

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2019)

**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 \$ 740,842,054 including grants of \$ 60,000 ) (Revenue \$ 775,416,132 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 511,607,295 including grants of \$ ) (Revenue \$ 460,605,962 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 228,664,647 including grants of \$ ) (Revenue \$ 369,115,670 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 336,999,667 including grants of \$ 20,502,236 ) (Revenue \$ 414,647,131 )

**4e** Total program service expenses ► 1,818,113,663

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b> Yes	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b> Yes	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b> Yes	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b> Yes	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> Yes	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		No
<b>c</b>	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
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
<b>28</b>	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):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b	Yes	
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
<b>37</b>	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? If "Yes," complete Schedule R, Part VI . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	Yes	

**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	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	1,063	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

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

<b>2a</b> 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 . . . . .	<b>2a</b> 15,059			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes		
<b>4a</b> 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)? . . . . .	<b>4a</b>	Yes		
<b>b</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).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b> 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? . . . . .	<b>6a</b>	Yes		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	Yes		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> 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? . . . . .	<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		No	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		No	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		No	
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			
<b>15</b> 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 720, Schedule N.	<b>15</b>	Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>		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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	78	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	60	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?	Yes	
<b>7a</b>	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	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	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.)

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

**Section C. Disclosure**

**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**

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]

**Part VII      Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	14,173,510	4,049,188	1,416,985

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,561

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	5	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
AOW Associates Inc, 30 Essex St Albany, NY 12206	Construction	19,631,174
Community Care Physicians PC, PO Box 10025 Albany, NY 12201	Medical Mgmt Service	18,200,928
Aramark, 27310 Network Place Chicago, IL 606731273	Environmental Svcs	9,837,353
CompHealth, PO Box 972651 Dallas, TX 75397	Staffing Solutions	6,087,356
AMN Healthcare Inc, PO Box 281923 Atlanta, GA 30384	Staffing Solutions	3,784,351

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 143
---	--



Form 990 (2019)		Page 9					
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	1,630,317				
	d Related organizations	1d	15,857,797				
	e Government grants (contributions)	1e	15,684,206				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	38,536,134				
	g Noncash contributions included in lines 1a - 1f:\$	1g	2,500,495				
	h Total. Add lines 1a-1f		71,708,454				
Program Service Revenue	Business Code						
	2a Medical Services	621990	1,925,653,989	1,922,468,158	3,185,831		
	b Instruction	611600	43,175,110	43,175,110			
	c Research	541700	2,391,753	2,391,753			
	d Day Care Fees	611600	2,070,685	2,070,685			
	e Food Subsidies	611600	44,909	44,909			
	f All other program service revenue.						
	g Total. Add lines 2a-2f.		1,973,336,446				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,790,894		-9,810	15,800,704	
	4 Income from investment of tax-exempt bond proceeds		49,762			49,762	
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		6a	1,414,954				
		b Less: rental expenses	6b	12,920			
		c Rental income or (loss)	6c	1,402,034	0		
	d Net rental income or (loss)		1,402,034		13,711	1,388,323	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	105,852,278	-1,683,618			
		b Less: cost or other basis and sales expenses	7b	93,921,856			
		c Gain or (loss)	7c	11,930,422	-1,683,618		
	d Net gain or (loss)		10,246,804			10,246,804	
	8a Gross income from fundraising events (not including \$ 1,630,317 of contributions reported on line 1c). See Part IV, line 18	8a	266,008				
		b Less: direct expenses	8b	772,580			
		c Net income or (loss) from fundraising events		-506,572			-506,572
	9a Gross income from gaming activities. See Part IV, line 19	9a	0				
		b Less: direct expenses	9b	0			
		c Net income or (loss) from gaming activities		0			
	10aGross sales of inventory, less returns and allowances	10a	936,676				
b Less: cost of goods sold		10b	0				
c Net income or (loss) from sales of inventory		681,962	681,962				
Miscellaneous Revenue		Business Code					
11aProgram Service Expense Reim.	812900	25,921,557	25,921,557				
b Contracted Services	621110	11,924,031	11,924,031				
c MISC - CAFE & COFFEE SHOP	722310	8,303,023			8,303,023		
d All other revenue		15,766,643	7,920,899		7,845,744		
e Total. Add lines 11a-11d		61,915,254					
12 Total revenue. See instructions		2,134,625,038	2,016,599,064	3,189,732	43,127,788		

Form 990 (2019)

