operating loss deduction (limited to the amount on line 30)		<b>31 0</b>
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32 (37,375)</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		<b>33 1,000</b>
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34 (37,375)</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____		
(2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	<b>35c</b>	0
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	0
<b>37 Proxy tax.</b> See page 16 of the instructions	<b>37</b>	0
<b>38 Alternative minimum tax</b>	<b>38</b>	0
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	0

**Part IV Tax and Payments**

<b>40a Foreign tax credit</b> (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	0	
b Other credits (see page 17 of the instructions)	<b>40b</b>	0	
c General business credit. Attach Form 3800	<b>40c</b>	0	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	0	
e <b>Total credits.</b> Add lines 40a through 40d	<b>40e</b>	0	
<b>41 Subtract line 40e from line 39</b>	<b>41</b>	0	
<b>42 Other taxes.</b> Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>42</b>	0	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	0	
<b>44a Payments:</b> A 2007 overpayment credited to 2008	<b>44a</b>	0	
b 2008 estimated tax payments	<b>44b</b>	34,914	
c Tax deposited with Form 8868	<b>44c</b>	0	
d Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	0	
e Backup withholding (see instructions)	<b>44e</b>	0	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	<b>44f</b>	0	
<b>45 Total payments.</b> Add lines 44a through 44f	<b>45</b>	34,914	
<b>46 Estimated tax penalty</b> (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	0	
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	0	
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	34,914	
<b>49 Enter the amount of line 48 you want:</b> Credited to 2009 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	<b>49</b>	34,914	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

<b>1</b> At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		✓
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.	Yes	No
		✓
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation  Not applicable

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year	<b>6</b>	0
<b>2</b> Purchases	<b>2</b>	25,074	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	25,074
<b>3</b> Cost of labor	<b>3</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>	0			✓
<b>b</b> Other costs (attach schedule)	<b>4b</b>	0			
<b>5 Total.</b> Add lines 1 through 4b	<b>5</b>	25,074			

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

**Sign Here** **TAXPAYER'S COPY** **Chief Financial Officer**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer's Use Only**

Preparer's signature: *Angela M. Franco, CPA* Date: *9/1/09* Check if self-employed  Preparer's SSN or PTIN: *P0058974*

Firm's name (or yours if self-employed), address, and ZIP code: **Fust Charles Chambers** EIN 16 : **1226221**

**5784 Widewaters Pkwy, Syracuse, NY 13214** Phone no. ( **315** ) **446-3899**

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions on page 19)

1 Description of property		
<b>(1) Not applicable</b>		
<b>(2)</b>		
<b>(3)</b>		
<b>(4)</b>		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
<b>(1) Not applicable</b>		
<b>(2)</b>		
<b>(3)</b>		
<b>(4)</b>		
<b>Total</b>	<b>0</b>	<b>0</b>
<b>(a) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶ <b>0</b>

**Schedule E—Unrelated Debt-Financed Income** (see instructions on page 19)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
<b>(1) Not applicable</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
<b>(1)</b>		%		
<b>(2)</b>		%		
<b>(3)</b>		%		
<b>(4)</b>		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A). <b>0</b>	Enter here and on page 1, Part I, line 7, column (B). <b>0</b>
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶			<b>0</b>	

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions on page 20)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
<b>(1) Not applicable</b>					
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
<b>(1) Not applicable</b>					
<b>(2)</b>					
<b>(3)</b>					
<b>(4)</b>					
<b>Totals</b> . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). <b>0</b>	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). <b>0</b>	

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1) Not applicable				
(2)				
(3)				
(4)				
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A). 0			Enter here and on page 1, Part I, line 9, column (B). 0

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions on page 21)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) Not applicable						
(2)						
(3)						
(4)						
<b>Totals</b>	Enter here and on page 1, Part I, line 10, col. (A). 0	Enter here and on page 1, Part I, line 10, col. (B). 0				Enter here and on page 1, Part II, line 26. 0

**Schedule J—Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) Not applicable						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0	0	0	0	0	0

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) Not applicable						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0	0				0
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col. (A). 0	Enter here and on page 1, Part I, line 11, col. (B). 0				Enter here and on page 1, Part II, line 27. 0

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
Not applicable		%	
		%	
		%	
		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0

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200924 017868

1441  
12309

K  
IRS USE ONLY

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141338428 TE 3



Department of the Treasury  
Internal Revenue Service  
OGDEN UT 84201-0074

For assistance, call:  
1-877-829-5500

Notice Number: CP211A  
Date: June 29, 2009

Taxpayer Identification Number:  
14-1338428  
Tax Form: 990T  
Tax Period: December 31, 2008

200579.619981.0605.014 1 SP 0.440 370



200579

ELLIS HOSPITAL  
11010 NOTT ST  
SCHENECTADY NY 12309

## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to October 15, 2009.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

### Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to [www.irs.gov](http://www.irs.gov). Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit [www.irs.gov](http://www.irs.gov). (Access to this site will not provide you with your specific taxpayer account information.)

ELLIS HOSPITAL - 141338428  
990T - UNRELATED BUSINESS INCOME 2008  
LINE 28 - OTHER DEDUCTIONS

SUB ACCT	DESCRIPTION	TOTAL
300	LEGAL SERVICES	0
340	OTHER FEES - NON-MEDICAL	7,302
370	PURCHASED SERVICES	47,349
380	PHYSICIAN FEES	25,661
400	DEPARTMENT SUPPLIES	201,975
410	OXYGEN & GASES	5,473
420	BLOOD	74,131
430	IV SOLUTIONS	15,148
440	PHARMACEUTICALS	964,148
450	REAGANTS/RADIOLOGY FILM	89,735
500	FOOD	375
530	LINEN	2,199
540	POSTAGE	0
550	OFFICE SUPPLIES	4,761
560	PRINTING	8,682
570	MINOR EQUIPMENT	2,501
660	RENTAL EXPENSE	17,475
730	TELEPHONE	0
750	GAS	77,338
850	MEMBERSHIP DUES	264
880	BUSINESS TRAVEL	1,371
885	EDUCATION/SEMINARS	0
890	BOOKS/SUBSCRIPTIONS	21
899	ALLOCATION OF OVERHEAD	674,865
		<hr/>
		2,220,774
		<hr/>

### ATTACHMENT 3

ELLIS HOSPITAL  
EIN #: 14-1338428  
12/31/2008

#### NET OPERATING LOSS CARRYOVER SCHEDULE

	<u>FEDERAL</u>	<u>NEW YORK</u>
LOSS SUSTAINED @ 12/31/06	(140,352)	(116,361)
LOSS UTILIZED @ 12/31/2006 - Carryback	<u>-</u>	<u>-</u>
NOL CARRYFORWARD @ 12/31/06	(140,352)	(116,361)
LOSS UTILIZED @ 12/31/2007	<u>(18,878)</u>	<u>(22,953)</u>
NOL CARRYFORWARD @ 12/31/07	(159,230)	(139,314)
LOSS UTILIZED @ 12/31/2008	<u>(37,375)</u>	<u>(45,690)</u>
NOL CARRYFORWARD @ 12/31/08	<u>(196,605)</u>	<u>(185,004)</u>