

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
Albany Medical Center Group
Organization
% Frances S Albert CPA
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
47 New Scotland Ave MC116

City or town, state or province, country, and ZIP or foreign postal code
Albany, NY 12208

D Employer identification number
47-3869194

E Telephone number
(518) 262-5585

F Name and address of principal officer
James J Barba
47 New Scotland Ave MC116
Albany, NY 12208

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

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

H(c) Group exemption number ▶ 5980

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

J Website: ▶ www.amc.edu

K Form of organization Corporation Trust Association Other ▶

L Year of formation

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
See Schedule O

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

3 Number of voting members of the governing body (Part VI, line 1a)	82
4 Number of independent voting members of the governing body (Part VI, line 1b)	63
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	14,611
6 Total number of volunteers (estimate if necessary)	1,174
7a Total unrelated business revenue from Part VIII, column (C), line 12	3,864,136
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	65,507,695	59,394,198
9 Program service revenue (Part VIII, line 2g)	1,330,688,720	1,878,609,302
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,714,949	46,278,521
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,386,717	52,481,483
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,440,298,081	2,036,763,504
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,396,560	16,727,064
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	643,191,933	965,718,856
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,326,848		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	756,194,953	989,578,643
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,415,783,446	1,972,024,563
19 Revenue less expenses Subtract line 18 from line 12	24,514,635	64,738,941
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,447,725,539	2,000,498,228
21 Total liabilities (Part X, line 26)	811,995,085	1,061,205,344
22 Net assets or fund balances Subtract line 21 from line 20	635,730,454	939,292,884

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-11-14

FRANCES S ALBERT EXEC VP COO & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2019-11-13 Check if self-employed PTIN: P01247783

Firm's name ▶ KPMG LLP Firm's EIN ▶

Firm's address ▶ 515 Broadway 4th Floor Albany, NY 122072974 Phone no (518) 427-4600

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See Schedule O

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses \$ 855,294,991	including grants of \$)	(Revenue \$ 881,475,929)
	See Additional Data			

4b	(Code)	(Expenses \$ 300,040,404	including grants of \$)	(Revenue \$ 292,448,719)
	See Additional Data			

4c	(Code)	(Expenses \$ 202,607,697	including grants of \$)	(Revenue \$ 345,082,455)
	See Additional Data			

4d	Other program services (Describe in Schedule O)	(Expenses \$ 334,676,384	including grants of \$ 16,727,064)	(Revenue \$ 407,454,626)
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4e	Total program service expenses ▶	1,692,619,476		
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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	<input type="checkbox"/>
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> <input checked="" type="checkbox"/>	24a	Yes	<input type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> <input checked="" type="checkbox"/>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28b	Yes	<input type="checkbox"/>
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> <input checked="" type="checkbox"/>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	<input type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	<input type="checkbox"/>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	<input type="checkbox"/>
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b	Yes	<input type="checkbox"/>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,020	<input type="checkbox"/>
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	<input type="checkbox"/>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	<input type="checkbox"/>

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	14,611			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b		Yes		
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a		Yes		
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>	3b			No	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a		Yes		
<p>b If "Yes," enter the name of the foreign country ▶NL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a			No	
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b			No	
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a		Yes		
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b		Yes		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a		Yes		
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		Yes		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c			No	
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e			No	
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f			No	
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h				
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8				
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b				
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	13a				
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a			No	
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>	14b				
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15		Yes		
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16			No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (82); 1b Enter the number of voting members included in line 1a, above, who are independent (63); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (NY); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: Frances S Albert CPA 47 New Scotland Ave Albany, NY 12208 (518) 262-8795

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	1,961,247		
	d Related organizations	1d	13,913,651		
	e Government grants (contributions)	1e	15,957,291		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	27,562,009		
	g Noncash contributions included in lines 1a - 1f \$ _____		399,545		
	h Total. Add lines 1a-1f		59,394,198		

Program Service Revenue			Business Code			
	2a Medical Services		621990	1,831,689,985	1,827,599,467	4,090,518
b Instruction		611600	42,985,978	42,985,978		
c Research		541700	1,946,344	1,946,344		
d Day Care Fees		611600	1,945,074	1,945,074		
e Food Subsidies		611600	41,921	41,921		
f All other program service revenue						
g Total. Add lines 2a-2f			1,878,609,302			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			12,433,768		-230,043	12,663,811
	4 Income from investment of tax-exempt bond proceeds			39,992			39,992
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		1,955,091					
	b Less rental expenses	19,072					
	c Rental income or (loss)	1,936,019	0				
	d Net rental income or (loss)			1,936,019			1,936,019
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		152,907,000					
	b Less cost or other basis and sales expenses	119,102,239					
	c Gain or (loss)	33,804,761					
	d Net gain or (loss)			33,804,761			33,804,761
	8a Gross income from fundraising events (not including \$ 1,961,247 of contributions reported on line 1c) See Part IV, line 18	a	277,876				
	b Less direct expenses	b	774,229				
c Net income or (loss) from fundraising events			-496,353			-496,353	
9a Gross income from gaming activities See Part IV, line 19	a	0					
b Less direct expenses	b	0					
c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a	856,787					
b Less cost of goods sold	b	269,985					
c Net income or (loss) from sales of inventory			586,802	586,802			
Miscellaneous Revenue	Business Code						
11a Program Service Expense Reim	812900		23,454,284	23,454,284			
b Contracted Services	621110		10,299,556	10,299,556			
c MLMIC Demutualization	524298		6,665,344	6,665,344			
d All other revenue			10,035,831	6,846,441	3,661	3,185,729	
e Total. Add lines 11a-11d			50,455,015				
12 Total revenue. See Instructions			2,036,763,504	1,922,371,211	3,864,136	51,133,959	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	11,022,365	11,022,365		
2 Grants and other assistance to domestic individuals See Part IV, line 22	5,704,699	5,704,699		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	11,550,393	3,015,178	8,535,215	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	126,603	126,603		
7 Other salaries and wages	811,339,157	776,136,796	33,214,892	1,987,469
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,855,049	13,048,496	752,074	54,479
9 Other employee benefits	75,808,216	71,799,538	3,880,270	128,408
10 Payroll taxes	53,039,438	50,145,000	2,766,508	127,930
11 Fees for services (non-employees)				
a Management	736,627	736,627		
b Legal	937,099	49,138	887,961	
c Accounting	512,894		512,894	
d Lobbying	209,261	100,462	108,799	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	2,367,277	38,947	2,328,330	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	92,551,877	90,351,064	2,091,748	109,065
12 Advertising and promotion	2,809,278	1,203,398	1,593,773	12,107
13 Office expenses	43,028,891	36,204,947	6,597,844	226,100
14 Information technology	116,822,211	7,478,194	109,344,017	
15 Royalties	0			
16 Occupancy	28,336,761	19,974,843	8,048,534	313,384
17 Travel	3,748,540	3,064,194	532,936	151,410
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,173,473	1,093,628	68,145	11,700
20 Interest	23,670,514	16,362,520	7,297,926	10,068
21 Payments to affiliates	160,275,529	123,394,785	36,880,474	270
22 Depreciation, depletion, and amortization	92,008,033	56,993,596	35,012,544	1,893
23 Insurance	34,185,333	31,449,305	2,736,028	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Medical Surgical	311,917,006	311,440,748	476,258	
b Machine Rental & Maintenance	28,454,653	21,752,541	6,608,018	94,094
c Food & General Supplies	18,686,041	17,308,462	1,377,579	
d Drugs & Medicine	9,244,422	9,238,708	5,714	
e All other expenses	17,902,923	13,384,694	4,419,758	98,471
25 Total functional expenses. Add lines 1 through 24e	1,972,024,563	1,692,619,476	276,078,239	3,326,848
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	46,299,349	1	74,231,114
	2 Savings and temporary cash investments	151,204,419	2	248,021,106
	3 Pledges and grants receivable, net	11,903,114	3	12,945,084
	4 Accounts receivable, net	152,555,154	4	205,286,491
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	5,062,652	7	7,012,844
	8 Inventories for sale or use	18,644,806	8	30,689,461
	9 Prepaid expenses and deferred charges	11,472,877	9	23,197,501
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,770,297,622		
	b Less accumulated depreciation	10b 1,008,686,323	546,487,478	10c 761,611,299
	11 Investments—publicly traded securities	0	11	71,595,766
	12 Investments—other securities See Part IV, line 11	0	12	61,170,143
	13 Investments—program-related See Part IV, line 11	308,683,707	13	291,410,767
	14 Intangible assets	12,273,437	14	9,284,353
	15 Other assets See Part IV, line 11	183,138,546	15	204,042,299
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,447,725,539	16	2,000,498,228	
Liabilities	17 Accounts payable and accrued expenses	141,024,350	17	201,950,984
	18 Grants payable	0	18	0
	19 Deferred revenue	19,568,970	19	19,519,877
	20 Tax-exempt bond liabilities	45,277,541	20	118,976,974
	21 Escrow or custodial account liability Complete Part IV of Schedule D	1,671,765	21	1,414,421
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	368,103,643	23	414,600,569
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	236,348,816	25	304,742,519
	26 Total liabilities. Add lines 17 through 25	811,995,085	26	1,061,205,344
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	444,148,272	27	758,827,907
	28 Temporarily restricted net assets	109,084,539	28	177,563,752
	29 Permanently restricted net assets	82,497,643	29	2,901,225
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	635,730,454	33	939,292,884	
34 Total liabilities and net assets/fund balances	1,447,725,539	34	2,000,498,228	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,036,763,504
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,972,024,563
3	Revenue less expenses Subtract line 2 from line 1	3	64,738,941
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	635,730,454
5	Net unrealized gains (losses) on investments	5	-61,481,002
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,126,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	301,430,491
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	939,292,884

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 47-3869194

Name: Albany Medical Center Group
Organization

Form 990 (2018)

Form 990, Part III, Line 4a:

Inpatient & Outpatient Services Albany Medical Center and Affiliates Provision of inpatient and outpatient services including specialized nursing services, emergency room, urgent care, imaging and lab related services Admissions were approximately 42,100 and patient days were approximately 229,600 Columbia Memorial Hospital Columbia Memorial Hospital Emergency Care visits were Approximately 28,273 and outpatient services and outreach clinic visits were approximately 423,578 Acute inpatient hospital services total approximately 31,208 patient days Saratoga Hospital Provision of inpatient and outpatient services including specialized nursing services, emergency room, urgent care, imaging and lab related services Admissions were approximately 56,000 and patient days were approximately 317,000

Form 990, Part III, Line 4b:

Faculty Practice Albany Medical Center operates a clinical practice activity (patient care) for the faculty of the Albany Medical College 2018 experienced over 479,000 patient visits

Form 990, Part III, Line 4c:

Diagnostic & Testing Services Inpatient and outpatient services including diagnostic imaging, radiation therapy, and cardiac catheterization In 2018, Albany Medical Center inpatient professional services totaled 90,905, outpatient services totaled 52,035 and ER services was approximately 85,087

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Raimundo C Archibold Jr Board Member (AMC)	6 0	X						0	0	0
James J Barba President & CEO (AMC)	19 0	X		X				0	1,654,830	282,036
Anthony M Durante Board Member (AMC)	21 0	X						0	0	0
Robert T Cushing Chairman (AMC) Board Mber (SH)	8 5	X						0	0	0
Joyce M DeFazio Board Member (AMC)	4 5	X						0	0	0
R Wayne Diesel Board Member (AMC)	6 0	X						0	0	0
Sharon Duker Board Member (AMC)	2 0	X						0	0	0
Peter H Elitzer Board Member (AMC)	6 0	X						0	0	0
Havidan Rodriguez Board Member (AMC)	2 0	X						0	0	0
Margaret Gillis Vice Chair (AMC)	6 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Golub Board Member (AMC)	6 0 2 0	X						0	0	0
Doug M Hamlin Vice Chair (AMC)	6 0 2 0	X						0	0	0
Peter H Heerwagen Board Member (AMC)	6 0 2 0	X						0	0	0
Carolyn Stefanco Board Member (AMC)	6 0 2 0	X						0	0	0
James O Jackson PhD Board Member (AMC)	6 0 2 0	X						0	0	0
Lillian Moy Esq Board Member (AMC)	6 0 2 0	X						0	0	0
John J Nigro Board Member (AMC)	6 0 2 0	X						0	0	0
John B O'Connor Board Member (AMC)	6 0 2 0	X						0	0	0
Steven M Parnes MD Board Member (AMC)	46 0 2 0	X						731,043	0	31,208
Daniel T Pickett III Board Member (AMC)	6 0 2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael H Iacolucci Board Member (AMC, SH)	8 5	X						0	0	0
Theresa Skaine Board Member (SH)	2 5	X						0	0	0
Janice Smith Board Member (AMC)	2 5	X						0	0	0
Jeffrey Sperry Board Member (AMC)	6 0	X						0	0	0
Jeffrey Stone Vice Chair (AMC) Trustee (CMH)	2 0	X						0	0	0
Todd M Tidgewell Board Member (AMC)	6 0	X						0	0	0
Omar Usmani Board Member (AMC)	2 0	X						0	0	0
Candace King Weir Board Member (AMC)	6 0	X						0	0	0
Michael West Board Member (AMC thru 12/18)	2 0	X						0	0	0
Ruth H Mahoney Board Member (AMC)	6 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Morris C Massry Board Member (AMC)	6 0	X						0	0	0
Mary Gail Biebel Member (AMC) Trustee (CMH)	14 0	X						0	0	0
Janice White EdD Board Member (AMC)	3 0	X						0	0	0
Vickey Masta-Gornic Board Member (KIDS)	6 0	X						0	219,447	9,252
Robert Pistilli Board Member (KIDS)	2 0	X						113,502	0	23,148
Michele K Skumurski Board Member (KIDS)	40 0	X						0	179,535	1,580
Mary Carey Board Member (KIDS)	2 0	X						119,578	0	11,179
Christine Hayes Board Member (KIDS)	42 0	X						0	110,681	7,430
Megan Helmecke Board Member (KIDS)	40 0	X						73,914	0	20,033
John W Herritage Board Member (KIDS)	0 0	X						105,713	0	6,989

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kim Kilby Board Member (KIDS)	42 0 0 0	X						124,810	0	4,574
Brigido Montero Board Member (KIDS)	2 0 40 0	X						0	129,455	18,327
Catherine Riddle Board Member (KIDS)	42 0 0 0	X						96,891	0	8,332
Meghan Weygant Board Member (KIDS)	42 0 0 0	X						135,828	0	16,539
David J Conti Board Member (CDT)	42 0 0 0	X						356,900	0	30,795
Carlos Marroquin Board Member (CDT)	2 0 0 0	X						0	0	0
Michael Dailey Board Member (CDT)	42 0 0 0	X						262,701	0	22,735
Aisha M Tator Board Member (CDT)	2 0 0 0	X						0	0	0
Wesley Merritt Board Member (CDT)	2 0 0 0	X						0	0	0
Dennis McKenna Board Member (CDT)	42 0 0 0	X						665,305	0	89,242

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Scollins Board Member (CDT)	2 0 0 0	X						0	0	0
Kristin Kirk Meehan Board Member (CDT)	2 0 0 0	X						0	0	0
Eileen Whalen Board Member (CDT)	2 0 0 0	X						0	0	0
Donna Sickler Board Member (CDT)	2 0 0 0	X						0	0	0
Joanne Cunningham Board Member (CDT thru 12/18)	2 0 0 0	X						0	0	0
V Richard Back MD Chair (CMH)	8 0 0 0	X		X				0	0	0
Donald Gibson Treas & Trust (CMH thru 7/18)	8 0 0 0	X		X				0	0	0
Deborah Lans Vice Chair (CMH)	16 0 0 0	X		X				0	0	0
James Lapenn Treasurer (CMH)	8 0 0 0	X		X				0	0	0
Hila Richardson Secretary (CMH)	8 0 0 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steven Frisch MD Trustee (CMH and SH)	8 0 49 0	X						0	1,027,747	117,559
Kirk Kneller Trustee (CMH)	8 0 0 0	X						0	0	0
Marian Krauskopf Trustee (CMH)	8 0 0 0	X						0	0	0
Patti Matheney Trustee (CMH)	8 0 0 0	X						0	0	0
Stephen Nelson Trustee (CMH)	8 0 0 0	X						0	0	0
Claire Parde Trustee (CMH)	8 0 1 0	X						0	0	0
Will Pelgrin Trustee (CMH)	8 0 0 0	X						0	0	0
Molly Poletto Trustee (CMH)	8 0 0 0	X						0	0	0
John Mathews MD Trustee (CMH)	8 0 0 0	X						0	0	0
Hiral Amin MD Trustee (CMH)	48 0 0 0	X						432,807	0	29,273