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	14,577,606	14,577,606		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	5,984,630	5,984,630		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	0			
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	12,376,406	3,116,693	9,259,713	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	148,026	148,026		
<b>7</b> Other salaries and wages . . . . .	876,463,139	841,558,786	32,738,210	2,166,143
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	25,088,262	23,982,060	1,051,146	55,056
<b>9</b> Other employee benefits . . . . .	67,652,705	64,300,189	3,188,584	163,932
<b>10</b> Payroll taxes . . . . .	56,682,459	53,746,309	2,806,593	129,557
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	394,667	394,667		
<b>b</b> Legal . . . . .	1,114,857	2,247	1,112,610	
<b>c</b> Accounting . . . . .	494,228		494,228	
<b>d</b> Lobbying . . . . .	146,084	107,127	38,957	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	2,247,627	35,920	2,211,707	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	97,116,886	90,972,745	6,000,294	143,847
<b>12</b> Advertising and promotion . . . . .	2,903,950	1,303,622	1,600,239	89
<b>13</b> Office expenses . . . . .	44,505,927	37,460,549	6,864,073	181,305
<b>14</b> Information technology . . . . .	118,432,394	8,269,038	110,163,356	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	26,460,927	17,699,713	8,417,582	343,632
<b>17</b> Travel . . . . .	4,036,495	3,346,313	552,866	137,316
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	1,297,004	1,200,447	92,620	3,937
<b>20</b> Interest . . . . .	25,245,063	17,467,936	7,759,780	17,347
<b>21</b> Payments to affiliates . . . . .	168,206,918	131,474,833	36,730,242	1,843
<b>22</b> Depreciation, depletion, and amortization . . . . .	94,877,728	62,400,216	32,466,404	11,108
<b>23</b> Insurance . . . . .	31,085,992	28,627,102	2,458,890	
<b>24</b> 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.)				
<b>a</b> Medical Surgical	339,632,918	339,824,576	-191,658	
<b>b</b> Machine Rental & Maintenance	26,431,895	22,963,117	3,369,134	99,644
<b>c</b> Food & General Supplies	21,457,562	20,143,735	1,313,827	
<b>d</b> Drugs & Medicine	9,967,634	9,965,116	2,518	
<b>e</b> All other expenses	21,388,553	17,040,345	4,262,231	85,977
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,096,418,542	1,818,113,663	274,764,146	3,540,733
<b>26</b> 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
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		74,231,114	<b>1</b>	152,393,133
	<b>2</b>	Savings and temporary cash investments . . . . .		248,021,106	<b>2</b>	228,443,016
	<b>3</b>	Pledges and grants receivable, net . . . . .		12,945,084	<b>3</b>	11,523,306
	<b>4</b>	Accounts receivable, net . . . . .		205,286,491	<b>4</b>	227,727,474
	<b>5</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>5</b>	0
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		0	<b>6</b>	0
	<b>7</b>	Notes and loans receivable, net . . . . .		7,012,844	<b>7</b>	9,143,183
	<b>8</b>	Inventories for sale or use . . . . .		30,689,461	<b>8</b>	32,665,034
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		23,197,501	<b>9</b>	22,414,216
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,899,647,420			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b> 1,104,980,982	761,611,299	<b>10c</b>	794,666,438
	<b>11</b>	Investments—publicly traded securities . . . . .		71,595,766	<b>11</b>	78,189,009
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		61,170,143	<b>12</b>	74,454,877
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		291,410,767	<b>13</b>	312,558,378
	<b>14</b>	Intangible assets . . . . .		9,284,353	<b>14</b>	9,520,071
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		204,042,299	<b>15</b>	204,025,544
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		2,000,498,228	<b>16</b>	2,157,723,679	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		201,950,984	<b>17</b>	213,375,509
	<b>18</b>	Grants payable . . . . .		0	<b>18</b>	0
	<b>19</b>	Deferred revenue . . . . .		19,519,877	<b>19</b>	19,706,405
	<b>20</b>	Tax-exempt bond liabilities . . . . .		118,976,974	<b>20</b>	101,658,992
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		1,414,421	<b>21</b>	12,238,360
	<b>22</b>	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		0	<b>22</b>	0
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		414,600,569	<b>23</b>	451,495,397
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		0	<b>24</b>	0
	<b>25</b>	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		304,742,519	<b>25</b>	313,479,153
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		1,061,205,344	<b>26</b>	1,111,953,816
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	<b>27</b>	Net assets without donor restrictions . . . . .		758,827,907	<b>27</b>	856,547,108
	<b>28</b>	Net assets with donor restrictions . . . . .		180,464,977	<b>28</b>	189,222,755
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	<b>29</b>	Capital stock or trust principal, or current funds . . . . .			<b>29</b>	
	<b>30</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>30</b>	
	<b>31</b>	Retained earnings, endowment, accumulated income, or other funds			<b>31</b>	
	<b>32</b>	<b>Total net assets or fund balances</b> . . . . .		939,292,884	<b>32</b>	1,045,769,863
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		2,000,498,228	<b>33</b>	2,157,723,679	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,134,625,038
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,096,418,542
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	38,206,496
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	939,292,884
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	60,291,760
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	7,978,723
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,045,769,863

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>c</b> 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.		
<b>3a</b> 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?	Yes	
<b>b</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	

# Additional Data

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

Form 990 (2019)

**Form 990, Part III, Line 4a:**

Inpatient & Outpatient Services Albany Medical Center and Affiliates: Provision of inpatient and outpatient services including specialized nursing services and emergency room. Albany Medical Center admissions were approximately 41,700 and patient days were approximately 231,100. Columbia Memorial Hospital: Columbia Memorial Hospital Emergency Care Visits were approximately 27,972 and outpatient and ancillary service visits were approximately 415,181. Acute inpatient hospital services total approximately 28,784 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 10,900 and patient days were approximately 53,500.

**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. 2019 experienced over 502,000 patient visits.

---

## **Form 990, Part III, Line 4c:**

Diagnostic & Testing Services Inpatient and outpatient services including diagnostic imaging, radiation therapy, and cardiac catheterization. In 2019, Albany Medical Center inpatient professional services totaled 91,137; outpatient services totaled 49,074 and ER services was approximately 90,882.

---

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			
James J Barba ..... President & CEO (AMC)	20.0 ..... 20.0	X		X				0	1,721,450	314,648
Steven M Frisch MD ..... Board Member (SH & CMH)	37.0 ..... 20.0	X						0	1,085,977	121,031
Vincent Verdile MD ..... Sr Exec VP Sys Care (AMC)	38.0 ..... 4.0				X			1,049,321	0	121,304
Angelo G Calbone ..... President/CEO (SH)	38.0 ..... 2.0	X		X				1,124,781	0	35,490
Dennis McKenna ..... Board Member (CDT)	42.0 ..... 0.0	X						1,039,151	0	111,551
Gordon Kuhar ..... Physician (SH)	38.0 ..... 0.0					X		1,088,328	0	17,912
Andrew J Rosenbaum ..... Asst Prof/Clin (AMC)	40.0 ..... 0.0					X		1,041,160	0	30,497
Frances Albert ..... EVP COO & CFO (AMC)	29.0 ..... 15.0			X				0	922,893	87,444
Alan S Boulos ..... Department Chair (AMC)	40.0 ..... 0.0					X		956,883	0	36,097
Ferdinand J Venditti ..... EVP System Care Delivery (AMC)	39.0 ..... 3.0				X			850,805	0	102,220