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jay P Cahalan President & CEO (CMH)	40 0	X		X				689,681	0	118,309
N Keith Stewart Treasurer (SH)	2 5	X						0	0	0
Michael J Toohey Vice Chairperson (SH)	2 5	X						0	0	0
Judith A Ekman Board Member (SH)	2 5	X						0	0	0
Frank L Messa Board Member (SH)	2 5	X						0	0	0
Donna Montalto Board Member (SH)	2 5	X						0	0	0
Marianne A Mustafa Board Member (SH)	2 5	X						0	0	0
Alan C Oppenheim Board Member (SH)	2 5	X						0	0	0
Heather M Ward Board Member (SH)	2 5	X						0	0	0
Michael D West Board Member (SH)	2 5	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Janice M White Secretary (SH)	2 5 0 0	X						0	0	0
Susan L Dake Board Member (SH)	2 5 0 0	X						0	0	0
Thomas J Roohan Board Member (SH)	2 5 0 0	X						0	0	0
Angelo G Calbone President/CEO (SH)	38 0 0 0			X				1,004,258	0	34,430
Gary J Kochem THRU 1118 Exec VP & COO (AMC)	20 0 22 0			X				0	851,376	31,961
Frances S Albert EVP COO & CFO (AMC)	34 0 10 0			X				0	701,123	80,028
Karen Tasseey COO (CMH)	40 0 1 0			X				293,457	0	9,865
Bryan T Mahoney CFO (CMH)	40 0 1 0			X				286,616	0	750
Gary Foster VP & CFO (SH)	38 0 0 0			X				396,234	0	17,255
Vincent Verdile MD Sr Exec VP Sys Care (AMC)	38 0 4 0				X			984,233	0	118,175

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ferdinand J Venditti Jr EVP System Care (AMC)	39 0 3 0				X			842,516	0	99,095
Mary Ellen Plass CNO (CMH)	40 0 0 0				X			220,254	0	5,833
Mary Jo LaPosta SVP Patient Care & Org (SH)	38 0 0 0				X			426,295	0	23,613
Kevin Ronayne VP Ops/Facilities (SH)	38 0 0 0				X			313,510	0	33,672
John Mangona VP Chief Info & Comp (SH)	38 0 0 0				X			316,406	0	17,407
Jeffrey Methven VP Ambulatory Svc & HR (SH)	38 0 0 0				X			342,507	0	34,277
Richard Falivena VP Chf Med & Phys Int Off (SH)	38 0 0 0				X			468,464	0	25,976
Darryl J Dirisio Professor/Clin (AMC)	40 0 0 0					X		916,438	0	35,027
Alan S Boulos Department Chair (AMC)	40 0 0 0					X		959,872	0	34,397
Andrew J Rosenbaum Asst Prof/Clin (AMC)	40 0 0 0					X		878,141	0	29,728

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Gordon Kuhar Physician (SH)	38 0 0 0					X		1,257,816	0	17,605	
Gary Idelchik Physician (SH)	38 0 0 0					X		878,518	0	18,560	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Albany Medical Center Group
Organization

Employer identification number
47-3869194

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	44,093,704	40,345,413	43,503,921	51,010,080	43,729,149	222,682,267
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	44,093,704	40,345,413	43,503,921	51,010,080	43,729,149	222,682,267
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)						7,827,037
6 Public support. Subtract line 5 from line 4						214,855,230

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	44,093,704	40,345,413	43,503,921	51,010,080	43,729,149	222,682,267
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,306,925	3,254,894	2,600,681	2,313,402	2,956,890	14,432,792
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,815,458	1,873,175	1,700,968	1,398,553	1,604,331	8,392,485
11 Total support. Add lines 7 through 10						245,507,544

12 Gross receipts from related activities, etc (see instructions) **12** 1,603,221,577

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	87.515%
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	87.930%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513						
4	Tax revenues levied for the organization'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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in 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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	0
2	Recoveries of prior-year distributions	2	0
3	Other gross income (see instructions)	3	0
4	Add lines 1 through 3	4	0
5	Depreciation and depletion	5	0
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	0
7	Other expenses (see instructions)	7	0
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	0
b	Average monthly cash balances	1b	0
c	Fair market value of other non-exempt-use assets	1c	0
d	Total (add lines 1a, 1b, and 1c)	1d	0
e	Discount claimed for blockage or other factors (explain in detail in Part VI) 0		
2	Acquisition indebtedness applicable to non-exempt use assets	2	0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0
6	Multiply line 5 by .035	6	0
7	Recoveries of prior-year distributions	7	0
8	Minimum Asset Amount (add line 7 to line 6)	8	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3	4	0
5	Income tax imposed in prior year	5	0
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 Total annual distributions. Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2018 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2018			
a From 2013. 0			
b From 2014. 0			
c From 2015. 0			
d From 2016. 0			
e From 2017. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)	0		
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2018 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 Excess distributions carryover to 2019. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2014. 0			
b Excess from 2015. 0			
c Excess from 2016. 0			
d Excess from 2017. 0			
e Excess from 2018. 0			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Sch A Part I	<p>The Albany Medical Center Group Organization consists of the following related organizations with their respective public charity status as follows Albany Medical Center Hospital - 501(c)(3) 3, Albany Medical Center Hospital is selected as the main filing status for Schedule A However, the additional members of the group organization are equally important to the charity status Saratoga Hospital - 501(c)(3) 3, Saratoga Hospital is a Part I Selection 3 organization Columbia Memorial Hospital - 501(c)(3) 3, Columbia Memorial Hospital is a Part I Selection 3 organization Albany Medical College - 501(c)(3) 2, The College is an organization that would be selected as a Part I selection 2 school The charity data for the Colleges activities is included in Schedule A Part II Albany Medical Center Kidskeller - 501(c)(3) 2, Kidskeller is an organization that would be selected as a Part I selection 2 school Albany Medical Center Foundation - 501(c)(3) 7, The Foundation is a Part I selection 7 organization The charity data for the Foundation activities is included in Schedule A Part II Center for Donation and Transplant - 501(c)(3) 12a, CDT is an organization that would be selected as a Part I selection 12a supporting organization of Albany Medical College</p>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Albany Medical Center Group Organization	Employer identification number 47-3869194
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		209,261
j Total Add lines 1c through 1i			209,261
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Sch C Part II-B Line 1i	The organization belongs to several hospital associations for which a portion of the membership dues are used for lobbying activities

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Albany Medical Center Group Organization

Employer identification number
47-3869194

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year	28,096	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4** Number of states where property subject to conservation easement is located ► _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- (ii)** Assets included in Form 990, Part X ► \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- b** Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	133,281,069	115,416,968	113,127,807	118,822,311	115,572,683
b Contributions	27,634,845	4,238,365	2,468,431	2,144,936	3,363,197
c Net investment earnings, gains, and losses	-10,830,814	19,921,770	5,923,667	-1,857,540	5,413,759
d Grants or scholarships	2,179,003	2,055,177	1,982,780	1,929,575	1,710,900
e Other expenditures for facilities and programs	3,611,309	4,240,857	4,120,157	4,052,325	3,816,428
f Administrative expenses					
g End of year balance	144,294,788	133,281,069	115,416,968	113,127,807	118,822,311

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 21 000 %
 - b** Permanent endowment ▶ 76 000 %
 - c** Temporarily restricted endowment ▶ 3 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------------------------|--------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,112,704		20,112,704
b Buildings		982,780,256	468,986,113	513,794,143
c Leasehold improvements		11,474,814	8,832,282	2,642,532
d Equipment		619,086,178	467,080,143	152,006,035
e Other		136,843,670	63,787,785	73,055,885
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				761,611,299

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) ENDOWMENT & OTHER PROGRAMS	160,143,097	F
(2) BOND	25,751,347	F
(3) SELF-INSURANCE	97,780,591	F
(4) CHARITABLE TRUSTS	5,207,506	F
(5) OTHER INVESTMENTS - SH	15,001	F
(6) INTEREST IN CG HOSP FOUND	2,408,358	F
(7) CAPITAL HEALTH NETORK	24,867	F
(8) TRIY-WAY INTERVENTIONAL	80,000	F
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	291,410,767	

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

(a) Description	(b) Book value
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	204,042,299

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	-24,378
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	304,742,519

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:
Software Version:
EIN: 47-3869194
Name: Albany Medical Center Group
Organization

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) INTERCOMPANY	141,375,317
(1) CURRENT	8,771,821
(2) NON-CURRENT	27,757,102
(3) PENSION	8,401,695
(4) BENEFIT PLANS - CMH	1,482,493
(5) ACCRUED INTEREST INCOME	138,837
(6) INVESTMENT IN MMEC	1,944,715
(7) DUE FROM SC FOUNDATION	2,945,546
(8) GOODWILL	1,381,134
(9) CASH SURRENDER VALUE	154,352
(10) RECEIVABLE FROM SRMPC	9,689,287

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
SELF INSURANCE	117,009,350
INTERINSTITUTIONAL PAYABLE	99,659,083
OTHER LONG-TERM	25,214,775
OTHER SHORT-TERM	22,972,239
WORKERS COMPENSATION	9,930,289
3RD PARTY LIABILITIES	8,834,000
ACCRUED VACATION	4,577,612
FEDERAL LOAN PROGRAM	4,464,820
ACCRUED PENSION	3,475,449
CAPITAL LEASES	3,097,703

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
ASB ABATEMENT	2,094,223
ASSET RETIREMENT OBLIGATION	1,690,098
EXECUTIVE LIFE INSURANCE	976,493
DEFERRED RENT	519,797
INTEREST RATE SWAPS	250,966

Supplemental Information

Return Reference	Explanation
Sch D Part IV Line 2b	Explanation of Escrow Account Liability Gift annuities

Supplemental Information

Return Reference	Explanation
Sch D Part V Line 2	Contributions include \$25,109,739 in beginning of year endowment balances for Saratoga Hospital and Columbia Memorial Hospital, which are two new organizations included in the group ruling beginning with the current tax year

Supplemental Information

Return Reference	Explanation
Sch D Part V Line 4	<p>Albany Medical Center College The College's endowment consists of approximately 320 individual funds established for a variety of purposes including both donor-restricted endowment funds and funds designated by the Board of Trustees to function as endowments The College has a spending rate policy to provide a predictable stream of funding to the programs supported by its endowments This policy calls for a weighted average calculation of the endowment market value over the past thirteen quarters 5% (annual) of this weighted average is then allocated to the programs supported for use in accordance with the endowed restrictions The calculation and allocation of funds occurs on a quarterly basis Spending from the endowments is restricted for various purposes A significant portion of the endowment funds are used to provide scholarships and financial assistance to medical students Other uses of the endowments include, but are not limited to, creation and funding of department chairs and professorships, support for research activities and support for fellowships</p> <p>Columbia Memorial Hospital Columbia Memorial Hospital utilizes available endowment funds to further the mission through ongoing investments through capital and operational expenses</p> <p>Saratoga Hospital Permanent endowment funds are restricted to support specific programs, such as The Community Health Center or general operations of the Hospital Board-designated endowment funds are not restricted for any specific purpose and can be used to support hospital projects or operations at the discretion of the Board of Trustees</p>

Supplemental Information

Return Reference	Explanation
Sch D Part X Line 2	<p>With the exception of Madison Avenue Services Corporation, Albany Med Subs, Albany Medical Park South I, LLC and Better Health of Northeast New York, Inc all entities comprising the System are not-for-profit corporations under Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes pursuant to Section 501(a) of the Code Better Health of Northeast New York, Inc is a 501(c)(6) Income taxes associated with Madison Avenue Services Corporation are not material to the combined financial statements In addition, Albany Medical Park South I, LLC and Albany Med Subs, are limited liability companies which are disregarded entities for income tax purposes The System recognizes income tax positions when it is more-likely than-not that the position will be sustainable based on the merits of the position Management has concluded that there are no uncertain tax positions that need to be recorded at December 31, 2018 and 2017</p>

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2018

Open to Public Inspection

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990EZ for the latest instructions.**

Department of the Treasury

Name of the organization
Albany Medical Center Group
Organization

Employer identification number

47-3869194

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II.	Yes	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

Return Reference	Explanation
Sch E - Reporting Schools	Schedule E is being completed for the following subordinate organizations of the Albany Medical Center Group Organization. These subordinates are schools described in section 170(b)(1)(A)(ii) - Albany Medical College - Albany Medical Center Kidskeller.
Sch E Part I Line 3	Nondiscriminatory Policy School Albany Medical College. The racially nondiscriminatory policy is published in the Albany Medical College Handbook and indicated in newspaper advertisements. School Albany Medical Center Kidskeller Albany Medical Center Kidskeller answers in the negative to this question because it does not currently publish its racially nondiscriminatory policy through a newspaper. However, the organization draws its students from local communities, follows a racially nondiscriminatory policy as to students and the organization includes a racially nondiscriminatory policy as to students in all its brochures and catalogues dealing with student admissions, programs, and scholarships.
Sch E Part I Line 4d	Solicitation of Contributions School Albany Medical Center Kidskeller Albany Medical Center Kidskeller answers in the negative to this question because it does not solicit contributions. In all its brochures and catalogues dealing with student admissions, programs, and scholarships.
Sch E Part I Line 6a	Explanation of Aid or Assistance from Governmental Agency School Albany Medical College Albany Medical College participates in the direct loan program as well as operates certain other federally funded financial aid programs. School Albany Medical Center Kidskeller Albany Medical Center Kidskeller participates in the USDA Food Subsidy Program.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Albany Medical Center Group
Organization

Employer identification number
47-3869194

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total					33,350,579
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					33,350,579

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Sch F Part I Line 3 (f)	Method of Accounting The accounting method is Fair Market Value Investments & Expenditures per Region The amounts are entirely investments

Additional Data

Software ID:

Software Version:

EIN: 47-3869194

Name: Albany Medical Center Group
Organization

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		14,650,000
North America			Investments		18,700,579

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization Albany Medical Center Group Organization

Employer identification number

47-3869194

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<u>Telethon/Radio</u> (event type)	<u>Dance in Woods</u> (event type)	<u>7</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,133,992	373,839	731,292	2,239,123
	2 Less Contributions	1,089,020	254,801	617,426	1,961,247
	3 Gross income (line 1 minus line 2)	44,972	119,038	113,866	277,876
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	375,170	200,560	198,499	774,229
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				774,229
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-496,353

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		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

Name of the organization
 Albany Medical Center Group Organization

Employer identification number
 47-3869194

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input checked="" type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,943,802	1,138,316	8,805,486	0 570 %
b Medicaid (from Worksheet 3, column a)			277,714,112	221,950,844	55,763,268	3 590 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			763,595		763,595	0 050 %
d Total Financial Assistance and Means-Tested Government Programs			288,421,509	223,089,160	65,332,349	4 210 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,955,842	3,426,006	3,529,836	0 230 %
f Health professions education (from Worksheet 5)			68,870,572	12,340,734	56,529,838	3 640 %
g Subsidized health services (from Worksheet 6)			27,913,002	20,906,655	7,006,347	0 450 %
h Research (from Worksheet 7)			4,900,454	1,566,959	3,333,495	0 210 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			52,762		52,762	0 %
j Total. Other Benefits			108,692,632	38,240,354	70,452,278	4 530 %
k Total. Add lines 7d and 7j			397,114,141	261,329,514	135,784,627	8 740 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			25,000		25,000	
3 Community support			63,788	37,500	26,288	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			606,936		606,936	0.040 %
9 Other			2,069,400		2,069,400	0.130 %
10 Total			2,765,124	37,500	2,727,624	0.170 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	333,012,158
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	345,704,215
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-12,692,057
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Tri-Way Intervention	Rental of Vascular Equipment	33 %	0 %	33 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
ALBANY MEDICAL CENTER HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>Same as Line 7a</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ALBANY MEDICAL CENTER HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

ALBANY MEDICAL CENTER HOSPITAL

Name of hospital facility or letter of facility reporting group

		Yes	No	
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input checked="" type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

ALBANY MEDICAL CENTER HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 SARATOGA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input checked="" type="checkbox"/> Other website (list url) <u>www HCDINY org</u>		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>Same as Line 7a</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SARATOGA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

SARATOGA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input checked="" type="checkbox"/> Reporting to credit agency(ies)		
b	<input checked="" type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input checked="" type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

SARATOGA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 COLUMBIA MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>Same as Line 7a</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

COLUMBIA MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

COLUMBIA MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

COLUMBIA MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 93

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Sch H Part I Line 6a	Related Organization Community Benefit Report All Schedule H disclosures reference the Albany Medical Center organization, of which Albany Medical Center Hospital, Saratoga Hospital, and Columbia Memorial Hospital are a part of The Community Benefit report is prepared for Albany Medical Center Also included in this organization is Albany Medical College

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Sch H Part I Line 7	<p>Explanation of Costing Methodology Albany Medical Center Hospital and Affiliates The Albany Medical Center Health System utilizes a cost accounting system Albany Medical Center System prepares a cost report for Medicare/Medicaid purposes Figures reported in this cost report were used as the basis for reporting of charity care and means tested programs The percent of total expense calculated in Part I, Line 7, Column (f) is calculated by dividing column (e), net community benefit expense, by total expenses for the Hospitals of the System of \$1,555,076,005 Albany Medical Center System surveyed staff for activities that meet the criteria to be reported for other benefits Time reports from these surveys were provided and reviewed, resulting in a calculation of appropriate cost attributable to these programs The community benefits amount includes support paid to the College by the Albany Medical Center Hospital to ensure the College is able to meet their mission to service the community</p>

Form and Line Reference	Explanation
Sch H Part II Line 2	<p>Economic Development Activities Albany Medical Center For Albany Med, community matters Through our dedicated Community Development unit we help support more than 100 community organizations annually Special attention is focused on organizations that serve the City of Albany and the neighborhood around the New Scotland Avenue of the Medical Center Within the City of Albany, the Medical Center supports numerous organizations focused on youth, the underserved, education and health In 2018, Albany Med invested nearly \$400,000 in Albany-based non-profit organizations Along with Tri-City Rentals, Albany Med has also led significant investment in the Park South neighborhood, formerly blighted and crime ridden, today it is a vibrant, safe community with residential, retail, restaurants, banks, and medical office buildings Albany Med is also the lead supporter of Park Playhouse, about a block from Albany Med, as it brings outstanding free summer theater to the residents of Albany as well as the region The Park South neighborhood was declared an Urban Renewal District in 2006 by the City of Albany The City worked with the community to create a parcel-by-parcel revitalization plan, the Park South Urban Renewal Plan This Plan was designed to stimulate neighborhood revitalization and improve the quality of life in the nine-block area The Plan was designed to create a vibrant and healthy mixed-use and mixed income urban neighborhood that seeks to reinforce the existing and historical fabric, density and diversity, while enabling new mixed-use development opportunities The Plan has fulfilled each of its stated goals, reducing crime, removing blight, and catalyzing investment that has established Park South as an inclusive neighborhood of choice' (NYSEDC Case Studies) Albany Med's medical office building, parking garage and infrastructure project (AMC Project) was a key component of the overall Park South development, providing improved infrastructure/streetscape to the neighborhood, a parking garage for community use, and a medical building with occupants that employ approximately 330 people in the healthcare field while also providing services to the wider population The project also serves as a catalyst for further commercial development in the surrounding neighborhood The AMC Project was a crucial part of the Park South neighborhood development plan The plan was meant to address problems experienced over the years by the neighborhood with quality of life and public safety, as well as significant economic disinvestment The AMC project is one of the most significant investments in commercial development within the neighborhood, and brings in additional employment and overall commercial activity The project is also located within an area that is accessible by public transportation and near existing transportation routes Development costs incurred by AMC relative to the construction of the medical office building and parking garage amounted to approximately \$53 million 2018 Park South expenditures In addition to the substantial investment made by AMC in the Park South medical office building and parking garage, AMC made the following expenditures during 2018 -\$87,458 - Traffic improvement (traffic signals, pavement striping, traffic signage) -Community Garden donation --The creation of a new Community Garden had been discussed with the Park South neighborhood during the early stages of the Park South redevelopment project Both Albany Medical Center (AMC) and Tri-City Rentals worked to complete this activity in 2018 Two parcels of land, located at 251 and 255 Morris Street in Albany, were owned by third party entities One of the parcels, valued at \$100,000, was donated to AMC The other parcel was purchased by AMC and Tri-City for \$105,000 After these transactions occurred, the two parcels were donated to Capital Roots, for creation and operation of the Community Garden The total value of the donation by AMC to Capital Roots is estimated to be \$150,000, based the percentage interest held by AMC and the appraisal report received relative to the two properties PILOT Payments/Taxes -During 2018, AMC made the following PILOT payments to the City of Albany relative to 391 Myrtle Ave --1/2018 - \$118,463.32 --9/2018 - \$329,124.17 -- (Note AMC received reimbursement for 68.5% of these costs from its two tenants during 2018 In 2019, the amount of reimbursement will decrease to approximately 32.5% due to the fact that AMC acquired the Vascular Group) -During 2018, AMC also paid its share of PILOT payments for several other properties it leases on New Scotland Ave AMC paid property taxes relative to 3 of its in Albany (1275 Broadway, 35 Hackett and 25 Hackett) Saratoga Hospital The Hospital has engaged with the local economic development community to assist with local economic development As a community leader, the Hospital believes that local economic development efforts promote health in the community</p>

Form and Line Reference	Explanation
Sch H Part II Line 2	unity in a number of ways, including raising the standard of living for all community members, and making the community more attractive as a place to live for talented health care professionals

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Sch H Part II Line 3	Community Support Activities Saratoga Hospital The Hospital expends significant effort in developing and maintaining an emergency preparedness program The emergency preparedness program is partially grant funded and is aimed at making the Hospital as well-prepared as possible with emergency response plans and infrastructure in the event of a disaster in the local community This program includes planning the coordination of Hospital staff, in conjunction with personnel from other local first responders, performing training exercises to test these plans, and testing of its emergency systems for proper responsiveness

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Sch H Part II Line 8	<p>Workforce Development Activities Saratoga Hospital The Hospital is the key resource in its community for recruiting physicians practicing in areas of medicine identified as needs in the community A component of this recruitment effort previously included the extension of relocation incentives to physicians in the areas targeted for physician recruitment based on need The incentives were extended in the form of income guarantees that were provided in an effort to make practice start-up financially palatable for relocating physicians After an initial period during which funds were advanced to physicians as they had shortfalls versus a targeted income amount, the accumulated advances were converted to promissory notes Should the physician remain in practice in the community for a contractually agreed-upon number of years after the initial benefit period, the note plus any accrued interest, is forgiven in full During 2018, the Hospital forgave advances plus accrued interest amounting to \$142,698 relating to these arrangements Columbia Memorial Hospital For Part II, The Hospital's community building activities consist of ongoing workforce development and community training sessions, for which the Hospital receives a very nominal fee, if any These free or low-cost programs increase community awareness of health issues, provide an opportunity for ongoing education of community providers and caregivers, and support improved health habits for the community the Hospital serves</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Sch H Part III Line 2	<p>Bad Debt Expense DUE TO THE ADOPTION OF ASU NO 2014-09 REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) BAD DEBT EXPENSE IS NO LONGER REPORTED ON THE AUDITED FINANCIAL STATEMENT RATHER IT IS TREATED AS A PRICE CONCESSION PLEASE SEE THE FOLLOWING AUDITED FINANCIAL STATEMENT FOOTNOTE WHICH DESCRIBES THIS PRONOUNCEMENT Recent Accounting Pronouncements - footnote 1(y) (ii) from the Combined Audited Financial Statements (ii) Revenue from Contracts with Customers Adoption of ASU No 2014-09 Revenue from Contracts with Customers (Topic 606) Upon adoption, the majority of what is currently classified as provision for uncollectible accounts and presented as a reduction to net patient service revenue on the consolidated statements of operations and changes in net assets is treated as a price concession that reduces the transaction price, which is reported as net patient service revenue During 2018 and 2017, the Hospital incurred approximately \$29.1 million and \$31.0 million in provisions for uncollectable accounts, respectively SCH H PART III LINE 4 Community Benefit, Charity Care and Uncompensated Care Footnote from Combined Audited Financial Statements (a) Community Benefit The Hospital offers numerous community benefit programs and services in community-based settings in response to the needs of the communities it serves They include community health fairs, health screenings, health education lectures and workshops for community groups and the general public, consumer health information, facilitated (insurance plan) enrollment services and clinical services such as outpatient clinics, adult and pediatric care services, neonatal intensive care services and behavioral health services Staff members of the Hospital also participate in community leadership efforts by donating significant hours of board service to other not-for-profit organizations The Hospital supports graduate medical education and offers health professions education support for community members through continuing education programs and scholarships (b) Charity and Uncompensated Care The Hospital's net cost of charity care, including payments to and receipts from the statewide pool was approximately \$16.2 million in 2018 and \$13.4 million in 2017 as follows 2018 Charity care at cost \$12,737,000 Payments to Statewide Pool \$10,595,000 Receipts from Statewide Pool \$(7,091,000) Total \$16,241,000 2017 Charity care at cost \$12,484,000 Payments to Statewide Pool \$9,182,000 Receipts from Statewide Pool \$(8,289,000) Total \$13,377,000 The cost of charity care provided was determined using direct and indirect costs to provide services based on the application of the ratio of the Hospital's overall cost to patient charges The Hospital also subsidizes services to Medicaid patients, which are paid at reimbursement levels below the Hospital's cost of rendering the related services</p>

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Form and Line Reference	Explanation
Sch H Part III Line 8	<p>Explanation Of Shortfall As Community Benefit Approximately 19% of the organizations patient charges relate to patients utilizing Medicare insurance These services support the significant need from the community to have an organization to be able to provide the expertise and care required</p> <p>COSTING METHODOLOGY The Hospital prepares a cost report for Medicare/Medicaid purposes Figures reported in this cost report were used as the basis for reporting The cost report is prepared by using financial statement data and statistical information to arrive at a cost allocated report The report is cost certified as required by an independent accountant</p>

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Form and Line Reference	Explanation
Sch H Part III Line 9b	<p>Provisions On Collection Practices For Qualified Patients Albany Medical Center Albany Medical Center provides a guide to all patients and their families describing its services, programs and policies This guide describes the financial assistance options available to a patient In addition, Albany Medical Center maintains a website that provides information on financial assistance, charity care and frequently asked questions Albany Medical Center further provides assistance and information about available programs during its collection process Albany Medical Center supports our patients who may be uninsured or underinsured through the following programs and relationships Fidelis facilitated enrollment specialists have partnered with AMC to screen and enroll patients in applicable programs The program will service the patient in the community or home and provide follow up efforts with the respective insurer or county program Chamberlin Edmond, an enrollment company, performs screening and enrollment in federal disability programs and State Medicaid programs The company covers patients within and outside of NYS There is no charge to the patient for this program An Albany County Department of Social Services Senior Examiner is located on site at the Hospital Monday - Friday and performs application determinations and facilitates complex case completion This includes Chronic Care Medicaid enrollment Albany Medical Center staffs a 7 day a week Patient Assistance Unit that performs enrollment in Medicaid, screens applicants for special program eligibility, provides Financial Aid/Charity Care application processing, performs COBRA premium requests, supports our patients in managing complex financial situations related to medical bills The unit coordinates with physician practice groups to support the patient in navigating the financial process to ensure the provision of service with minimal financial burden whenever possible Albany Medical Center provides a self-pay/customer service unit to support the processing of Financial Aid/Charity Care applications and Presumptive Eligibility for all patients who may be determined eligible based on income and family size Albany Medical Center also offers tailored payment plans upon request We continue to build community partnerships that support the enrollment of patients in programs that will provide the most complete coverage for the care they need Saratoga Hospital The Hospital has created and maintains a written Financial Assistance Policy (FA Policy) and a written Billing and Collection Policy (BC Policy) The effect of the provisions included in these Policies is that all extraordinary collection actions are discontinued for patients known to qualify for financial assistance, for any portion of the patients financial responsibility covered by financial assistance Columbia Memorial Hospital The Hospital follows a consistent collections policy for all patients For patients eligible for financial assistance, the Hospital ensures collection actions are consistent with NYS laws</p>

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Form and Line Reference	Explanation
Sch H Part I Line 3a	Federal Poverty Guideline Family Income Limit Saratoga Hospital Saratoga Hospital used a 250% federal poverty guideline family income limit when determining eligibility for free care

Form and Line Reference	Explanation
Sch H Part VI Line 2	<p>Needs Assessment Albany Medical Center Our service area for Community Health Needs Assessment and Improvement Plan The service area defined was chosen by the Health Capital District Initiative, an independent, non-profit organization intended to improve health care in the Capital Region through collaborative means As adopted by members of the Healthy Capital District Initiative, the communities assessed in the CHNA are the 6 counties of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene They form the common service area covered by the local health departments in Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene Counties and the primary patient population served by Albany Medical Center Hospital, Ellis Hospital, St Mary's Hospital, St Peters Health Partners, Saratoga Hospital, Sunnyview Hospital, and Columbia Memorial Hospital, which are located within the six counties This 6-county region is also referred to as the Capital Region Service Areas/ Regional Workgroups HCDI partners formed regional work groups to target and address health priorities specific to particular regions in the defined community For example, four health priority work groups were established Albany-Rensselaer, Columbia-Greene, Saratoga, and Schenectady Albany Medical Center Hospital participated in the Albany-Rensselaer Work Group Representatives, including Albany Medical Center Hospital, combined efforts to continue work on a cooperative health improvement plan for residents of these two counties Albany Medical Center Hospital is part of a unique tri-partite mission of medical education, biomedical research, and patient care It is also our defining role as a community health provider, ensuring access to medical and technological innovations that are traditionally found in academic medical centers - for residents of our region and beyond -We are a safety net hospital, and the lead hospital of a Performing Provider System under the Delivery System Reform Incentive (DSRIP) Program -Community leadership and community service are integral part to our institutions strategic planning process -Population health and access for all persons serves as one of 4 pillars in our strategic plan -We actively promote public health, health education and conduct various health screenings, often in collaboration and partnership with organizations throughout our service area -Physicians, nurses, medical students and residents, and many of the staff of Albany Medical Center and Albany Medical Center Hospital volunteer their time and talents to the Capital Region community through their involvement in community organizations, community action groups, and healthcare organizations -Our missions of medical education and biomedical research improve our communities health through --education, training, recruitment and retention of physicians and health professionals for our community --advancement of new discoveries through medical science -As the only academic medical center within nearly 150 miles, we provide a host of unique and/or highly specialized services to our community and to hospitals in our region including a Level I Trauma Center and largest Emergency Department, a Level IV NICU, the only Childrens Hospital in the region, the major resource for the Medicaid population, and a provider of high-end surgical services and medical care for the acutely ill -We are in the process of constructing a pediatric emergency department to care for the emergency needs of children in our region, ranging from trauma to minor emergencies and critical care More than half approximately 55% - of our pediatric emergency patients are Medicaid beneficiaries Many of Albany Medical Center Hospitals assets and resources are listed below, all of which greatly impact the health of our region The regions only medical college a valuable asset and resource Our mission of education inspires us to teach our regions current and future medical professionals -Albany Medical Colleges Patient Safety and Clinical Competency Center houses an incredible collection of simulation and training resources to educate students and other health care workers It is a critical component of Albany Medical Center Hospitals commitment to the highest standards of patient safety -Our Continuing Medical Education program helps medical professionals maintain competency skills and learn about new and developing areas in their field, all aimed at improved care of the patient (over 450 educational sessions annually) -Project MEDSCOPE is a unique Albany Medical College program that offers medical students and physicians the opportunity to partner with community organizations and physicians to serve the unmet health care needs of the underserved throughout the region -Medical students and residents also participate in numerous advocacy projects, such as anti-smoking education to grade school students -We serve as a clinical rotation site for students from Hudson Va</p>

Form and Line Reference	Explanation
Sch H Part VI Line 2	<p> lley Community College (HVCC) and Albany College of Pharmacy (ACP) in the fields of nursing, respiratory therapy, ultrasound, cardiovascular, paramedical services, pharmacy and laboratory sciences -Additionally, we offer scholarships to students in these HVCC and ACP programs, and has recently included scholarship programs at other local and regional colleges such as College of St. Rose (in the field of clinical laboratory medicine) This initiative has succeeded in increasing enrollment in previously under-enrolled HVCC programs to the point where there are sufficient graduating students to fill vacancies in many other hospitals in this region. A key community educator in our region - a valuable asset and resource. We are committed to serving as one of the greatest community education resources in the region. -General Public Education --Annual Health Fairs --Health Screenings --Health seminars and workshops -Targeted Community Education --Disease specific programs --Broad range of clinical experts from Albany Med -Serving as an educational site for local high schools -Community Support --Memberships --Partnerships --Board service -Support for awareness programs, programmatic initiatives --e.g., Ronald McDonald House, American Cancer Society, American Heart Association -Support for Economic Development / Workforce Development --To attract and retain a trained, educated workforce -Support for Quality of Life programs --e.g., Boy Scouts, Jewish Family Services, Capital Region Pride Center, Regional Food Bank, Girls Inc. Needed services provided to special populations - a valuable asset and resource -Major resource for Medicaid and uninsured populations --We are the largest single provider of care to the Medicaid and uninsured populations in a 25-county region, making community-based physicians available by accepting public plans that private physician groups often do not -Hospital that serves other hospitals --We provide comprehensive care to the critically ill and injured that is not available at other hospitals accepting more than 13,000 patient transfers a year -Diverse population --Our caregivers and medical students are from demographically diverse backgrounds, meeting the primary and specialty care needs of a diverse population --Our workforce is demographically more diverse than the 25-county region we serve -Provider of regional services --We coordinate and provide a host of regional services created to improve the health and outcomes of our regions population. Examples of our regional outpatient and hospital-based services are as follows --Regional Perinatal Center --Lifestar Regional Trauma Program --Regional AIDS Program --Regional Trauma Center --Regional Resource Center -Patient Safety and Clinical Competency Center (training for health care professionals in a virtual learning environment) Collaborating with Regional Health Improvement Task Forces -contributing valuable assets and resources. The following summarizes some of the many resources Albany Medical Center Hospital will provide to maximize the health strategies of each Regional Health Improvement Task Forces (Behavioral Health and Diabetes) -Multi-specialty physician network -Acute and tertiary care -Adult and pediatric health education programs -Clinical and biomedical research -Medical education -Community education programs -Caregiver education programs -Various public education forums (health fairs, seminars, workshops, screenings, etc.) -Continuing Medical Education -Employee Wellness initiatives Saratoga Hospital. The process of identifying the important health care needs of the residents of the Capital Region and specifically, Saratoga County, involved both data analysis and consultation with key members of the community. The data was collected from multiple sources including publicly available health indicator data, data collected from a survey conducted by the Healthy Capital Region Initiative (HCRI) and Saratoga Hospital. As a whole, the Capital Region </p>