**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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christopher Gorczynski ..... Physician (CMH)	40.0 ..... 0.0					X		924,329	0	24,719
Lewis W Britton III ..... Professor/Clin (AMC)	40.0 ..... 0.0					X		899,859	0	32,963
Jay P Cahalan ..... PRESIDENT & CEO (CMH)	40.0 ..... 0.0	X		X				720,756	0	119,431
Steven M Parnes MD ..... Board Member (AMC)	46.0 ..... 2.0	X						756,058	0	31,531
Richard Falivena ..... VP Chf Med & Phys Integ (SH)	38.0 ..... 0.0				X			473,660	0	28,394
Hiral Amin MD ..... Board Member (CMH)	48.0 ..... 0.0	X						441,100	0	28,103
Mary Jo LaPosta ..... SVP Patient Care & Org (SH)	38.0 ..... 0.0				X			433,633	0	26,057
Gary Foster ..... VP & CFO (SH)	38.0 ..... 2.0			X				415,555	0	17,892
David J Conti ..... Board Member (CDT)	42.0 ..... 0.0	X						376,608	0	33,247
Jeffrey Methven ..... VP Ambulatory Serv & HR (SH)	38.0 ..... 2.0				X			346,864	0	35,604

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			
Kevin Ronayne ..... VP Ops & Facilities (SH)	38.0 ..... 2.0				X			321,041	0	31,943
John Mangona ..... VP CIO and Comp (SH)	38.0 ..... 0.0				X			318,938	0	17,694
Gary J Kochem ..... Fmr Exec VP & COO (AMC)	20.0 ..... 20.0						X	0	318,868	263
Karen Tassey ..... COO (CMH)	40.0 ..... 1.0			X				298,039	0	10,200
Bryan T Mahoney ..... CFO (CMH)	40.0 ..... 1.0			X				296,641	0	750
Michael Dailey ..... Board Member (CDT)	42.0 ..... 0.0	X						271,467	0	21,698
Vickey Masta-Gornic ..... Board Member (KIDS)	2.0 ..... 40.0	X						0	225,717	8,641
Mary Ellen Plass ..... CNO (CMH)	40.0 ..... 0.0				X			223,429	0	6,126
Michele K Skumurski ..... Board Member (KIDS)	2.0 ..... 40.0	X						0	196,738	1,472
Meghan Weygant ..... Board Member (KIDS)	42.0 ..... 0.0	X						169,052	0	12,396

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			
Brigido Montero ..... Board Member (KIDS)	2.0 ..... 40.0	X						0	155,078	19,448
Robert Pistilli ..... Board Member (KIDS)	42.0 ..... 0.0	X						116,184	0	26,817
Christine Hayes ..... Board Member (KIDS)	2.0 ..... 40.0	X						0	119,997	7,725
Catherine Riddle ..... Board Member (KIDS)	42.0 ..... 0.0	X						99,416	0	9,008
John W Heritage thr ..... Board Member (KIDS)	42.0 ..... 0.0	X						93,909	0	4,711
Megan Helmecke ..... Board Member (KIDS)	42.0 ..... 0.0	X						77,439	0	20,788
Mary Carey ..... Board Member (KIDS)	42.0 ..... 0.0	X						69,953	0	9,564
Dorothy Urschel ..... COO (CMH beg 12/19)	40.0 ..... 0.0			X				497	0	0
Raimundo C Archibold ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Anthony M Durante ..... 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			
Robert T Cushing ..... Chairman (AMC)/Bd Mbmnr (SH)	11.0 ..... 2.0	X						0	0	0
Joyce M DeFazio ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
R Wayne Diesel ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Sharon Duker ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Peter H Elitzer ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Havidan Rodriguez ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Margaret Gillis ..... Vice Chair (AMC)	6.0 ..... 2.0	X						0	0	0
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

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			
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
Daniel T Pickett III ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Michael H Iacolucci ..... Board Member (AMC & SH)	11.0 ..... 2.0	X						0	0	0
Janice Smith ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Jeffrey Sperry ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Jeffrey Stone ..... Vice Chair (AMC)/Bd Mbmr (CMH)	14.0 ..... 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			
Todd B Tidgewell ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Omar Usmani ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Candace King Weir ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Theresa Skaine ..... Chairperson (SH)/Bd Mbr (AMC)	11.0 ..... 2.0	X						0	0	0
Ruth H Mahoney ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Morris C Massry ..... Board Member (AMC)	6.0 ..... 2.0	X						0	0	0
Mary Gail Biebel ..... Board Member (AMC & CMH)	15.0 ..... 2.0	X						0	0	0
Janice White EdD ..... Board Mbr (AMC)/Secretary (SH)	11.0 ..... 2.0	X						0	0	0
Carlos Marroquin ..... Board Member (CDT)	2.0 ..... 0.0	X						0	0	0
Aisha M Tator ..... Board Member (CDT)	2.0 ..... 0.0	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			
Wesley Merritt ..... Board Member (CDT)	2.0 ..... 0.0	X						0	0	0
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 thru 4 ..... Board Member (AMC)	2.0 ..... 0.0	X						0	0	0
Donna Sickler ..... Board Member (CDT)	2.0 ..... 0.0	X						0	0	0
Claire Parde ..... Vice Chair (CMH)	8.0 ..... 1.0	X						0	0	0
James Lapenn ..... Treasurer (CMH)	8.0 ..... 0.0	X		X				0	0	0
Hilla Richardson ..... Secretary (CMH)	8.0 ..... 0.0	X		X				0	0	0
V Richard Back MD ..... Board Member (CMH)	8.0 ..... 0.0	X						0	0	0
Carlee Drummer PhD ..... Board Mmber (CMH beg 11/19)	8.0 ..... 0.0	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			
Frank L. Messa ..... Board Member (SH)	3.0 ..... 0.0	X						0	0	0
Donna Montalto ..... Board Member (SH)	3.0 ..... 0.0	X						0	0	0
Marianne A. Mustafa M ..... Board Member (SH)	3.0 ..... 0.0	X						0	0	0
Alan C. Oppenheim ..... Board Member (SH)	3.0 ..... 0.0	X						0	0	0
Thomas J. Roohan ..... Board Member (SH)	3.0 ..... 0.0	X						0	0	0
N. Keith Stewart ..... Treasurer (SH)	3.0 ..... 0.0	X						0	0	0
Michael J. Toohey ..... Vice Chairperson (SH)	3.0 ..... 0.0	X						0	0	0
Heather M. Ward ..... Board Member (SH)	3.0 ..... 0.0	X						0	0	0
Michael D. West ..... Board Member (SH)	3.0 ..... 0.0	X						0	0	0