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Form and Line Reference	Explanation
Sch H Part VI Line 3	<p>Patient Education of Eligibility for Assistance Albany Medical Center Albany Medical Center provides a guide to all patients and their families describing its services, programs and policies This guide describes the financial assistance options available to a patient In addition, Albany Medical Center maintains a website that provides information on financial assistance, charity care and frequently asked questions Albany Medical Center further provides assistance and information about available programs during its collection process Albany Medical Center supports our patients who may be uninsured or underinsured through the following programs and relationships Fidelis facilitated enrollment specialists have partnered with AMC to screen and enroll patients in applicable programs The program will service the patient in the community or home and provide follow up efforts with the respective insurer or county program Chamberlin Edmond, an enrollment company, performs screening and enrollment in federal disability programs and State Medicaid programs The company covers patients within and outside of NYS There is no charge to the patient for this program An Albany County Department of Social Services Senior Examiner is located on site at the Hospital Monday - Friday and performs application determinations and facilitates complex case completion This includes Chronic Care Medicaid enrollment Albany Medical Center staffs a 7 day a week Patient Assistance Unit that performs enrollment in Medicaid, screens applicants for special program eligibility, provides Financial Aid/Charity Care application processing, performs COBRA premium requests, supports our patients in managing complex financial situations related to medical bills The unit coordinates with physician practice groups to support the patient in navigating the financial process to ensure the provision of service with minimal financial burden whenever possible Albany Medical Center provides a self-pay/customer service unit to support the processing of Financial Aid/Charity Care applications and Presumptive Eligibility for all patients who may be determined eligible based on income and family size We continue to build community partnerships that support the enrollment of patients in programs that will provide the most complete coverage for the care they need Saratoga Hospital The Hospital educates patients about eligibility for assistance under its Financial Assistance Program (FAP), as well as federal and State programs through the following means -A supply of brochures containing a plain-language description of the Hospitals FAP and an application for the FAP is prominently displayed at all locations in Hospital facilities where patients register for services -The FAP brochure and application are included in a packet that is provided to all patients being admitted to the Hospital for inpatient or observation stays -If the Hospital patient financial services department makes a follow-up call to a patient regarding an unpaid bill, the patient is informed about the existence of the FAP -Bills sent to patients for unpaid balances include a reference to the FAP as well as information on how to contact the Hospital about the FAP -Information regarding the FAP is located on the Hospitals website, including the location and contact information for the Hospital patient financial services department -The Hospital uses an external vendor to screen all uninsured inpatients in order to determine whether the patient may be eligible for Medicaid or any other governmental insurance programs, as well as the Hospitals FAP Patients are then provided assistance in applying for and obtaining access to these programs -The Hospital administers the New York State Department of Health - Health Insurance Navigation Program for Saratoga County, as well as five other neighboring Counties This program focuses on enrolling eligible individuals in low or no cost insurance programs provided by the State Efforts are made by Hospital registration and Patient Financial Services personnel to link patients to the navigation program for assistance in obtaining health insurance coverage or obtaining benefits under the Hospitals FAP Columbia Memorial Hospital The Hospital's written bad debt and Charity Care policy broadly applies to the outstanding balance for the patient or insurer The Hospital advertises throughout the facility, discusses with patients directly during the registration process, and again during the collections process, about the availability for charity care As patients are enrolled in the charity care program, adjustments to their outstanding balance is charged against net patient service revenue, and not considered a component of bad debt expense</p>

Form and Line Reference	Explanation
Sch H Part VI Line 4	<p>Albany Medical Center Hospital As adopted by members of the Healthy Capital District Initiative, the communities being assessed in this report are the 6 counties of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene, referred to as the 'Capital Region'. They form the common service area covered by the local health departments in Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene Counties and the primary patient population served by Albany Medical Center Hospital, Ellis Hospital, St Peters Health Partners, Saratoga Hospital and Columbia Memorial Hospital, which are located within the six counties. Demographic information on the population analyzed was based on 2009-2013 U.S. Census American Community Survey (ACS). The combined population in the Capital Region is roughly 952,500 individuals. About 24.2% were 0-19 years of age, while 14.5% were 65 years of age or older. Approximately 11.3% were living in poverty. The race/ethnicity distribution was 85.1% White, 7.7% Black, 3.2% Asian/Pacific Islander, and 4.0% other races, 4.4% were Hispanic/Latino (any race). In addition to the data analyses contained in the county-specific Prevention Agenda Prioritization PowerPoint presentations given at the Public Health Priority Working Group meetings (http://hcdiny.org/, '2016 Capital Region Health Prioritization Presentations'), the 2016 Community Health Profile analyzed the health needs of the Region. In 2014, the most recent demographic profile available, the Capital Region was home to approximately 952,500 residents, equally distributed between males and females, with counties ranging from urban (Schenectady-758 pop./sq. mile) to rural (Greene-75 pop./sq. mile). The Region's mean age of 40.2 years was higher than that of New York State (NYS). About 17% of the population was 14 years of age or younger, while 16% was 65 years of age and older. Approximately 15% of the Capital Region's population was non-White and 4.4% Hispanic. The Region's median household income of \$60,722 was higher than NYS. Its poverty rate of 11.3% was lower than NYS. Almost 16% of the Region's children less than 18 years of age were below poverty. About 8.8% of the Capital Region's population 25 years of age or older had less than a high school education. The health of Capital Region residents was generally consistent with other New York counties outside New York City (Rest of State), although Capital Region residents had a higher overall age-adjusted mortality rate as well as a higher rate of Years of Potential Life Lost (YPLL) than Rest of State. The YPLL is an indicator driven by premature deaths. Chronic diseases were the leading causes of death in the Capital Region, with heart disease, cancer, chronic lower respiratory disease (CLRD), and stroke being the major causes. Injuries were the major cause of death in the child, adolescent, and young adult populations. Health care access indicators show the Capital Region having fewer barriers to care than the Rest of State. Capital Region residents, both children and adults, had higher health insurance coverage rates compared to Rest of State. A higher percent of Capital Region residents also had a regular health care provider. The Capital Region's primary care system also seemed to be working well compared to Rest of State. When looking at preventable hospitalizations, Capital Region residents had much lower rates than residents from Rest of State did. Total Emergency Department visit rates, as well as total hospitalization rates were also lower in the Capital Region compared to Rest of State. There were many positive trends in the Capital Region. Coronary heart disease, stroke, asthma, colorectal cancer, and female breast cancer trends decreased in the past decade. There were also decreasing rates in gonorrhea and HIV. Children 19-35 months of age had higher immunization rates, and women aged 13-17 years had higher HPV vaccination rates than the Rest of State. The Capital Region had also seen a positive change in certain health behaviors. While adult obesity rates have increased slightly in the Capital Region, they have not increased as much as the Rest of State. A greater percentage of residents participated in some leisure time physical activity than the Rest of State. They also consumed less sugary drinks, and ate at 'fast food' establishments less than their Rest of State counterparts. However, many measurements were not as positive, particularly in lower income, inner-city neighborhoods where many rates were 3 to 7 times higher than the county average. Obesity and its related diseases continue to be health issues in the Capital Region. Diabetes mortality and short-term complication hospitalizations were higher in the Capital Region than Rest of State. Adult smoking rates, lung cancer incidence and mortality, and chronic lower respiratory disease mortality rates were all higher in the Capital Region compared to Rest of State. Adult asthma prevalence, as well as asthma E</p>

Form and Line Reference	Explanation
Sch H Part VI Line 4	<p>D visit and hospitalization rates were also higher in the Capital Region -The incidence of positive blood lead in children less than 72 months of age, as well as childhood lead screening, continued to be a Capital Region issue, with rates much higher than residents of Rest of State -Capital Region women had higher rates of infant mortality, low birthweight, and late or no prenatal care than Rest of State women Capital Region teens had much higher pregnancy rates compared to their Rest of State counterparts</p> <p>-Mammography screening rates for the general population, as well as the Medicaid population, were lower in the Capital Region, while late stage female breast incidence and mortality rates were higher, compared to Rest of State -Chlamydia rates were also much higher in the Capital Region, with increasing trends over the past decade -Capital Region counties presented some of the highest Lyme disease case rates in New York State -Mental Health indicators such as 'poor mental health days', suicide mortality, and self-inflicted injury hospitalization rates were higher in the Capital Region compared to Rest of State</p> <p>-Substance abuse indicators also show there is a growing problem in the Capital Region -Binge drinking and cirrhosis mortality were also higher in the Capital Region compared to Rest of State</p> <p>Saratoga Hospital The Hospital's primary service area is comprised of two communities, Saratoga Springs and Ballston Spa Both are located in the central portion of Saratoga County The census primary service area population in 2017 was approximately 71,300 These two communities accounted for 41% of the Hospital's inpatient discharges in 2018 Additional communities served by the Hospital fall within an area that extends to the northwestern border of Saratoga County and also extends southward It is comprised of 16 communities, including Ballston Lake, Clifton Park, Corinth, Fort Edward, Galway, Gansevoort, Greenfield Center, Greenwich, Hudson Falls, Mechanicville, Porter Corners, Queensbury, Schuylerville, and Stillwater The combined 2017 census population of these additional communities was estimated at approximately 91,300 Patients from these additional communities represented 30% of the Hospital's inpatient discharges in 2018</p> <p>Columbia Memorial Hospital The Hospital serves the people of Columbia and Greene Counties and part of Northern Dutchess County, with a combined population of approximately 115,000 people, which, is distributed between one small city and 32 towns The two counties combined cover an area of nearly 1,300 square miles Columbia County is located in the northeastern region of the Mid-Hudson Valley of New York State It is bordered on the north by Rensselaer County, on the south by Dutchess County, on the east by Berkshire County of the Commonwealth of Massachusetts and on the west by the Hudson River, opposite Greene County Columbia County is rural in nature and includes the City of Green County is situated between the Hudson River on the east and the Catskill Mountains at the Southern and Western ends It is bordered by Albany County to the north, Rensselaer County to the northeast, Columbia County to the east, Ulster County to the south, Delaware County to the west and Schoharie County to the northwest Greene County is located 2 hours north of the major metropolitan areas of New York City and a half-hour south of Albany, New York State's Capital District</p>

Form and Line Reference	Explanation
Sch H Part VI Line 5	<p>Promotion of Community Health Albany Medical Center The following are examples of Albany Medical Center Hospitals commitment to the region it serves across the spectrums of patient care, education and research -Albany Medical Center Hospital accepts all patients, regardless of ability to pay, how much they or their insurers pay, or whether they are eligible for assistance under our Hospital's financial assistance policy We have never and will never allow financial status to impact the level of care we provide despite the fact that the financial impact is significant We perform this financial mission for our community in an effort to keep those most in need as healthy as we can -We are the dominant provider of services for the Medicaid and uninsured populations, and as such, have been designated as a Safety Net Provider -Because of the vast range of programs and services available at academic medical centers, Albany Med retains a wide array of physician specialists not found elsewhere in our region, including critical care medicine and surgery, HIV medicine, neuro-interventional care, pediatric subspecialties, trauma, plastic reconstructive surgery, surgical oncology, endovascular surgery, transplant surgery, and various other critical services -We have many enrollment assistance programs in place and continue to expand those. For example, Albany Medical Center Hospital utilizes a specialized firm to assist our patients most in need with complicated Medicaid and Disability Application processing The monthly fee is substantial, and is solely covered by Albany Medical Center Hospital on behalf of our patients -As the regions Level I Trauma Center and often the busiest in New York State, we provide comprehensive care to the critically ill and injured that is not available at other hospitals As a result we receive thousands of patient transfers from other hospitals and health facilities due to the absence of a qualified specialist on staff or on-call at the time of need or because the patient required a higher level of care that the hospital could not provide As a result, we receive a significant number of transfers from other hospitals and health facilities Annual transfers have increased 137% since 2009, to 15,000 transfers in 2018 -Our medical staff includes over 600 community-based physicians -We provide Continuing Medical Education to over 4,000 medical professionals annually -We invest in meeting community health needs at all levels, from community-based programs such as diabetes and other chronic disease management to highly specialized inpatient programs like or end-stage Congestive Heart Failure Clinic and Chronic Kidney Disease Clinic -Additional disease-based primary care outpatient programs assist patients with HIV/AIDS, cystic fibrosis, hemophilia, and provide services through our psychiatry clinic -Albany Med runs the regions sexual assault examiner program -In addition to serving as a resource for specialty services and transfer of patients, we work with other health systems and service providers to ensure that community needs are met Albany Med has expanded its role as a clinical rotation site for students studying in the fields of nursing, respiratory therapy, ultrasound, cardiovascular, paramedical services, pharmacy and laboratory sciences -Additionally, the Hospital offers scholarships to students in some of these programs, and has recently included scholarship programs at other local and regional colleges in the field of clinical laboratory medicine This initiative has succeeded in increasing enrollment in previously under-enrolled programs to the point where there are sufficient graduating students to fill vacancies in many other hospitals in our region -We have expanded our access into our communities through multi-specialty locations and urgent care sites -We educate and train physicians over 550 future physicians each year We also offer residencies and fellowships in over thirty accredited programs, while maintaining an important commitment to the societal trends on the practice of medicine and community health Notably, approximately 40% of the regions physicians have graduated from, or have received continuing medical education from Albany Medical College -Within the field of nursing, Albany Medical Center Hospital has instituted a 'Grow Our Own' program whereby Hospital employees who are not nurses can become nurses by attending courses and gaining clinical experience 1 day out of each scheduled work week -To better serve the needs of populations throughout our region, we continue to expand our reach into our communities by adding needed services, including urgent care -Albany Med physicians and researchers have extensive experience in a wide range of basic and clinical research topics -Our basic research scientists facilitate discoveries that translate into medical innovations at patients' bedside Saratoga Hospital The Hospital also promotes community health</p>

Form and Line Reference	Explanation
Sch H Part VI Line 5	<p>health through the following activities -Open medical staff -Board of Trustees comprised primarily of independent persons from the community -Subsidization of community education forums, at no cost to the public, including -Childbirth education- monthly classes -Community wellness classes- including education for prevention and management of chronic diseases such as diabetes and asthma, and updates on new treatment pathways available for common ailments -Facilitation of monthly support groups for issues including weight loss, cancer survivors and grief management -Schedules and topical information for community education forums are made available on the Hospitals website and are also provided in a free quarterly newsletter, ACCESS ACCESS also includes short articles written by medical staff regarding current health issues These articles are also posted on the Hospitals website -The Hospital provides 24-hour call center services, HealthSource, at no cost -Any surplus generated by the Hospital is reinvested into the Hospital through expansion of operations, by purchase of space and equipment, and hiring of personnel needed to support programs that have been identified as needs for the community the Hospital serves Columbia Memorial Hospital A majority of the Hospital Board of Trustees reside in Columbia and Greene County, as do most of the Hospital's employees In recent years, the Hospital has significantly increased the access provided to local, previously unaffiliated doctors, and has further provided access and support for these practitioners to an electronic health exchange</p>

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Form and Line Reference	Explanation
Sch H Part VI Line 6	<p>Affiliated Health Care System Albany Medical Center Health System The Albany Medical Center Health System is comprised of Albany Medical Center, Columbia Memorial Hospital, and Saratoga Hospital Albany Medical Center is northeastern New Yorks only academic medical center, and the lead entity of the Albany Med Health System, serving nearly 3 million people within 23 counties of Northeastern New York and two counties in Western New England Our service area includes Orange County to Franklin and Clinton Counties, as well as Oneida County to Bennington and Berkshire Counties The hospital is located in Albany County Nearly 3/4 of our patients reside in the 6-county region described below Columbia Memorial Hospital, an acute care hospital in Columbia County, serves more than 100,000 residents in Columbia, Greene and Dutchess Counties at 40 Care Centers, including 17 Primary Care and 23 Specialty Care Centers, located throughout the region Saratoga Hospital, located in Saratoga County (population 230,000), from which it draws over 96% of its patients It is an acute care hospital that offers a wide array of inpatient and outpatient services to its community Each of our hospitals is located in counties that make up what is known as the Capital Region Albany County, Rensselaer County, Saratoga County and Schenectady County, Columbia County, and Greene County Combined, we have approximately 100 off-site locations to improve access for the residents of our region We offer a vast array of community health offerings and work to educate our regions residents on a broad range of health-related topics Additionally, Albany Med and its partner hospitals Columbia Memorial Hospital and Saratoga Hospital work with dozens of community organizations to improve our regions health and quality of life Our health systems commitment to improving the health and well-being of our populace is demonstrated through the regional planning and delivery of community benefit activities</p>

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Form and Line Reference	Explanation
Sch H Part VI Line 7	States Filing Community Benefit Report Albany Medical Center Hospital and Affiliates New York

Additional Data

Software ID:

Software Version:

EIN: 47-3869194

Name: Albany Medical Center Group
Organization

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3											
Name, address, primary website address, and state license number											
1	Albany Medical Center Hospital 43 New Scotland Avenue Albany, NY 12208 www.amc.edu 0101000H	X	X	X	X	X	X	X			1
2	Saratoga Hospital 211 Church Street Saratoga Springs, NY 12866 www.saratogahospital.org 4501000H	X	X					X			2
3	Columbia Memorial Hospital 71 Prospect Avenue Hudson, NY 12534 www.columbiamemorialhealth.org 1001000H	X	X					X			3

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V Line 5	<p>Account Input from Person Who Represent the Community Facility Albany Medical Center Hospital Healthy Capital District Initiative (HCDI), an independent, non-profit organization, lead the coordination of a regional community health needs assessment (CHNA) and health prioritization process for the six counties of the Capital Region -- Albany, Rensselaer, Saratoga, Columbia, Greene and Schenectady Albany Medical Center Hospital participated in this process along with other hospitals (listed in the response to line 6a), five local health departments, and scores of organizations across the six counties representing the interests and needs of the medically underserved, low-income and minority populations in the community (listed in the response to line 6b) These participants provided input on and assisted with -Identifying and prioritizing significant health needs -Identifying resources potentially available to address those health needs Community health survey Broad community engagement began with participation in a community health survey that provided key input in identifying and confirming priority health needs HCDI contracted with Siena College Research Institute, a recognized and respected market research center that operates under Siena College in Loudonville, NY, to conduct the survey from February to March 2016 The survey was a random digital telephone survey of adult (18+ years) residents for each of the six counties comprising the community assessed in the CHNA (that is, 'the Capital Region') (n=400 per county, 2,400 for Capital Region) The survey offered multiple choice and open-ended questions to learn about residents' health needs, health behaviors, barriers to care, and concerns Demographic information collected by the survey allowed review of information by age, gender, race/ethnicity and income A set of questions asked for feedback on perceived community obstacles Even with the increased percentage of Capital Region residents covered by some form of health insurance, 40% of respondents identified the cost of getting medical care as a very significant obstacle, a slightly lower percentage of the respondents (27%) identified the cost of mental health services as a very significant obstacle About 31% identified their reluctance to seek help with a mental health issue as a very significant obstacle About 31% identified the cost of food, and 14% identified access to grocery stores with nutritious options, as very significant obstacles About 18% identified access to a safe place to exercise, and 21% identified the costs associated with being physically active, as very significant community obstacles Capital Region residents were asked to identify the most important health-related issues to address in their community About 31% of the residents identified "reducing obesity in both teens and adults", 27% identified "improving both substance abuse treatment and awareness programs", and 23% identified "improving both preventive</p>

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Form and Line Reference	Explanation
Sch H Part V Line 5	<p>care and management for chronic diseases like diabetes, asthma and heart disease" as the most important issues Regional Workgroups The survey results were incorporated into the examination of health needs by the members of the four regional work groups that were formed by HCIDI partners to target and address health priorities specific to particular regions in the defined community Specially, Capital Region Public Health Prioritization Workgroups were established for Albany-Rensselaer, Columbia-Greene, Saratoga, and Schenectady Albany Medical Center Hospital participated in and spearheaded the Albany-Rensselaer Workgroup , along with the Albany County Department of Health, the Rensselaer County Department of Health, and St Peters Health Partners Also participating in the Albany-Rensselaer Workgroup were dozens of community-based and advocacy organizations representing medically underserved, low-income, and minority populations, which were encouraged to share data of their own and to advocate for the needs of their constituents These representatives were actively engaged, and many participated in all the prioritization meetings They provided comments, data, and helped identify critical health resources within the Capital Region Many of these organizations serve one or more of the following populations low-income residents, the homeless, those with HIV/AIDS, Alzheimers, mental illnesses, those addicted to alcohol and substances, the elderly, disabled persons, low-income populations, persons challenged with food insecurity, minority populations, and the medically underserved Examples of these organizations include the two participating federally qualified health centers, Food Pantries of the Capital District, United Way of the Capital Region, Interfaith Partnership for the Homeless, and our consumer community representatives have unique access to medically underserved residents that informed their input into the CHNA process A full list of these and other community organizations, along with the populations they represent, is provided in the response to line 6b The Albany-Rensselaer Workgroup held three meetings on February 10, February 24, and March 18, 2016 Information about the other three Workgroups is as follows -The Schenectady Workgroup was spearheaded by Schenectady County Public Health Services, Ellis Medicine, and Sunnyview Rehabilitation Hospital and held meetings on February 4, February 19, and March 31, 2016 -The Saratoga Workgroup was spearheaded by the Saratoga County Health Department and Saratoga Hospital and held meetings on February 10, February 24, and March 18, 2016 -The Columbia-Greene Workgroup was led by Greene County Public Health, Columbia County Department of Health, and Columbia Memorial Hospital and held meetings on February 12th, March 2nd, and March 16th As with the Albany-Rensselaer Workgroup, each of these Workgroups also included their local county public health departments as well as numerous organiza</p>

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Form and Line Reference	Explanation
Sch H Part V Line 5	<p>tions representing medically underserved, low-income, and/or minority populations, which such organizations are listed in the response to line 6b Although Albany Medical Center Hospitals prior CHNA was broadly-publicized and a well-known document throughout the community, no written comments were received on the CHNA or its related implementation strategy and hence no such comments were taken into account in the needs assessment process The Workgroups reviewed data analyses prepared by HCIDI and selected the top priorities with one health disparity to be addressed Data presentations were given at the Workgroup meetings to provide summarized available data on the leading problems in each of the Workgroups service areas Health indicators were included in the Prioritization data presentations if -At least one of the county rates was significantly higher than the New York State, excluding New York City data, -At least one of the county rates is in the highest risk quartile in the state, -Rates for the health condition worsened over the past decade for one of the counties, -The health condition was a leading cause of death in one of the counties, -Disparity between rates was clearly evident in sub-populations or -There were a high absolute number of cases in the counties Health indicators that met the criteria were included in the data presentations for each of five Prevention Agenda Priority Areas Prevent Chronic Diseases, Promote a Healthy and Safe Environment, Promote Healthy Women, Infants, and Children, Promote Mental Health and Prevent Substance Abuse, and Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections In all, 90 health indicators across the five Prevention Agenda Priority Areas were presented Available data on prevalence, emergency department visits, hospitalizations, mortality and trends were included for each indicator Equity data for gender, age, race/ethnicity, and neighborhood groupings were presented as available After the presentation, these data were made available to Capital Region partners on the HCIDI website (http://hcdiny.org/) After the presentation of each set of health indicators, a discussion was held to answer any questions, or for individuals to share their experiences with the health condition in the population Participants did a preliminary vote on the importance of the condition in the community based on three qualitative dimensions the impact of the condition on quality of life and cost of health care, if there was community awareness and concern about the condition, and the opportunity to prevent or reduce the burden of this health issue on the community Participants were provided with a Prioritization Tracking Tool to record their own comments and measure their thoughts on the severity, community values, and opportunity regarding each health indicator In addition to spearheading and participating in the Workgroups themselves, public health departments were also involved</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Sch H Part V Line 6a	<p>List Other Hospital Facilities that Jointly Conducted Needs Assessment Facility Albany Medical Center Hospital As adopted by members of the Healthy Capital District Initiative, the communities assessed in the Community Health Needs Assessment (CHNA) are the six counties of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene Along with Albany Medical Center Hospital, other hospital participants in this CHNA process included Ellis Hospital, St Mary's Hospital, St Peters Health Partners, Saratoga Hospital, Sunnyview Hospital, and Columbia Memorial Hospital, all of which are located in the 6-county region Facility Saratoga Hospital As adopted by members of the Healthy Capital District Initiative, the communities assessed in the Community Health Needs Assessment (CHNA) are the six counties of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene The other regional hospitals participating in the 2016 CHNA as HCDI member organizations were Albany Medical Center, Columbia Memorial Hospital, Ellis Medicine, Glens Falls Hospital, St Peters Health Partners, St Mary's Hospital, and Sunnyview Hospital Facility Columbia Memorial Hospital As adopted by members of the Health Capital District Initiative, the communities assessed in the Community Health Needs Assessment (CHNA) are the six counties of Columbia, Greene, Albany, Rensselaer, Schenectady and Saratoga Along with Columbia Memorial Hospital, other hospital participants in this CHNA process included Albany Medical Center Hospital, Saratoga Hospital, Ellis Hospital, St Marys Hospital, St Peters Health Partners and Sunnyview Hospital, all of which are located in the 6-county region</p>

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Form and Line Reference	Explanation
Sch H Part V Line 6b	<p>CHNA Conducted by Organizations Other Than Hospital Facility Albany Medical Center Hospital Albany Medical Center Hospital's partnership with Healthy Capital District Initiative (HCIDI) has enabled us to track the public health issues of the residents of Albany and Rensselaer Counties, and to meet those needs in a collaborative manner Other HCIDI member organizations have been tracking and working together to address significant health priorities in the remaining Capital Region counties The CHNA document benefited from the review and input of the members of the Prevention Agenda workgroup of the Healthy Capital District Initiative These individuals are subject matter experts from area county public health departments and each of the Capital Region hospitals They were joined by representatives from community based organizations, businesses, consumers, schools, academics, and disease groups for a total of approximately 150 different organizations participating in the four Capital Region Public Health Prioritization, and Community Health Improvement Plan (CHIP) Work Groups A full list of the more than 150 participants is provided below and can also be found on pages 17-21 of our 2016 CHNA and implementation strategy by accessing this link http://www.amc.edu/Community-Health-Needs-Assessment-and-Implementation-Strategy/upload/Community-Health-Needs-Assessment-and-Implementation-Strategy_Albany-Medical-Center_2016-3.pdf Organizations below participated in the Albany-Rensselaer Public Health Priority Workgroup, many of which represented medically underserved, low-income, and/or minority populations, these have a parenthetical after their name identifying the population they represent -Albany County Department of Health (medically underserved, low-income, minority populations residing in Albany County) -Albany County Department of Mental Health (medically underserved, low-income, minority populations in Albany County) -Albany County Department of Social Services (medically underserved, low-income, minority populations in Albany County) -Albany Medical Center (medically underserved, low-income, minority populations, largest provider of care to Medicaid population in the region, regions only HIV/AIDS treatment center) -Albany Medical Center Physicians Assistant Program (medically underserved, low-income, minority populations, including those with chronic diseases, mental illnesses, women and children, etc) -Albany Rensselaer Cancer Program (medically underserved, low-income, minority populations diagnosed with cancer or seeking free cancer screenings) -Alliance For Better Health Care (NYS DSRIP program, led by Ellis Medicine and includes St. Peter's Health Partners, serving medically underserved, low-income, minority populations, populations with chronic diseases and behavioral health needs) -Alzheimer's Association (care and support for those affected with Alzheimer's) -Alzheimer's Association, Faith Outreach liaison between those with Alzheimer's and</p>

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Form and Line Reference	Explanation
Sch H Part V Line 6b	<p>d their faith communities) -Belvedere Health Services, LLC (provides substance abuse treatment for underserved, low-income populations) -Berkshire Farm Center & Youth Services (provides foster care, group homes, family preservation, truancy, and counseling to youth who are often at-risk) -Better Health for Northeastern New York (NYS DSRIP program, led by Albany Medical Center Hospital, serving medically underserved, low-income, minority populations, populations with chronic diseases and behavioral health needs) -Boys and Girls Club (low-income, minority youth) -Capital District Childcare Coordinating Council (provides child care resources to Albany, Saratoga, Schenectady, Fulton, Montgomery, and Rensselaer counties) -Capital District Physicians Health Plan (CDPHP) (regional payer with community involvement, offers programs to support health and disease prevention for all populations) -Capital District Psychiatric Center (all persons with behavioral health needs, including medically underserved, low-income, minority populations) -Capital District Tobacco Free Coalition (youth populations) -Capital District Transportation Committee -Capital District YMCA (Capital Region residents, with targeted programs for low-income, minority youth) -Capital Roots (reduces the impact of poor nutrition on public health through community gardens, serving low-income and minority populations) -Capital Region BOCES (youth population) -Care Coordination Services (provides support to populations with or at risk for HIV/AIDS and other chronic medical conditions, low-income, medically underserved, minority populations) -Catholic Charities (low-income, minority populations) -Catholic Charities Community Maternity Services (continuum of care services for pregnant adolescents and young parents, low-income, minority populations) -Center for Disability Services (medically underserved population with disabilities) -City of Albany Police Department (programs for minority populations, low-income) -Colonie Senior Services Centers (services for elderly population) -Commission for Economic Opportunity (low-income, minority populations) -Community Care Behavioral Health Organization (medically underserved, low-income, minority populations) -Conifer Park (private system providing care to alcohol/drug abuse population) -DePaul Housing Management (low-income, elderly populations) -Eddy Visiting Nurse Association (medically underserved, senior population) -Fidelis Care Network (medically underserved, low-income, minority populations) -Food Pantries of the Capital District (low-income, minority populations, provides food for populations with food insecurities) -Healthy Capital District Initiative (HCIDI) (medically underserved, low-income, minority populations) -Hometown Health Centers (medically underserved, low-income, minority populations) -Hospitality House (medically underserved, low-income, minority populations) -Hudson City School District -Independent Living Center of the Hudson Valley</p>

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Form and Line Reference	Explanation
Sch H Part V Line 6b	<p>Iley (medically underserved, low-income, minority populations) -Interfaith Partnership (medically underserved, low-income, minority populations) -Jewish Family Services of Northeastern NY (low-income, minority populations) -LaSalle School (low-income, minority populations) -Mental Health Empowerment Project (medically underserved, low-income, minority populations) -National Association of Social Workers (advocates to strengthen the social work practice) -National Grid -Next Wave -Office of NYS Senator Neil Breslin -Rehabilitation Support Services (medically underserved) -Rensselaer County Department of Health (medically underserved) -Rensselaer County Department of Mental Health (medically underserved) -Rensselaer Park Elementary school -Samaritan Radiation Oncology (medically underserved, low-income, minority populations) -Senior Hope (alcohol and substance abuse services for the elderly population) -Senior Services of Albany and Cohoes Multi-Service Senior Citizen Center, Inc (medically underserved, senior population) -St Peters Addiction Recovery Services Saratoga (medically underserved) -St Catherine's Center for Children (provides support to low-income youth and families) -St Peters Health Partners (medically underserved, low-income, minority populations) -St Peters Health Partners (Health Program and Promotion) (medically underserved, low-income, minority populations) -St Peter's Health Partners (medically underserved, low-income, minority populations) -The Community Hospice (hospice care for chronically ill populations) -The Sage Colleges -United Way of the Greater Capital Region (medically underserved, low-income, minority populations) -Unity House (medically underserved, low-income, minority populations) -University at Albany -University at Albany School of Public Health -Upper Hudson Planned Parenthood (medically underserved, low-income, minority populations) -Van Rensselaer Manor (services for the elderly population) -Veteran Mental Health Council @ VA (medically underserved, low-income, minority populations) -Village of Colonie Outreach (low-income, minority populations) -Visiting Nurses Association of Albany (home care for Albany County, including the elderly, disabled, patients with chronic diseases) -Xerox State Healthcare -YMCA (low-income, minority youth) Facility Saratoga Hospital The following is a list of all of the local partners within Saratoga County that help ed conduct the spring 2016 CHNA -Adirondack Health Institute -Alcohol and Substance Prevention Council -Ballston Area Seniors -Ballston Spa Central School District -Burnt Hills-Ballston Lake School District -Capital Region BOCES -CAPTAIN Youth and Family Services -Catholic Charities -Chamber of Southern Saratoga County -Charlton Seniors -City of Saratoga Springs -Community Hospice, Inc -Corinth Central School District -Corinth Senior Citizens Center -Cornell Cooperative Extension -Cornell Cooperative Extension -Early Childhood Direction Center -Four Winds - Sara</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Sch H Part V Line 7	Line 7a Facility Albany Medical Center The hospital's CHNA is posted at the following website https://www.amc.edu/Community-Health-Needs-Assessment-and-Implementation-Strategy/index.cfm Facility Saratoga Hospital The hospital's CHNA is posted at the following website https://www.saratogahospital.org/classes/communityhealthneedsassessment Facility Columbia Memorial Hospital The hospital's CHNA is posted at the following website https://www.columbiamemorialhealth.org/community-health/ Line 7d Description of Making Needs Assessment Widely Available Facility Albany Medical Center Hospital -Albany Meds newsletter 'Albany Med Today' -Albany Med Board of Directors board portal -Furnished upon request (internal and external requests)