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

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) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

<b>Calendar year (or fiscal year beginning in) ▶</b>		<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) 2019</b>	<b>(f) Total</b>
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	40,345,413	43,503,921	51,010,080	43,729,149	49,875,455	228,464,018
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						0
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
<b>4</b>	<b>Total.</b> Add lines 1 through 3	40,345,413	43,503,921	51,010,080	43,729,149	49,875,455	228,464,018
<b>5</b>	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). . .						7,794,151
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						220,669,867

**Section B. Total Support**

<b>Calendar year (or fiscal year beginning in) ▶</b>		<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) 2019</b>	<b>(f) Total</b>
<b>7</b>	Amounts from line 4. . . .	40,345,413	43,503,921	51,010,080	43,729,149	49,875,455	228,464,018
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	3,254,894	2,600,681	2,313,402	2,956,890	3,039,255	14,165,122
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on . . . .						0
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .	1,873,175	1,700,968	1,398,553	1,604,331	3,699,639	10,276,666
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						252,905,806
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,695,293,838

**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**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	87.254 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	87.515 %

**16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> 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 <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>2</b>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>3a</b>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>4a</b>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>5a</b>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>6</b>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
<b>7</b>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9a</b>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9b</b>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>9c</b>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>10a</b>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>		

Part IV Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	0
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	0
<b>3</b>	Other gross income (see instructions)	<b>3</b>	0
<b>4</b>	Add lines 1 through 3	<b>4</b>	0
<b>5</b>	Depreciation and depletion	<b>5</b>	0
<b>6</b>	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)	<b>6</b>	0
<b>7</b>	Other expenses (see instructions)	<b>7</b>	0
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	0
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	0
<b>b</b>	Average monthly cash balances	<b>1b</b>	0
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	0
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI): 0		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	0
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	0
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	0
<b>6</b>	Multiply line 5 by .035	<b>6</b>	0
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	0
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	0
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	0
<b>2</b>	Enter 85% of line 1	<b>2</b>	0
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	0
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	0
<b>5</b>	Income tax imposed in prior year	<b>5</b>	0
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	0
<b>7</b> <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 <b>Part VI</b> ). See instructions		0
7	<b>Total annual distributions.</b> Add lines 1 through 6.		0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions		0
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.		0	
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . . 0			
b From 2015. . . . . 0			
c From 2016. . . . . 0			
d From 2017. . . . . 0			
e From 2018. . . . . 0			
f <b>Total</b> of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2019 distributable amount			0
i Carryover from 2014 not applied (see instructions)	0		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2019 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		0	
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			0
7 <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2015. . . . . 0			
b Excess from 2016. . . . . 0			
c Excess from 2017. . . . . 0			
d Excess from 2018. . . . . 0			
e Excess from 2019. . . . . 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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	<b>Employer identification number</b> 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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....		
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....		
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....		
<b>d</b> Other exempt purpose expenditures .....		
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....		
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>	
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.	
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....		
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....		
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....		
<b>j</b> 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? .....	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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
<b>1</b>	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:			
<b>a</b>	Volunteers? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		146,084
<b>j</b>	Total. Add lines 1c through 1i .....			146,084
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b>	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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**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.

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493318115510

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 . . . . .	33,106	

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 . . . . . ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other .....

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .

☐ Yes

☒ No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☒ Yes

☐ No

b

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

☒

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	142,357,866	133,281,069	115,416,968	113,127,807	118,822,311
b Contributions . . . . .	4,371,193	27,634,845	4,238,365	2,468,431	2,144,936
c Net investment earnings, gains, and losses	25,702,476	-10,830,814	19,921,770	5,923,667	-1,857,540
d Grants or scholarships . . . . .	2,246,961	2,179,003	2,055,177	1,982,780	1,929,575
e Other expenditures for facilities and programs . . . . .	7,241,782	5,548,231	4,240,857	4,120,157	4,052,325
f Administrative expenses . . . . .					
g End of year balance . . . . .	162,942,792	142,357,866	133,281,069	115,416,968	113,127,807

2

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

a

Board designated or quasi-endowment ▶ 22.250 %

b

Permanent endowment ▶ 74.100 %

c

Temporarily restricted endowment ▶ 3.650 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

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 . . . . .		1,025,525,904	506,306,045	519,219,859
c Leasehold improvements		11,949,435	9,094,870	2,854,565
d Equipment . . . . .		637,889,636	500,416,699	137,472,937
e Other . . . . .		204,169,741	89,163,368	115,006,373
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				794,666,438

Schedule D (Form 990) 2019

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	171,331,131	F
(2) BOND	31,061,116	F
(3) SELF-INSURANCE	101,771,610	F
(4) CHARITABLE TRUSTS	5,520,535	F
(5) OTHER INVESTMENTS - SH	15,001	F
(6) OTHER PROGRAM RELATED CMH	2,858,985	F
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	312,558,378	

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.) . . . . . ▶	204,025,544

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 See Additional Data Table	-221,325
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	313,479,153