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Form and Line Reference	Explanation
Sch H Part V Line 11	<p>Explanation of Needs Not Addressed and Reasons Why Facility Albany Medical Center Hospital A description of how Albany Medical Center Hospital is addressing the significant needs identified in its 2016 CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed can be found on pages 29-43 of Albany Medical Center Hospitals 2016 CHNA and implementation strategy, which is available at http://www.amc.edu/Community-Health-Needs-Assessment-and-Implementation-Strategy/upload/Community-Health-Needs-Assessment-and-Implementation-Strategy_Albanymedicalcenter_2016-3.pdf A description of how Albany Medical Center Hospital addressed the health needs identified in its 2013-14 CHNA can also be found in the 2016 CHNA and implementation strategy, pages 6-10 During the prioritization process, many health needs were selected by the Prioritization Workgroups as important to address While there was commonality among many of the priority health needs, there were also some regional differences These health priorities of Columbia, Greene, Saratoga, and Schenectady Counties are being addressed largely by hospitals, local health departments, and other organizations in their communities Columbia-Greene Counties -Substance Abuse -Mental Health -Diabetes/Obesity -Lyme Disease -Respiratory (smoking/asthma) -Heart Disease -Access to specialists -Alcohol abuse Partner Columbia Memorial Hospital, with Greene County Public Health and Columbia County Department of Health is taking the lead on aligning efforts around these mutually selected priority areas When feasible, Albany Medical Center Hospital will assist with the implementation of the Workgroups initiatives Saratoga County -Substance Abuse -Mental Health -Alcohol abuse -Diabetes/Obesity -Smoking -Cardiovascular disease -Lyme Disease Partner Saratoga Hospital, with Saratoga County Department of Health is taking the lead on aligning efforts around mutually selected priority areas When feasible, Albany Medical Center Hospital will assist with the implementation of the Workgroups initiatives Schenectady County -Mental Health and Substance Abuse (combined) -Obesity -Food scarcity -Smoking related illnesses -Teen pregnancy -Asthma -Diabetes -Falls -Childhood lead Schenectady County Public Health Services, Ellis Medicine and Sunnyview Rehabilitation Hospital are taking the lead to address the priority areas selected for this region They have also been working closely with other Schenectady Partners through the Schenectady Coalition for Healthy Communities (SCHC) When feasible, Albany Medical Center Hospital will assist with the implementation of the Workgroups initiatives Facility Saratoga Hospital Saratoga Hospital intends to address needs within the five Prevention Agenda focus areas identified as significant needs in Saratoga County, however, some of the challenges identified for these focus areas will not be addressed directly by hospital-led initiatives</p>

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Form and Line Reference	Explanation
Sch H Part V Line 11	<p>ves The Saratoga County CHNA notes that too few children in Saratoga County are screened for exposure to lead Saratoga County Public Health Nursing Service has a very robust lead screening program that is grant-funded Saratoga Hospital supports this public health pro gram and will assist the public health efforts led by the County The CHNA also notes that occupational injury rates for teenagers are higher than expected for Saratoga County resi dents Saratoga Hospital is concerned with this trend, but cannot actively address this ne ed beyond supporting local employers in their efforts to make their work places safer Sar atoga Hospital does operate a very active Corporate Health program throughout the county a nd efforts to address this need will be channeled through this program Other health issue s include the promotion of a healthy and safe environment, as well as preventing Lyme dise ase and chlamydia These issues will not be addressed directly by Saratoga Hospital, howev er, Saratoga Hospital is committed to improving the health and wellness of our communities , and fully supports local governments and wellness coalitions in their efforts to impact these issues Facility Columbia Memorial Hospital Columbia Memorial Hospitals Community S ervice Plan, available publicly on the organizations website (www.columbiamemorialhealth.org) discusses the local priorities being targeted from the States Prevention Agenda, along with any reasons why certain items are not prioritized During the prioritization process , Columbia Memorial worked closely with its community partners, including the Columbia and Greene County Departments of Health, Greene County Public Health, Greene County Rural Hea lth Network, Twin County Recovery Services, The Healthcare Consortium, and others with our region Health priorities of Columbia and Greene Counties are being addressed largely by the hospital, local health departments, and other organizations in their communities Colu mbia-Greene Counties -Substance Abuse -Mental Health -Health Women & Infants -Respiratory (Smoking/Asthma) -Infectious Diseases (Lyme Disease and HIV) Albany-Rensselaer Counties -M ental Health -Substance Abuse -Obesity -Diabetes -Respiratory (smoking/asthma) -Adverse bi rth outcome -STD/HIV -Lyme disease -Female breast cancer -Falls Partner Albany Medical Cen ter Hospital, with Albany County Department of Health, Rensselaer County Department of Hea lth, and St Peters Health Partners is taking the lead on aligning efforts around these mu tually selected priority areas If/when feasible, Columbia Memorial Hospital will assist w ith the implementation of the Workgroups initiatives Saratoga County -Substance Abuse -Me ntal Health -Alcohol abuse -Diabetes/Obesity -Smoking -Cardiovascular disease -Lyme Diseas e Partner Saratoga Hospital, with Saratoga County Department of Health is taking the lead on aligning efforts around mutually selected priority areas When feasible, Albany Medical Center Hospital and/or Columb</p>

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Form and Line Reference	Explanation
Sch H Part V Line 11	<p>ia Memorial Hospital will assist with the implementation of the Workgroups initiatives Sc henectady County -Mental Health and Substance Abuse (combined) -Obesity -Food scarcity -Sm oking related illnesses -Teen pregnancy -Asthma -Diabetes -Falls -Childhood lead Schenectady County Public Health Services, Ellis Medicine and Sunnyside Rehabilitation Hospital are taking the lead to address the priority areas selected for this region They have also be en working closely with other Schenectady Partners through the Schenectady Coalition for H ealthy Communities (SCHC) When feasible, one or more of the Albany Med Health System affi liates will assist with the implementation of the Workgroups initiatives 2018 update of N eeds Addressed Facility Albany Medical Center Every three years, Albany Medical Center co llaborates with regional partners to participate in a Comprehensive Health Needs Assessment t (CHNA) to address the communitys significant health-related issues For the 2016-2018 CH NA, Albany and Rensselaer Counties selected the following prevention priorities -Prevent Chronic Disease (target obesity, diabetes) -Promote Mental Health and Prevent Substance Abuse 2018 updates to the selected priorities include Preventing Chronic Disease Albany M eds workplace health and wellness programs continues to grow in both size and scope In 20 18, over 700 employees attended the Annual Wellness fair and enrolled in 'Life Points,' a wellness incentive program Our Wellness Committee also promotes physical activity more th an 1,600 employees are members of our Fitness Center and hundreds more participate in phys ical activity offerings made available to staff, such as Zumba, Pilates, meditation, walki ng routes, bootcamps, etc We have also installed bike racks to promote biking to work and encourage employee participation in CDPHPs bike sharing program With our partners, we es tablished a strategy to increase engagement in the prevention and self-management of diabe tes and related co-morbidities Goals included increasing pre-diabetes screening, promotin g diabetes self-management education, and promoting health food & beverage choices and physical education In 2018, we had over 5,000 patients visits with Albany Meds Certified Dia betes Educators, over 3,000 Albany Med employees participated in our Move, Learn, Health, and Eat wellness initiatives, we participated in more than 30 clinical trials with innovat ive diabetes medications, and had over 700 Albany Med employees attend our Annual Employee Wellness Fair In 2014, the Albany County Department of Health administered a grant to re duce sodium in our cafeteria and improve nutrition signage and food placement Healthy cha nges made to our food options during that time period exist today, and continue to grow E very day, our cafeteria is utilized by over 3,000 employees, patients, and visitors We re duced the sodium in soups by 15%, offer low-sodium deli meats, and have made healthy 'on-t he-go' bagged lunches and sala</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Sch H Part V Line 13h	Other Factors Used in Determining Amounts Charged Patients Facility Albany Medical Center Hospital The organization also uses residency as a determining factor For patients that reside outside the service area, available services to that patient in their service area is also a factor Facility Saratoga Hospital Additional eligibility criteria for the Hospitals Financial Assistance Policy include the following -Homeless patients are automatically eligible for financial assistance -Services provided to patients filing for Chapter 7 bankruptcy protection are eligible for financial assistance -Services provided to patients who have since died and have no known estate are eligible for financial assistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Sch H Part V Line 15e	<p>Other Actions Taken Before Any Collection Actions Facility Saratoga Hospital In accordance with the Hospitals Financial Assistance Policy, the Hospital may require patients to apply for Medicaid or other publicly sponsored insurance programs The Hospital provides resources to assist patients with the Medicaid application process As part of this process, Medicaid may require the patient to make a payment to the Hospital, known as a 'spend-down amount,' as a condition for Medicaid approval Any payments the patient is required to make to the Hospital including, but not limited to, the spend-down amount and co-pay and/or deductible amounts are eligible for coverage under the Financial Assistance Policy Sch H Part V Line 16a, 16b, and 16c Facility Albany Medical Center The Hospital's financial assistance policy, applicable, and plain language summary are posted at the following website www.amc.edu/pbs Facility Saratoga Hospital The Hospital's financial assistance policy, applicable, and plain language summary are posted at the following website https://www.saratogahospital.org/patients-visitors/patients/billing/financial-assistance Facility Columbia Memorial Hospital The Hospital's financial assistance policy, applicable, and plain language summary are posted at the following website https://www.columbiamemorialhealth.org/financial-assistance/</p>

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Form and Line Reference	Explanation
Sch H Part V Line 20d	Other Billing Determination of Individuals Without Insurance Facility Saratoga Hospital The Hospital does not current have a process for assessing patients' presumptive eligibility for benefits under the Hospitals Financial Assistance Policy

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V Line 20e	Other Actions Taken Before Any Collection Actions Facility Albany Medical Center Hospital The organization performs one last check for payor eligibility on accounts greater than \$1,500

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V Line 22d	Other Billing Determination of Individuals Without Insurance Facility Albany Medical Center Hospital Albany Medical Center utilizes the federal poverty guidelines to ensure patients are presumptively eligible, along with residence requirements Based on family income and family members, Albany Medical Center utilizes a sliding scale calculation method to determine the amounts to bill the patient, and ultimately the amount to be paid by the patient Charges are capped at the Medicare rates for inpatient and outpatient services

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Sch H Part V	Facility Albany Medical Center Albany Medical Center Hospital has one facility with two locations

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 Albany Medical Center Hospital South 25 Hackett Blvd Albany, NY 12208	Second location of Albany Medical Center Hospital
1 Albany Med HIV Medicine 1 Clara Barton Drive Albany, NY 12209	HIV Medicine
2 Park South Medical Office Building 391 Myrtle Avenue Albany, NY 12208	Vascular Surgery, Neurology (Pediatric), Ob/GY, Neurosurgery, Behavioral,
3 Surgeons Pavilion 50 New Scotland Avenue Albany, NY 12208	Surgery - ENT Adult, Plastic, Pediatric, General, Cardiothoracic
4 Albany Med Malta 6 Medical Park Drive Suite 203 Ballston Spa, NY 12020	Multispecialty Clinic
5 Albany Med EmUrgentCare - Brunswick 730 Hoosick Road Brunswick, NY 12180	EmUrgentCare
6 Albany Med EmUrgentCare - Coxsackie 11835 Route 9W West Coxsackie, NY 12192	EmUrgentCare
7 Albany Med EmUrgentCare - Glenmont 329 Glenmont Road Glenmont, NY 12077	EmUrgentCare
8 Albany Med EmUrgentCare - Glenville 115 Saratoga Road Glenville, NY 12302	EmUrgentCare
9 Albany Med EmUrgentCare - Mechanicville 7 Price Chopper Plaza Mechanicville, NY 12118	EmUrgentCare
10 Albany Med EmUrgentCare - Niskayuna 1769 Union Street Niskayuna, NY 12309	Urgent Care, Ambulatory Care Ctr, Community GI, General Srgr, Multispecialty, OB/GYN
11 Albany Med Saratoga 377 Church Street 2nd Floor Saratoga Springs, NY 12866	Vascular Surgery
12 Albany Med EmUrgent Care - Saugerties 2976 Route 9W Saugerties, NY 12477	EmUrgentCare
13 Albany Med EmUrgent Care - Colonie 98 Wolf Road Suite 16 Albany, NY 12205	EmUrgentCare
14 Albany Med North Greenbush 101 Jordan Road Suite 201 Troy, NY 12180	Multispecialty Clinic

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 Albany Med Latham 713 Troy-Schenectady Road Suite 30 Latham, NY 12110	Multispecialty Clinic
1 Albany Med Washington Ave 1365 Washington Avenue Suite 200 Albany, NY 12206	Sleep Disorders Institute, Multispecialty Clinic
2 Albany Med Neurology 101 Jordan Road Suite 102 Troy, NY 12180	Neurology
3 Albany Med Neurology 1365 Washington Avenue Suite 100 Albany, NY 12206	Neurology
4 Albany Med Endocrinology 1365 Washington Avenue Suite 100 Albany, NY 12206	Endocrinology
5 Allergy Asthma and Immunology 176 Washington Avenue Extension Albany, NY 12203	Allergy
6 Albany Med (Valatie) 1301 River Street Suite 101 Valatie, NY 12184	Multispecialty Clinic, Surgery Multispecialty
7 Albany Med Internal Medicine 178 Washington Avenue Extension Albany, NY 12203	Internal Medicine
8 Albany Med Neurology 1783 Route 9 Suite 205 Clifton Park, NY 12065	Neurology, Urology
9 Albany Med ENT 1783 Route 9 Suite 207 Clifton Park, NY 12065	Surgery - ENT
10 WIC Program 220 Green Street Albany, NY 12202	OB/GYN, WIC (Women, Infants, & Children's Program)
11 Albany Med Clifton Park 453 Route 146 Suite 204 Clifton Park, NY 12065	Multispecialty Clinic
12 Albany Med Clifton Park Crossing Blvd 3 Crossing Boulevard Suite 2 Clifton Park, NY 12065	Multispecialty Clinic
13 Albany Med Delmar 250 Delaware Avenue Suite 202 Delmar, NY 12054	Multispecialty Clinic
14 Albany Med Gastroenterology 3757 Carman Road Schenectady, NY 12303	Gastroenterology, Urology

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 Albany Med Saratoga Surgery 381 Church Street 1st Floor Saratoga Springs, NY 12866	General Surgery
1 Albany Med Neurosurgery - Glens Falls 454 Glen Street Glens Falls, NY 12801	Neurosurgery
2 Latham MedicinePediatrics Group 724 Watervliet Shaker Road Latham, NY 12047	Medicine, Pediatrics
3 Albany Med Pediatrics 100 Great Oaks Boulevard Suite 103 Albany, NY 12203	Community Pediatrics
4 Albany Med Thoracic Surgery 7 Southwoods Boulevard Albany, NY 12211	Cardothoracic
5 North Country OBGYN 90 South Street Glens Falls, NY 12801	OB/GYN
6 Albany Med Cardiology 2524 Route 9W Ravena, NY 12143	Cardiology
7 Albany Med Kingston 117 Marys Ave Suite 202 Kingston, NY 12401	Vascular Surgery
8 Albany Med EmUrgentCare - Latham 1019 New Loudon Road Latham, NY 12047	EmUrgentCare, Pediatrics
9 Albany Med EmUrgentCare - Rotterdam 1400 Altamont Avenue Rotterdam, NY 12303	EmUrgentCare
10 Albany Med EmUrgentCare - Guilderland 5 New Karner Road Guilderland, NY 12084	EmUrgentCare
11 Albany Med Vascular Surgery 102 Park Street Glens Falls, NY 12801	Vascular Surgery
12 Albany Med Vascular Surgery 1201 Nott Street Suite 202 Schenectady, NY 12308	Vascular Surgery
13 Albany Med Vascular Surgery 1250 Riverfront Center Suite 2420 Amsterdam, NY 12010	Vascular Surgery
14 16 New Scotland Avenue 16 New Scotland Avenue 2nd Floor Albany, NY 12208	Medicine - Pulmonary and Rheumatology

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
46 Albany Med Pediatrics 22 New Scotland Avenue Albany, NY 12208	Pediatrics, Psychiatry
1 Albany Med Urology 2200 Rosa Road Schenectady, NY 12309	Surgery - Urology
2 Albany Med Bariatric Surgery 99 Delaware Avenue Delmar, NY 12054	Surgery - Bariatrics
3 Wilton Medical Arts 3040 - 3050 Route 50 Saratoga Springs, NY 12866	Urgent Care/Imaging/Lab Svcs/Pain Mgmt/Family Med/Ambulatory Surgery
4 Malta Med Emergent Care 6 Medical Park Drive Malta, NY 12020	Urgent Care/Lab Svcs/Family Med/Hematology/Oncology/Imagin g/Infusion/Cardiology
5 Regional Therapy Center at Care Lane 6 Care Lane Saratoga Springs, NY 12866	Rehabilitation (OT/PT)/Nephrology/Neurology
6 Regional Therapy Center at the Springs 9 Hampstead Place Suite 107 Saratoga Springs, NY 12866	Rehabilitation (OT/PT)
7 Regional Therapy Center at Washington St 225 Washington Street Saratoga Springs, NY 12866	Rehabilitation (OT/PT)
8 Saratoga Medical Oncology Hematology 3 Care Lane Saratoga Springs, NY 12866	Oncology Hematology
9 Saratoga Midwifery-Women's Primary Care 665 Saratoga Road Wilton, NY 12831	Midwifery, Women's Primary Care, and Endocrinology
10 Scotia-Glenville Family Medicine 112 Charlton Road Ballston Lake, NY 12019	Family Medicine
11 Saratoga Community Health Center 24 Hamilton Street Saratoga Springs, NY 12866	Family Medicine/Dentistry/Internal Medicine/Mental
12 Corporate Health Services 2388 Route 9 Malta, NY 12020	Corporate Health Services
13 Regional Therapy Center at Malta Commons 100 Saratoga Village Blvd Suite 34 Ballston Spa, NY 12020	Rehabilitation (OT/PT)
14 Milton Health Center 510 Geyser Road Ballston Spa, NY 12020	Family Medicine/Physical Therapy/Rehabilitation (OT/PT)