**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.

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

**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.

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

**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	



**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

# 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
INTERCOMPANY	93,112,371
CURRENT	8,129,099
NON-CURRENT	26,375,399
PENSION	10,758,730
INVESTMENT IN BENEFIT PLANS	1,829,565
RIGHT OF USE - OPERATING LEASE	10,206,516
OTHER ASSETS - PORTFOLIO	42,851
DUE FROM SC FOUNDATION	2,432,763
GOODWILL	1,381,134
CASH SURRENDER VALUE	267,478
OTHER ASSETS - SARATOGA	69,586
INVESTMENT IN JV	1,836,184
ROU ASSETS - OPERATING LEASES	32,237,425
INTERINSTITUTIONAL RECEIVABLE	14,576,443
GUILD - ROU ASSETS - OP LEASE	770,000

## 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 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 has received endowment funds with restrictions for a variety of purposes, including both donor-restricted funds and funds designated by the Board of Trustees to function as endowments. All donor restricted funds are expended consistent with the donors intent when a need arises. Board designated endowment funds are not restricted for any purpose, and are spent at the discretion of the Trustees. All endowment funds are used to support hospital projects or operations. Saratoga Hospital</p> <p>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. The Permanent Endowment spending Policy allows for a spending rate of 5% of the average trailing quarterly fair market value of permanent endowment funds over the previous 20 quarters, subject to Board of Trustees approval. The overall permanent endowment assets, and any unexpended earnings thereon, are allocated to various donor-specified purposes based on original donor gifts. The spending policy is then applied to permanent endowment assets allocated to each donor-specified purpose in order to determine spending for each donor-specified purpose.</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, 2019 and 2018.</p>

SCHEDULE E  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Schools

► 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](http://www.irs.gov/Form990EZ) for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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?	1	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?	2	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.	3	Yes
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	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.	4d	Yes
5	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	5a	No
b	Admissions policies?	5b	No
c	Employment of faculty or administrative staff?	5c	No
d	Scholarships or other financial assistance?	5d	No
e	Educational policies?	5e	No
f	Use of facilities?	5f	No
g	Athletic programs?	5g	No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h	No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	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.	6b	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.	7	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)	<b>Statement of Activities Outside the United States</b>  ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.  ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047
		<b>2019</b>
		<b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service	Name of the organization Albany Medical Center Group Organization	<b>Employer identification number</b>  47-3869194

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .					37,434,128
b Total from continuation sheets to Part I . . . . .					
c Totals (add lines 3a and 3b)					37,434,128



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**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		16,015,812
North America			Investments		21,418,316



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Telethon/Radio (event type)	Dance in Woods (event type)	6 (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	992,717	348,828	554,780	1,896,325
	<b>2</b> Less: Contributions . . . . .	948,381	231,128	450,808	1,630,317
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	44,336	117,700	103,972	266,008
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	374,839	227,644	170,097	772,580
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				772,580
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-506,572	

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>11</b>	Does the organization conduct gaming activities with nonmembers? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b>	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? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>13</b>	Indicate the percentage of gaming activity conducted in:		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%

**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
------------------	-------------



SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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 . . . . .	1a	Yes	
b	If "Yes," was it a written policy? . . . . .	1b	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 checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input 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 _____ %  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 _____ %  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.	3a	Yes	
		3b	Yes	
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"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b	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? . . . . .	5c		No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
b	If "Yes," did the organization make it available to the public? . . . . .	6b	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) . . . . .			11,949,447	1,159,588	10,789,859	0.660 %
b Medicaid (from Worksheet 3, column a) . . . . .			301,568,753	247,391,081	54,177,672	3.310 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			290,182		290,182	0.020 %
d Total Financial Assistance and Means-Tested Government Programs . . . . .			313,808,382	248,550,669	65,257,713	3.990 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4). . . . .	8	32,935	6,332,315	2,778,241	3,554,074	0.220 %
f Health professions education (from Worksheet 5) . . . . .	5	497	74,446,558	12,909,979	61,536,579	3.760 %
g Subsidized health services (from Worksheet 6) . . . . .			26,930,866	19,064,142	7,866,724	0.480 %
h Research (from Worksheet 7) . . . . .			7,589,715	1,508,982	6,080,733	0.370 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			60,081		60,081	
j Total. Other Benefits . . . . .	13	33,432	115,359,535	36,261,344	79,098,191	4.830 %
k Total. Add lines 7d and 7j . . . . .	13	33,432	429,167,917	284,812,013	144,355,904	8.820 %

**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
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development			25,000		25,000	
<b>3</b> Community support			74,626	40,000	34,626	
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			722,427		722,427	0.040 %
<b>9</b> Other			1,444,442		1,444,442	0.090 %
<b>10 Total</b>			2,266,495	40,000	2,226,495	0.130 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .	<b>2</b>		
<b>3</b> 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. . . . .	<b>3</b>		
<b>4</b> 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**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	347,122,640
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	370,648,538
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-23,525,898
<b>8</b> 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**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes	
<b>b</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 . . . . .	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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 %
<b>1</b> Tri-Way Intervention	Rental of Vascular Equipment	33 %		33 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**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)

		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
	See Additional Data Table										

**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****Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> 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):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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. . . . .	<b>6b</b>	Yes
<b>7</b> 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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SAME AS LINE 7A</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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:			
<b>13</b>	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:	<b>13</b> Yes	
<b>a</b>	<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>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	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):	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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):	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<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		
<b>j</b>	<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
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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
<b>23</b>		No
<b>24</b>		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****Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> 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):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	Yes
<b>7</b> 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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>www.HCDINY.org</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SAME AS LINE 7A</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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			
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 250. % and FPG family income limit for eligibility for discounted care of 400. %			
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): SEE SECTION C			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE SECTION C			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C			
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
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input checked="" type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input checked="" type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input checked="" type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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
<b>23</b>		No
<b>24</b>		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****Community Health Needs Assessment**

	Yes	No
<b>1</b> 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? . . . . .	<b>1</b>	No
<b>2</b> 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. . . . .	<b>2</b>	No
<b>3</b> 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):	<b>3</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
<b>5</b> 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 . . . . .	<b>5</b>	Yes
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</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 . . . . .	<b>6b</b>	Yes
<b>7</b> 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):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> 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. . . . .	<b>8</b>	Yes
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SAME AS LINE 7A</u>	<b>10</b>	Yes
<b>a</b>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> 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.		
<b>12a</b> 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)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> 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			
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 100% and FPG family income limit for eligibility for discounted care of 400% 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): SEE SECTION C b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE SECTION C c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE SECTION C 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
<b>17</b> 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? . . . . .	<b>17</b> Yes	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> 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? . . . . .	<b>21</b> Yes	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <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
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]



**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)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**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.
Sch H Part I Line 7	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 \$1,635,070,417. 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.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Sch H Part II Line 2	Economic Development Activities 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 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.
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	Workforce Development Activities 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.
Sch H Part III Lines 2 & 3	<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. 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 \$15.7 million in 2019 and \$16.2 million in 2018 as follows: 2019 Charity care at cost: \$14,684,000 Payments to Statewide Pool: \$9,022,000 Receipts from Statewide Pool: \$(8,030,000) Total: \$15,676,000 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 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>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Sch H Part III Line 8	<p>Explanation Of Shortfall As Community Benefit Approximately 20% 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. 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>
Sch H Part III Line 9b	<p>Provisions On Collection Practices For Qualified Patients Albany Medical Center: All self-pay bills will be assessed for presumptive eligibility prior to commencement of collection referral. AMC shall not send any account to collections if the patient has submitted an application for Financial Aid or orally provided information for consideration under the Financial Aid Program until a determination has been made (within 30 days from receipt of completed application) and the patient is given time to appeal the determination (45 days of the issuance of determination). Balances remaining will be sent to the patient and the dunning cycle will be restarted to give the patient time to set up a payment arrangement or appeal balance. The monthly installment cannot exceed 10% of the eligible patients gross monthly income or contain an acceleration clause or interest penalty 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>

**990 Schedule H, Supplemental Information**

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.
Sch H Part VI Line 2	<p>Needs Assessment Albany Med Health System partners believe that assessing the health care needs of our communities is an ongoing process. It is also an integral part of our system-wide strategic planning. Planning initiatives involve trustees, leadership, physicians and staff, thus ensuring that we share the same vision of service to our communities. Examples of various methods utilized by Albany Medical Center, Columbia Memorial Hospital, and Saratoga Hospital to identify our communities needs, and craft strategies to meet those needs include: - Community feedback from health fairs, seminars, forums, and programs that are offered by our hospitals; - Community outreach; - Information and input gathered each year from various community sources on unmet health care needs; - Participation in healthcare forums and coalitions, formed to respond to a significant community healthcare need (e.g., opioid use disorder, gun violence); - Discussions with political and business leaders; - The environmental assessment from our strategic planning process; - Patient surveys, both inpatient and outpatient; - Community access to Albany Medical Center, Columbia Memorial Hospital, and Saratoga Hospital via webmail, Facebook, Instagram, and other media options; and - Ongoing market research on health care issues and expectations from the community in our region. Albany Med Health System staff also routinely study the health care services needed by community residents. Staff use internal data, as well as information from regional, state and national sources, including the following: - Internal data to analyze trends in healthcare utilization, some of which signal growth or rise in a specific area (e.g., opioid use disorder, gun violence) - NYS Department of Health SPARCS data - United States Bureau of Census - County Health Departments in our region, especially the most recent Community Health Needs Assessments - NYS Vital Statistics, Community Health Indicator Reports (CHIRS), and County Health Assessment Indicators (CHAI) We believe an ongoing community dialogue is essential for ensuring that we work in concert with our community and our constituents.</p>