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
61 Saratoga Regional Urology Associates 19 West Avenue Suite 103 Saratoga Springs, NY 12866	Urology/Sleep Lab/Pulmonary Medicine
1 Saratoga Ctr Gen & Minimally Inv Surgery 1 West Avenue Suite 125 Saratoga Springs, NY 12866	Minimally Invasive Surgery/Bariatric Surgery
2 Saratoga Family Health 119 Lawrence Street Saratoga Springs, NY 12866	Family Medicine/Podiatry
3 Schuylerville Family Health 200 Broad Street Schuylerville, NY 12871	Family Medicine
4 Galway Family Health 5344 Sacandaga Road PO Box 190 Galway, NY 12074	Family Medicine
5 Cardiology Specialty Services 254 Church Street 2nd Floor Saratoga Springs, NY 12866	Cardiology
6 Mechanicville Primary Care 202 S Central Ave Mechanicville, NY 12118	Primary Care
7 Sports Medicine 8 Medical Park Drive Malta, NY 12020	Sports Medicine
8 Mechanicville Primary Care 2911 Route 9 Ballston Spa, NY 12020	Primary Care
9 Greene Medical Arts Bldg - GMI 159 Jefferson Heights Catskill, NY 12414	O/P Medical Imaging Services
10 Greene Medical Arts Bldg - Family Care 159 Jefferson Heights Catskill, NY 12414	O/P Family Care Practices
11 Greene Medical Arts Bldg - Specialty 159 Jefferson Heights Catskill, NY 12414	O/P (Womens Hlth, Psych, Ortho, Draw)
12 Greene Medical Arts Bldg - Specialty 159 Jefferson Heights Catskill, NY 12414	O/P (Cardio, Sleep Ctr, Peds, Nephrology)
13 Columbia Medical Complex - Imaging 67 Prospect Avenue Hudson, NY 12534	O/P Medical Imaging Services
14 Columbia Medical Complex - Specialty 67 Prospect Avenue Hudson, NY 12534	O/P (Endo, Cardio, Nephro, Urology, Psych)

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(List in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
76 Columbia Medical Complex - Specialty 67 Prospect Avenue Hudson, NY 12534	O/P (Bone & Joint, Spine, Rheumatology)
1 Columbia Medical Complex - Specialty 67 Prospect Avenue Hudson, NY 12534	O/P (Women's Health & Surgery)
2 Columbia Medical Complex - Surg Assoc 67 Prospect Avenue Hudson, NY 12534	O/P Surgical Practice
3 Columbia Medical Complex - Family Care 67 Prospect Avenue Hudson, NY 12534	O/P Family Care Practices
4 Columbia Memorial Bone & Joint 23 Fish and Game Road Hudson, NY 12534	O/P (Ortho, PT & OT)
5 Columbia Memorial Valatie Campus OSJ Plaza - 2827 Route 9 Valatie, NY 12184	O/P (Rapid Care, Family Care, Draw)
6 Valatie Medical Arts Building - Imaging 1301 River Street Valatie, NY 12184	O/P Medical Imaging Services
7 Valatie Medical Arts Building - Spec 1301 River Street Valatie, NY 12184	O/P Cardiology
8 Valatie Medical Arts Building - Fam Care 1301 River Street Valatie, NY 12184	O/P Family Care Practice
9 Columbia Memorial Pediatrics 813 Warren Street Hudson, NY 12184	O/P Pediatric Services
10 Callan Family Care Center 385 Mountain View Road Copake, NY 12516	O/P Family Care Practice
11 Chatham Family Care Center 31 Dardess Drive Chatham, NY 12037	O/P Family Care Practice
12 Broadway Family Care Center 7385 South Broadway Red Hook, NY 12571	O/P Family Care Practice
13 Cairo Family Care Center 4384 Route 23 Cairo, NY 12413	O/P Family Care Practice
14 Windham Medical Care 345 State Route 296 Hensonville, NY 12439	O/P Family Care Practice

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address

Type of Facility (describe)

91 Coxsackie Medical Care
9 Law Street
West Coxsackie, NY 12192

O/P Family Care Practice

1 CMH Dental Van
71 Prospect Avenue
Hudson, NY 12534

Mobile Care Unit

2 CMH Rapid Care - Copake
283 Mountain View Road
Copake, NY 12516

O/P Rapid Care

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Name of the organization Albany Medical Center Group Organization

Employer identification number 47-3869194

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II 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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Educational Scholarships	403	5,704,699			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Sch I Part I Line 2	Procedures for Monitoring Use of Grants in U S Albany Medical Center Review of activity, budget monitoring and report preparation and filings by Research Office, IRC departments, and Sponsored Program/Financial Reporting departments Albany Medical College's Department of Financial Aid review applications for scholarships and distributes funds in accordance with scholarship restrictions Funds are directly offset against tuition amounts owed Saratoga Hospital For any organization that provides assistance, a determination is made to ensure that the organization is a tax-exempt not-for-profit entity and that the purpose for which the assistance will be used is of benefit to the communities served by the Hospital or is in line with the overall healthcare driven mission of the Hospital

Additional Data

Software ID:
Software Version:
EIN: 47-3869194
Name: Albany Medical Center Group
Organization

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saratoga Economic Development Corporation 28 Clinton St Saratoga Springs, NY 12866	14-1605957	501(c)(3)	25,000				Economic Development
American Heart Association PO Box 50075 Prescott, AZ 86304	13-5613797	501(c)(3)	10,000				Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMC Alumni Association 47 New Scotland Ave Albany, NY 12208	14-1468380	501(c)(3)	522,010				Fund Scholarships
Albany Medical Center Hospital 47 New Scotland Ave Albany, NY 12208	14-1338307	501(c)(3)	5,052,466				Research & Healthcare

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albany Medical College 47 New Scotland Ave Albany, NY 12208	14-1338310	501(c)(3)	5,339,679				Scholarships & Research
Albany Medical Center Kidskeller 47 New Scotland Ave Albany, NY 12208	22-2635792	501(c)(3)	73,210				Educational programs

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Albany Medical Center Group
Organization

Employer identification number
47-3869194

Part I Questions Regarding Compensation

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

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.

Return Reference	Explanation
Sch J Part I Line 1	<p>Saratoga Hospital Line 1a The hospital administers a non-qualified deferred compensation plan (the Plan), the aim of which is to attract and retain talented executives and physicians to employment with the Hospital. Eligible employees participating in the Plan will receive a flat monthly payment from the Hospital for 15 years after reaching the Plan retirement age (67). Participants are required to contribute specific amounts into the Plan annually, with the participant contribution amount being determined based on the age of the participant and the number of years over which the participant wishes to fully vest in the Plan benefits. Normal vesting in the full amount of available Plan benefit payments occurs in steps in 2-year increments over a 10-year period. Participants may accelerate their vesting timeline by increasing the amount of contributions they contribute into the Plan versus the contribution schedule associated with normal vesting. Each vesting milestone reached by a participant during participation in the Plan results in taxable income for the participant in an amount equal to the present value of the portion of future Plan benefits the participant has vested in since the previous vesting milestone. A feature of the Plan is that the Hospital will make a gross up payment to any Plan participant who reached a vesting milestone during the year in order to offset the tax impact of the vesting event. This gross-up payment is made in an amount equal to 31% of the amount of the taxable income resulting from the vesting event, plus an additional amount to offset the tax on the amount of the base gross-up payment amount. The following employee participated in the plan and the amount listed below is included in Schedule J, Part II, Column B(III): Gordon Kuhar, Physician, \$131,317</p> <p>Line 1b The Plan is operated pursuant to a plan document, approved by the Hospital's Board of Trustees.</p>

Return Reference	Explanation
Sch J Part I Line 3	<p>Albany Medical Center The Compensation Committee of the Board of Directors (Committee) establishes compensation for the President and Chief Executive Officer of the organization, all Executive Vice Presidents and other top management officials who report directly to the President and Chief Executive Officer, subject to approval by the Board of Directors. The Committee uses professional compensation advisors who are capable of rendering independent advice and independent market surveys. The Committee targets the market median (50th percentile) for cash compensation, benefit programs are intended to be competitive. After the compensation program is determined, the Committee-approved recommendation is forwarded to the Board of Directors for its consideration and approval, and that is contemporaneously substantiated.</p> <p>Columbia Memorial Hospital The compensation of the Hospital's CEO is determined by the Compensation Committee of the Board of Trustees. The Compensation Committee bases their proposal on CEO compensation surveys from the healthcare industry organizations, IRS Form 990 for comparable organizational data and general industry knowledge. The CEO compensation package is formalized in a written employment contract and approved by the Board of Trustees.</p> <p>Saratoga Hospital The Hospital's Board of Trustees is responsible for the implementation and maintenance of the executive compensation program. Under the direction of the Board of Trustees, the Executive Committee meets as needed to review the compensation program and make recommendations for any changes to the Board of Trustees, as appropriate. In addition to regionally published market data, the Hospital uses nationally published not-for-profit hospital compensation survey data from various vendors to determine market position and the reasonableness of base salary and the total compensation being paid to Executives. Additionally, the Hospital may collect other published survey data when appropriate from for-profit organizations for specific functional competencies within the organization, such as Information Systems, Fundraising, and Finance. At the direction of the Board of Trustees, market data is compiled annually by the Human Resources Department and used to form a market composite to assess the competitiveness of compensation for each identified leadership position. In addition, the Chairperson of the Board of Trustees retains on a bi-annual basis (or more frequently as needed) an independent valuation expert to assess the reasonableness of the total compensation package paid to Executives as compared to similarly situated executives of not-for-profit and for-profit health care entities with comparable net revenues and similar job responsibilities.</p>

Return Reference	Explanation
Sch J Part I Line 4b	<p>Albany Medical Center Supplemental employee retirement plan started in 2016 and several persons listed in Form 990, Part VII, Section A, Line 1a participated in and/or received payment from the plan. The following employees participated in the plan and the amounts listed below are included in Schedule J, Part II, Column (C) James J Barba, CEO, \$264,100 Frances S Albert, COO & CFO, \$64,594 Vincent Verdile, SR Exec VP Sys Care Delivery, \$81,818 Ferdinand J Venditti, EVP System Care Delivery, \$62,323 Dennis McKenna, Board Member, \$53,004 Steven M Frisch, Sr Exec VP Integrated Delivery, \$84,753. The following employees received payment from the plan and the amounts listed below are included in Schedule J, Part II, Column B(iii) and where applicable Column (F) James J Barba, CEO, \$252,000 Gary J Kochem, COO, \$49,273 Columbia Memorial Hospital. The CEO, Jay Cahalan is a participant in a supplemental non-qualified retirement plan held by CMH. In 2018, his retirement account was credited \$94,010. Steven Frisch, MD is a participant in a supplemental non-qualified plan held by Albany Medical Center. In 2018, his retirement account was credited \$84,753. Saratoga Hospital. During 2018, certain members of the Saratoga Hospital administrative team participated in a 457f retirement plan. the following Hospital administration personnel had a contribution made by the Hospital on their behalf or received a payment from their 457f retirement plan during 2018. F Angleo Calbone -- Contributions \$169,189 Gary Foster - Contributions \$4,643 Jeffrey Methven -- Contributions \$415. THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE PLAN, BUT DID NOT HAVE ANY CONTRIBUTIONS OR PAYMENTS MADE DURING 2018 GORDON KUCHAR</p>

Return Reference	Explanation
Sch J Part I Line 5a	<p>Columbia Memorial Hospital The organization administers a variable compensation program under which members of Hospital management are eligible to earn variable compensation Overall variable compensation is based on measurable achievement against a menu of organizations goals, which include financial results such as revenues and net earnings, as well as patient satisfaction, quality of care, employee satisfaction, and growth in services</p> <p>Saratoga Hospital The hospital administers an incentive compensation program under which members of Hospital management are eligible to earn up to a percentage of their base salaries in incentive compensation Overall incentive compensation is based on measurable achievement against a menu of organizational goals, including financial results, patient satisfaction, quality of care, employee satisfaction and retention, and growth in services The portion of incentive compensation related to operating margin of the Hospital and its affiliates represented 10% of the overall incentive compensation available during 2018, and was based an achievement of minimum, meets, and maximum levels relative to the Hospital's budgeted operating margin percentage for the year</p>



Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Bryan T Mahoney CFO (CMH)	(i)	263,562	23,000	54	750	0	287,366	0
	(ii)	0	0	0	0	0	0	0
Mary Ellen Plass CNO (CMH)	(i)	219,858	0	396	0	5,833	226,087	0
	(ii)	0	0	0	0	0	0	0
Gary Foster VP & CFO (SH)	(i)	305,667	66,400	24,167	15,813	1,442	413,489	0
	(ii)	0	0	0	0	0	0	0
Mary Jo LaPosta SVP Patient Care & Org (SH)	(i)	322,576	73,307	30,412	14,163	9,450	449,908	0
	(ii)	0	0	0	0	0	0	0
Kevin Ronayne VP Ops/Facilities (SH)	(i)	242,362	52,986	18,162	14,163	19,509	347,182	0
	(ii)	0	0	0	0	0	0	0
John Mangona VP Chief Info & Comp (SH)	(i)	243,898	55,139	17,369	15,813	1,594	333,813	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Methven VP Ambulatory Svc & HR (SH)	(i)	263,714	59,408	19,385	14,163	20,114	376,784	0
	(ii)	0	0	0	0	0	0	0
Richard Falivena VP Chf Med & Phys Int Off (SH)	(i)	356,272	78,631	33,561	9,763	16,213	494,440	0
	(ii)	0	0	0	0	0	0	0
Gordon Kuhar Physician (SH)	(i)	576,788	470,000	211,028	14,163	3,442	1,275,421	0
	(ii)	0	0	0	0	0	0	0
Gary Idelchik Physician (SH)	(i)	598,789	279,549	180	9,763	8,797	897,078	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Albany Medical Center Group
Organization

Employer identification number
47-3869194

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A City of Albany CRC 2014A	27-3467899		09-10-2014	22,000,000	Renovations/Construction		X		X		X
B City of Albany CRC 2017A	27-3467899		11-15-2017	13,200,000	Refund prior issue - see Part VI		X		X		X
C City of Albany CRC 2017C	27-3467899		11-15-2017	11,855,000	Refund prior issue - see Part VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	1,653,328		0		965,000			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	22,000,000		13,200,000		11,855,000			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	440,000		0		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	21,560,000		0		0			
11	Other spent proceeds	0		13,200,000		11,855,000			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2014		2017		2017			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		Bank of America			
c Term of hedge					9.5 %			
d Was the hedge superintegrated?						X		
e Was the hedge terminated?						X		

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
ALBANY MEDICAL CENTER BOND GROUP	Sch K Part I Column (f) Line B Refund City of Albany IDA 2005A issued 6/29/2005 and City of Albany IDA 2006A issued 5/3/2006 Line C Refund City of Albany IDA 2007A issued 6/28/2007 and City of Albany IDA 2007C issued 11/28/2007

Return Reference	Explanation
Sch K Part II Line 1	Total proceeds of the issue less amount of bonds retired will not equal Form 990, Part X, Line 20 because the Balance Sheet amount is presented net of deferred financing costs

Return Reference	Explanation
Sch K Part II Line 11	Total proceeds were used to refund the prior issued bonds referenced in Part I, Column f

Return Reference	Explanation
Sch K Part III Line 3a	Albany Medical Center has incidental management and service contracts in various financed areas. Therefore, no contracts are considered to result in private business use within the bond-financed property group.

Additional Data

Software ID:

Software Version:

EIN: 47-3869194

Name: Albany Medical Center Group
Organization

Return Reference	Explanation
ALBANY MEDICAL CENTER BOND GROUP	Sch K Part I Column (f) Line B Refund City of Albany IDA 2005A issued 6/29/2005 and City of Albany IDA 2006A issued 5/3/2006 Line C Refund City of Albany IDA 2007A issued 6/28/2007 and City of Albany IDA 2007C issued 11/28/2007
Sch K Part II Line 1	Total proceeds of the issue less amount of bonds retired will not equal Form 990, Part X, Line 20 because the Balance Sheet amount is presented net of deferred financing costs
Sch K Part II Line 11	Total proceeds were used to refund the prior issued bonds referenced in Part I, Column f
Sch K Part III Line 3a	Albany Medical Center has incidental management and service contracts in various financed areas Therefore, no contracts are considered to result in private business use within the bond-financed property group

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Albany Medical Center Group
Organization

Employer identification number

47-3869194

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Columbia County Industrial Development Agency	14-1636496	197511AR9	01-30-2008	11,730,000	Refinancing		X		X		X
B	Columbia County Capital Resource Corp	27-1072117	197505AA8	03-01-2010	12,945,000	Refinancing & New construction		X		X		X

Part II Proceeds

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
1 Amount of bonds retired		5,670,000		7,370,000					
2 Amount of bonds legally defeased		0		0					
3 Total proceeds of issue		11,730,000		12,945,000					
4 Gross proceeds in reserve funds		0		0					
5 Capitalized interest from proceeds		0		0					
6 Proceeds in refunding escrows		0		0					
7 Issuance costs from proceeds		603,669		762,958					
8 Credit enhancement from proceeds		0		0					
9 Working capital expenditures from proceeds		3,852,910		0					
10 Capital expenditures from proceeds		7,273,421		12,182,042					
11 Other spent proceeds		0		0					
12 Other unspent proceeds		0		0					
13 Year of substantial completion									
		Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?			X		X				
15 Were the bonds issued as part of an advance refunding issue?			X		X				
16 Has the final allocation of proceeds been made?	X			X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X				
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?		X		X				
c No rebate due?	X		X					
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	HSBC		HSBC					
c Term of hedge	10 %		10 %					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider	0		0					
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
COLUMBIA MEMORIAL HOSPITAL BOND GROUP	Sch K Part III Line 3a Columbia Memorial Hospital only has incidental management and service contracts in various financial areas. Therefore, no contracts are considered to result in private business use within the bond-financed property group.