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>
Sch H Part VI Line 4	<p>As adopted by the members of the Healthy Capital District Initiative, the communities being assessed in the CHNA are the 6 counties of Albany, Rensselaer, Columbia, Greene, Saratoga and Schenectady. Referred to as the 'Capital Region', they form a common service area covered by the local health departments in Albany, Rensselaer, Columbia, Greene, Saratoga and Schenectady Counties, and includes the primary patient populations served by Albany Medical Center, Columbia Memorial Hospital and Saratoga Hospital, as well as Ellis Hospital and St. Peters Health Partners hospitals. Demographic information on the population analyzed was from the 2012-2016 US Census American Community Survey (ACS). The combined population of the Capital Region is nearly 960,000 individuals. About 28% were 0-19 years of age, while 16% were 65 or older. Approximately 11% were living in pverty. The race/ethnicity distribution was 83.6% White, 7.7% Black, 4.1% Asian/Pacific Islander, and 4.6% Other Races. Nearly 5% of the population was Hispanic/Latino. Specific sociodemographic information for each county is available on pages 14-28 of the HCIDI CHNA: <a href="http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCIDI-Community-Health-Needs-Assessment.pdf">http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCIDI-Community-Health-Needs-Assessment.pdf</a>. Albany Medical Center Albany County has the largest population in the Capital Region with over 300,000 residents and is the 2nd most urban county. It has the regions lowest median age of 37.8 years. Albany County has the regions largest non-White population (23.4%) and the 2nd largest Hispanic population (5.6%). Albanys South End neighborhood has the largest non-White population (76.8%), while the West End has the largest Hispanic population (13.3%). Albany Countys poverty rate of 12.9% is lower than that of NYSs 15.5%. Within Albany County, the South End/Downtown neighborhood and West End neighborhood has the highest neighborhood poverty rates at 49.6% and 35.4%. Rensselaer County has a population of nearly 160,000 and is the 3rd most rural county in the Capital Region. This county has the 3rd lowest median age in the region at 39.9 years. 17% of the population is 14 years of age or younger, while 15% is 65+ years of age. About 13.1% of Rensselaer Countys population is non-White and 4.5% is Hispanic. The Troy/Lansingburgh neighborhood has the largest non-White population of 22.0% as well as the countys largest Hispanic population of 7.3%. Rensselaer Countys poverty rate of 12.4% was lower than that of NYSs 15.5%. The Troy/Lansingburgh neighborhood has the highest neighborhood poverty rate in the county at 19.9%. Columbia Memorial Hospital Columbia Memorial Hospital serves the residents of Columbia and Greene Counties as well northern Dutchess County, with a combined population of 115,000 people, which are distributed among one small city and 32 towns. Columbia and Greene 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, and on the east by Berkshire County in Massachusetts. On the west, by the Hudson River, it is bordered by Greene County. Columbia County is rural and includes the City of Hudson. Greene County is situated between the Hudson River to its east, and the Catskill Mountains at its southern and west 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, and Delaware and Schoharie Counties to the west. Greene County is located 2 hours north of the major metropolitan areas of New York City, and 30 minutes south of Albany, New Yorks States capital. Saratoga Hospital Saratoga Hospitals 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 of the primary service area population is approximately 71,500. These two communities account for 41% of the Hospital's inpatient discharges in 2019. Additional communities served by the Hospital fall with an area that extends to the northwestern border of Saratoga County and also extends southward. It includes 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 population of these additional communities is estimated at approximately 91,000. Patients from these additional communities represented roughly 37% of the Hospital's inpatient discharges in 2019.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Sch H Part VI Line 5	<p>Promotion of Community Health The Albany Med Health Systems affiliate hospitals further their exempt purposes by promoting community health in myriad ways, serving our communities through missions of patient care, education and research. Each of our hospitals accept all patients, regardless of ability to pay, how much they or their insurers pay, or whether they are eligible for assistance under each hospitals Financial Assistance Policy. Our hospitals never have and will never allow financial status to impact the level of care provided, despite the significant financial impact. This financial mission is performed to our communities in an effort to keep those most in need as healthy as possible. In our communities, we are the dominant providers for persons with Medicaid and Medicare, which represent at least 2/3 of our patients at each of our entities. We also have many enrollment assistance programs in place and continue to expand those. Each of our hospitals medical staffs are open; that is, they are comprised of community physicians as well as employed physicians. The governance for each of our affiliates are comprised primarily of independent persons from our communities. In recent years, some of our affiliates have not reported surplus funds. However, any surplus funds generated by our affiliates are reinvested into the specific entities through expansion of operations, purchase of new equipment and technology, and hiring of staff needed to support programs that have been identified as needed for the communities each entity serves. Each of our hospitals provides monthly support and education groups for a variety of topics. While they vary among entities, they include childbirth, cancer survivorship, grief counseling, and weight loss, to name a few. Each of our hospitals promotes community health and educates our community on various health topics through our community newsletters, our websites and through social media including Facebook, Instagram, and Twitter. Albany Medical Center Specific ways that Albany Medical Center promotes community health include but are not limited to - the following: - Designation as a Safety Net Provider, as the dominant provider of services for the Medicaid and uninsured populations in a 25-county region. - Providing a vast range of programs and services only available within a nearly 150-mile radius, as well as specialists not found elsewhere in our region such as trauma care, transplant surgery, pediatric subspecialty care and HIV Medicine. - Designated, trained staff who assist patient in need with complicated Medicaid and disability applications processing. The monthly fee to provide this service is substantial, and is covered solely by Albany Medical Center on behalf of its patients. - Operates the regions Sexual Assault Examiner Program. - Educates and trains the next generation of physicians, and offered Continuing Medical Education to established providers. Columbia Memorial Hospital Specific ways that Columbia Memorial Hospital promotes community health include but are not limited to - the following: - Significantly increasing access provided to local, previously unaffiliated physicians, and has further provided access and support for these practitioners to an electronic health exchange. Saratoga Hospital Specific ways that Saratoga Hospital promotes community health include but are not limited to - the following activities: - Subsidization of community health forums, at no cost to the public (e.g., childbirth education, community wellness classes) - Information on community education topics and forums are available through the hospitals free quarterly newsletter, Access which also includes articles by medical staff on current and relevant health issues. - The hospital provides 24-hour call center services, Healthsource, at no fee.</p>
Sch H Part VI Line 6	<p>Affiliated Health Care System In 2019, the Albany Med Health System was comprised of Albany Medical Center, Columbia Memorial Hospital and Saratoga Hospital. (Glens Falls Hospital joined the System in 2020.) Albany Medical Center is an academic medical center that serves nearly 3 million people within 23 counties of northeastern New York State, and 2 counties in western New England. Its service area encompasses Orange County to the south, Franklin and Clinton Counties to the north, Oneida County to the west, and Bennington VT County and Berkshire MA County to the east. Albany Medical Center is located in Albany County. Nearly of its patients reside in the 6-county Capital Region described in Part VI, Line 5. Columbia Memorial Hospital, an acute care hospital in Columbia County serves more than 100,000 residents of Columbia, Greene and northern Dutchess Counties with 40 care centers, including 17 primary care and 23 specialty care centers, located throughout this region. Saratoga Hospital, located in Saratoga County, with a population of 230,000, from where it draws 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 a county that makes up part of what is known as the Capital Region. Combined, the Albany Med Health System entities offer 3 hospitals and approximately 120 off-site locations which include primary care, specialty care, ambulatory surgery and urgent care located throughout our region to improve access for the residents of our communities. A vast range of community health offerings are available through the Albany Med Health System. Albany Medical Center, 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 wellbeing of our populace is demonstrated through regional planning and delivery of community benefit activities.</p>



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Sch H Part VI Line 7	States Filing Community Benefit Report Albany Medical Center, Columbia Memorial Hospital, and Saratoga Hospital file their Community Health Needs Assessments and Community Health Implementation Plans in New York State, with the New York State Department of Health (DOH).