Return Reference	Explanation
Sch K Part IV Line 2c	The arbitrage rebate calculation for both 2008 & 2010 bonds was completed as of December 31, 2018 with no arbitrage rebate due on either issuance

Additional Data

Software ID:
Software Version:
EIN: 47-3869194
Name: Albany Medical Center Group
Organization

Return Reference	Explanation
COLUMBIA MEMORIAL HOSPITAL BOND GROUP	Sch K Part III Line 3a Columbia Memorial Hospital only has incidental management and service contracts in various financial areas Therefore, no contracts are considered to result in private business use within the bond-financed property group
Sch K Part IV Line 2c	The arbitrage rebate calculation for both 2008 & 2010 bonds was completed as of December 31, 2018 with no arbitrage rebate due on either issuance

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Albany Medical Center Group Organization

Employer identification number

47-3869194

Part I Bond Issues

Table with columns (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include Saratoga County Capital Resource Corp 2007B, 2013A, and 17AB.

Part II Proceeds

Table with columns A, B, C, D for various bond proceeds items (1-13) and questions (14-17) regarding bond issuance and allocation.

Part III Private Business Use

Table with columns A, B, C, D for questions (1-2) regarding private business use of bond-financed property.

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?		X		X		X		
c No rebate due?		X	X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	0		0		0			
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SARATOGA HOSPITAL BOND GROUP	Sch K Part IV Line 2c 02/07/2013 \$24,273,094 IDA Series 2013A - arbitrage rebate computation was performed on 12/01/18 by a third party contractor, AMTEC, a tax-exempt compliance specialist for bond issues, as of 12/01/18 resulting in no rebate liability for IDA Series 2013A 01/03/2017 \$49,870,000 IDA Series 2017 A & B - arbitrage rebate computation was performed on 12/31/18 by a third party contractor, AMTEC, a tax-exempt compliance specialist for bond issues, as of 12/31/18 resulting in no rebate liability for IDA Series 2017 A & B

Additional Data

Software ID:

Software Version:

EIN: 47-3869194

Name: Albany Medical Center Group
Organization

Return Reference	Explanation
SARATOGA HOSPITAL BOND GROUP	Sch K Part IV Line 2c 02/07/2013 \$24,273,094 IDA Series 2013A - arbitrage rebate computation was performed on 12/01/18 by a third party contractor, AMTEC, a tax-exempt compliance specialist for bond issues, as of 12/01/18 resulting in no rebate liability for IDA Series 2013A 01/03/2017 \$49,870,000 IDA Series 2017 A & B - arbitrage rebate computation was performed on 12/31/18 by a third party contractor, AMTEC, a tax-exempt compliance specialist for bond issues, as of 12/31/18 resulting in no rebate liability for IDA Series 2017 A & B

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Albany Medical Center Group Organization	Employer identification number 47-3869194
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Dr Anne L Barba	Family Member	126,603	Employment		No

Part V Supplemental Information

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

Return Reference	Explanation
PART IV	DR ANNE L BARBA IS THE DAUGHTER OF JAMES BARBA, CEO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Albany Medical Center Group
Organization

Employer identification number
47-3869194

Part I Types of 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) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	40	380,664	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Books, Toys, & Misc)	X	1	18,881	FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II**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.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ
 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury
 Name of the organization
 Albany Medical Center Group
 Organization

Employer identification number

 47-3869194

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 1	Organization's Mission An academic health sciences center whose responsibilities are to educate medical students, physicians, biomedical students and other health care professional to meet future primary and specialty health care needs of the region and nation, to foster biomedical research that leads to scientific advances and improvement of the health of the public, and to provide a broad range of patient services to the people of eastern New York and western New England The mission is accomplished through commitment to the values of Quality, Excellence, Service, Collaboration, Integrity and Fiscal Responsibility We will continue to develop as a nationally recognized academic health science center In collaboration with the community, we will provide excellence in education, research, and patient care programs Our vision for the future includes a commitment to working with other providers to make comprehensive and advanced clinical services available to the public while emphasizing quality and service We will be a leader in developing an innovative health care delivery system and educational consortium that responds to the needs of the community We will sustain a working and learning environment that fosters teamwork and commitment to share values and goals Through sound fiscal management, we will be able to enhance our programs to be on the forefront of medical knowledge and innovative patient care

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part III Line 4d	<p>Other Program Services Description Albany Medical Center Hospital and Affiliates Operating and Recovery Room Inpatient and outpatient operating room services including open heart program, transplant services and specialized trauma services Approximately 31,939 total cases performed with 8,547 inpatient, 4,666 same day, and 18,726 outpatient Other Patient Care Based Services totaled approximately \$89 million in expenditures Instruction As an educational institution, the main function is to teach approximately 800 students Research As a Medical College, the organization undertakes numerous research projects during the course of the year The expenditures for activities specifically organized to provide research outcomes is approximately \$21 million Foundation The Group Organization includes a Foundation, whose primary function is to raise funds for construction, research, support and endowment purposes for exempt organizations, including Albany Medical College, Albany Medical Center Hospital, Albany Medical Center, AMC Alumni Association, and Center for Donation and Transplant, via direct mail - community based programs, telethon, radiothon, special events - golf outings, dinners, etc , plus gift-in-kind (GIK) donations CDT Research/Education - Primary purpose is to facilitate procurement and equitable distribution of medically suitable organs for transplantation Also, CDT is to ensure that families are informed on options for organ donation Support family and hospital personnel involved in the donation process and educate the upstate medical profession on organ procurement Kidskeller Children from eight weeks to Kindergarten age may enroll Educational activities for these varied age groups follow a developmental sequence which includes age appropriate activities for the development of cognitive skills, fine and gross motor skills, social-emotional growth and activities of daily living skills Laboratory Services (Adult & Peds) Inpatient and outpatient services including clinical chemistry, blood bank, hematology, serology and microbiology The Group Organization receives general expense reimbursements for Related Patient Care Services The organization has certain other Exempt Function Revenues which total approximately \$800 thousand Columbia Memorial Hospital The organization had approximately \$17M expenditures and \$18M revenue related to other operating activities Form 990 Part V Line 3b The Group Organization has indicated 'No' to Part Line 3b because not all subordinate organizations included in the group have a Form 990-T filing requirement for the tax year</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part V Line 4a	The subordinate organizations, Albany Medical Center Hospital, Albany Medical Center Kidskeller, Albany Medical Center Foundation, Center for Donation and Transplant, Columbia Memorial Hospital, and Saratoga Hospital, respond in the negative to these Lines as they did not have any foreign financial accounts

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part V Line 6a	The subordinate organizations, Albany Medical Center Hospital, Albany Medical Center Kidskeller, Albany Medical College, Center for Donation and Transplant, Columbia Memorial Hospital, and Saratoga Hospital, respond in the negative to these Lines as they did not solicit any contributions that were not tax deductible as charitable contributions

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part V Line 7a	The subordinate organizations, Albany Medical Center Hospital, Albany Medical Center Kidskeller, Albany Medical College, Center for Donation and Transplant, Columbia Memorial Hospital, and Saratoga Hospital, respond in the negative to these Lines as they did not receive any contributions in excess of \$75 that were made partly as a contribution and partly for goods and services provided to the payor

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 6, 7A, and 7b	Members and Governance Albany Medical Center (AMC) is the Hospital's sole corporate member of Columbia Memorial Hospital (CMH) and Saratoga Hospital (SH) AMC retains seats on both CMH and SH Board of Trustees AMC has the power to appoint members of the Board of Trustees to CMH and SH With this power, AMC approves the annual operating budget, approval of changes in Senior Management, significant litigation settlements as well as updates to the governing documents

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 11b	Form 990 Review Process The Board of Directors, through its Audit Committee, engages a prominent accounting firm, KPMG, to conduct a review of its tax return for compliance with IRS regulations The Audit Committee engages KPMG as paid preparer to ensure accuracy of filings and raise for discussion issues or concerns that are considered significant Issues or concerns are raised with management and brought to the attention of the Audit Committee throughout the year as warranted and required The review of the tax return includes a review by senior management of Albany Medical Center and a presentation at a meeting of the Audit Committee of the Board of Directors of Albany Medical Center The Finance Committees of Saratoga Hospital and Columbia Memorial Hospital review the return for accuracy of their respective Hospitals information and disclosures ADDITIONALLY, THE COMPLETE BOARDS OF EACH SUBORDINATE ENTITY INCLUDED IN THE GROUP RETURN RECEIVE A COPY OF THE FORM 990 FOR REVIEW PRIOR TO ITS FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 12c	<p>Explanation of Monitoring and Enforcement of Conflicts Albany Medical Center Hospital and Affiliates All candidates for Board membership and Board Committee membership receive a copy of the conflict of interest policy and conflict of interest questionnaire for completion Actual or potential conflicts reported are reviewed by the Committee on Audit & Compliance of the Board of Directors and appropriate action is taken to mitigate conflicts Upon hire, all employees receive an employee manual which explains the conflict of interest policy and the requirement to report any actual or potential conflicts All employees also receive refresher education regarding the policy and a reminder about the reporting requirement as part of their mandatory annual education All employees are responsible for notifying Center management of any potential conflicts in addition to responding to requests for information if requested Persons holding significant management positions receive a copy of the conflict of interest questionnaire for completion Any conflicts which are reported or discovered are reviewed by the Corporate Compliance & Audit Dept and appropriate action is taken to mitigate the conflict Employees who violate the conflict of interest policy are subject to the institution's corrective action policies</p> <p>Columbia Memorial Hospital All members of the Board of Trustees are required to complete and execute the Hospital policy on Organization Ethics as well as a Conflict of Interest questionnaire for Trustees and a Confidentiality Agreement for Board Members In addition to these forms being completed by new members, prior to appointment, they are also required of all incumbent trustees on an annual basis The Audit Committee reviews, monitors & enforces conflict of interest issues and reports the same to all members at the General Board Meetings</p> <p>Saratoga Hospital The Hospital maintains two conflict of interest policies One policy applies to members of the Board of Trustees, Hospital officers, members of the Hospitals medical staff (both directly employed and non-employed), and all employees whose compensation exceeds \$100,000 A second conflict of interest policy applies to all members of management, employees and volunteers of the Hospital, as well as persons serving in those roles for corporations affiliated with the Hospital who are not covered by the first policy On an annual basis a conflict of interest disclosure questionnaire process is undertaken All members of the Board of Trustees and management, all non-management employees whose compensation exceeds \$ 100,000, and certain members of the Hospitals medical staff are required to complete and file the questionnaire with the Hospitals Chief Compliance Officer All members of the Hospitals medical staff are required to complete and file the questionnaire as part of their biennial credentialing process Additionally, members of Hospital management are required to identify any additional empl</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 12c	employees under their supervision who have the ability to influence purchasing decisions aggregating to \$100,000 or more annually. These employees are also required to complete and file the questionnaire. Responses are tracked by the Chief Compliance Officer and are reported to the Audit and Corporate Compliance Committee of the Board of Trustees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 15b	<p>Compensation Review & Approval Process - Officers & Key Employees Albany Medical Center Hospital and Affiliates The Compensation Committee of the Board of Directors (Committee) establishes compensation for the President and Chief Executive Officer of the organization, all Executive Vice Presidents and other top management officials who report directly to the President and Chief Executive Officer, subject to approval by the Board of Directors The Committee uses professional compensation advisors who are capable of rendering independent advice and independent market surveys The Committee targets the market median (50th percentile) for cash compensation, benefit programs are intended to be competitive After the compensation program is determined, the Committee-approved recommendation is forwarded to the Board of Directors for its consideration and approval, and that is contemporaneously substantiated Columbia Memorial Hospital Performance review and recommendations related to salary are undertaken by the Compensation Committee of the Board of Trustees on an annual basis The Compensation Committee is comprised of select members of the Board of Trustees who may employ outside consultants, use industry standards, benchmarking data, etc to formulate conclusions Saratoga Hospital On an annual basis, the Executive Committee reviews the performance of the President/Chief Executive Officer (CEO) and makes a base salary recommendation to the full Board The Executive Committee performs this task using a target percentile rank on a scale of amounts paid to similarly situated executives in the marketplace as measures by external benchmark surveys Additionally, the Executive Committee factors in relative skill mix, experience, competence and overall performance The Executive Committee sets annual performance criteria the CEO must meet in order to qualify for incentive compensation and any recommendation for additional compensation is made annually The CEO is responsible, with the oversight of the Executive Committee, for determining the base compensation for all other executives in the organization These base salaries are also determined using a target percentile rank on a scale for executives situated similarly by position within the marketplace, with acceptable exceptions based on skill mix, experience and/or scope of responsibility Incentive compensation for all other executives is determination by the CEO and based on organizational and individual performance measures and outcomes For both CEO and executive compensation, the requirements for invoking a rebuttable presumption of reasonableness in accordance with IRS intermediate sanction regulations are used as a guideline, to the extent practicable</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 16a	Joint Venture Lines 16a and 16b have been answered in the affirmative due to the activities of Columbia Memorial Hospital, a subordinate organization of the group. The other subordinate organizations respond in the negative to Line 16a.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 19	Other Organization Documents Publicly Available Documents are made available upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VI Line 20	The person in possession of the books and records for the subordinate organizations are as follow Columbia Memorial Hospital Name Bryan Mahoney Address 51 Prospect Ave, Hudson NY, 12534 Phone 518-828-7601 Saratoga Hospital Name Michael Battle Address 211 Church Street, Saratoga Springs, NY 12866 Phone 518-587-3222

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XI Line 9	Other Changes in Net Assets or Fund Balances Fair Value of Interest Rate Swaps \$ 87,038 Pension Related Changes \$ (12,973,972) Interest Rate Swap \$ 302,548 Net Assets Released from Restrictions \$ (297,958) Change in Net Assets of Auxiliary \$ 185 SH, CMH, Kids, & CDT Prior Year Net Assets \$ 314,312,650 ----- Total \$ 301,430,491

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part I Line 7a and 7b	Unrelated business taxable income Albany Medical Center Group Organization subordinates' unrelated business taxable income for the tax year 2018 included the following expenses incurred to maintain employee parking spaces Under internal revenue code section 512(a)(7), such expenses are included in unrelated business taxable income as amounts paid for disallowed fringes Albany Medical Center \$103,243 Albany Medical College \$460,745 Albany Medical Center Hospital \$1,223,885 Albany Medical Center Foundation \$2,785 Saratoga Hospital \$192,080 Columbia Memorial Hospital \$36,065 Part I, Line 7a includes only revenues reported on Part VIII, Column (C) as unrelated business revenue Each of the subordinate organizations file its own Form 990-T to report unrelated business taxable income

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Albany Medical Center Group
Organization

Employer identification number

47-3869194

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Better Health for Northeast New York 43 New Scotland Ave Albany, NY 12208 81-1861104	DSRIP	NY	501(c)(6)		AMC Hospital	Yes	
(2) Kaaterskill Commons Inc 163 Jefferson Heights Catskill, NY 12414 20-5700964	Housing	NY	501(c)(3)	7	CMH	Yes	
(3) Columbia-Greene Hospital Foundation 71 Prospect Ave Hudson, NY 12534 14-1761112	Fundraising	NY	501(c)(3)	10	CMH	Yes	
(4) The Second Show Inc 519 Warren Street Hudson, NY 12534 14-1796715	Thrift Shop	NY	501(c)(3)	7	CMH	Yes	
(5) Saratoga Regional Medical PC 211 Church Street Saratoga Springs, NY 12866 47-2468259	Healthcare	NY	501(c)(3)	3	SH	Yes	
(6) Saratoga Care Inc 211 Church Street Saratoga Springs, NY 12866 14-1775218	Health Promo	NY	501(c)(3)	12 Type II	SH	Yes	
(7) Healthcare Partners of Saratoga Ltd 211 Church Street Saratoga Springs, NY 12866 45-3303309	Emergent Care	NY	501(c)(3)	3	NA		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Columbia-Greene Services Inc c/o CMH 71 Prospect Ave Hudson, NY 12534 14-1758524	Healthcare	NY	NA	C Corp	0	0	100.000 %		No
(2) Madison Avenue Services Corp 47 New Scotland Ave MC 116 Albany, NY 12208 14-1665610	Other (Inactive)	NY	AMC	C Corp	0	0	0 %		No

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 47-3869194
Name: Albany Medical Center Group
Organization

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Saratoga Care Inc	c	2,101,352	FMV
(1)	Saratoga Care Inc	o	400,720	FMV
(2)	Saratoga Care Inc	q	523,082	FMV
(3)	Columbia-Greene Hospital Foundation	c	655,449	Accrual
(4)	Columbia-Greene Hospital Foundation	m	196,367	Accrual
(5)	Columbia-Greene Hospital Foundation	q	207,051	cash
(6)	The Second Show Inc	q	119,038	Cash
(7)	Better Health for Northeast New York Inc	q	712,718	Book Value