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  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3		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
1	Albany Medical Center Hospital 43 New Scotland Avenue Albany, NY 12208 www.amc.edu 010100H	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

**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 5	<p>Account Input from Person Who Represent the Community Albany Medical Center, Columbia Memorial Health, and Saratoga Hospital comprised the Albany Med Health System in 2019 (a new affiliate hospital joined the system in 2020). Each of our hospitals have a proud and long tradition caring for our communities in New York States Capital Region. Albany Medical Center, Columbia Memorial Health, and Saratoga Hospital are active and involved member organizations of the Healthy Capital District Initiative (HCDI). A Community Health Needs Assessment (CHNA) was conducted by HCDI in 2019 in collaboration with numerous regional partners, including the regions hospitals and local health departments. Engaging the community in the health needs assessment process was a priority of HCDI and its stakeholders. Broad community engagement began with participation in the community health survey. Over 1,200 residents of the Capital Region were surveyed, with input from over 90 organizations to determine the most pressing health needs for the six county Capital Region. The surveys offered multiple choice and open-ended questions to learn about residents health needs, health behaviors and barriers to care. Demographic information collected by the survey allowed review of information by age, gender, race/ethnicity and income. Survey results were incorporated into the examination of health needs by the members of the four Capital Region Public Health Prioritization Workgroups, bucketed by regions within the 6 counties (the four regional workgroups: Albany-Rensselaer, Columbia-Greene, Saratoga, and Schenectady). The Workgroups included community voices through representatives from consumers; community-based organizations that serve low-income residents, the homeless, those with HIV/AIDS; advocacy groups; employers; public health departments; providers; and health insurers. Participants were encouraged to share data of their own and to advocate for the needs of their constituents. While all health institutions serve high need individuals, two federally qualified health centers, as well as 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, and brought that unique perspective to this needs assessment.</p>

**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 6a	List Other Hospital Facilities that Jointly Conducted Needs Assessment All hospitals located within the defined 6-county Capital Region participated in the collaborative process of assessing the health needs of the community. They include: Albany Medical Center, Columbia Memorial Hospital, Ellis Medicine, Saratoga Hospital, and St. Peters Health Partner hospitals.

**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 6b	<p>CHNA Conducted by Organizations Other Than Hospital Many businesses, community based organizations, advocacy groups, health insurers, and others participated in the CHNA; because of the local nature of some of the organizations, the list of participants varied among each of the regional workgroups (Albany-Rensselaer Counties, Columbia-Greene Counties, Saratoga County, Schenectady County). A full list of organizations playing a part in the Albany-Rensselaer County Prioritization Workgroup, of which Albany Medical Center was a leading member, can be found on page 32 of the 2019 HCDI Community Health Needs Assessment (HCDI CHNA): <a href="http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCDI-Community-Health-Needs-Assessment.pdf">http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCDI-Community-Health-Needs-Assessment.pdf</a>.</p> <p>Columbia Memorial Health was a leading member in the Columbia-Greene Prioritization Workgroup. Additional participating organizations can be found on page 34 of the HCDI CHNA: <a href="http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCDI-Community-Health-Needs-Assessment.pdf">http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCDI-Community-Health-Needs-Assessment.pdf</a>.</p> <p>Saratoga Hospital, a lead member of the Saratoga County Prioritization Workgroup, worked with approximately 2 dozen partners the full list of which can be found on page 37 of the HCDI CHNA: <a href="http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCDI-Community-Health-Needs-Assessment.pdf">http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCDI-Community-Health-Needs-Assessment.pdf</a>.</p>

**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 7	<p>Line 7a Facility: Albany Medical Center The hospital's CHNA is posted at the following website: <a href="https://www.amc.edu/Community-Health-Needs-Assessment-and-Implementation-Strategy/index.cfm">https://www.amc.edu/Community-Health-Needs-Assessment-and-Implementation-Strategy/index.cfm</a> Facility: Saratoga Hospital The hospital's CHNA is posted at the following website: <a href="https://www.saratogahospital.org/classes/communityhealthneedsassessment">https://www.saratogahospital.org/classes/communityhealthneedsassessment</a> Facility: Columbia Memorial Hospital The hospital's CHNA is posted at the following website: <a href="https://www.columbiamemorialhealth.org/patients-and-visitors/community-health/">https://www.columbiamemorialhealth.org/patients-and-visitors/community-health/</a> Line 7d Description of Making Needs Assessment Widely Available Facility: Albany Medical Center Hospital - Albany Med's newsletter 'Albany Med Today', distributed to employees, donors, public - Albany Med Board of Directors Board Portal - Shared with local government officials and other members of our community when requested - Copies are furnished upon request Facility: Columbia Memorial Hospital - Electronic copies are distributed to all members of the Columbia-Greene Healthy People Partnership, who are encouraged to further redistribute the information - Electronic copies are also distributed to local elected officials and to state elected officials representing Columbia and/or Greene Counties - The document is posted on each of the Planning Partners websites - Copies are furnished upon request Facility: Saratoga Hospital - Presented to local Saratoga Health Council in conjunction with Saratoga County Public Health - Distributed electronic copies to all community-based organizations that are members of the Saratoga Health Council - Plan is part of Saratoga County's website - Copies are furnished upon request</p>

**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 11	<p>Significant Health Needs Identified A description of the method by which the Capital Region Prioritization Workgroups selected the most significant health needs within each of the 4 regions (Albany-Rensselaer Counties, Columbia-Greene Counties, Saratoga County and Schenectady County) can be found on pages 30-31 in the HCIDI CHNA: <a href="http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCIDI-Community-Health-Needs-Assessment.pdf">http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCIDI-Community-Health-Needs-Assessment.pdf</a>. Each workgroup held several meetings, where members offered insight, feedback, raised concerns, asked questions, and offered varying perspectives on each of the health needs discussed. During their final meetings, workgroups selected the most significant health priorities within their regions. Among the workgroups in which Albany Medical Center, Columbia Memorial Hospital, and Saratoga Hospital were leading participants, chronic disease and mental health initiatives received the greatest number of votes due to their impact on many people in the most significant ways, both directly and indirectly, and through their influence on other health conditions. They are also largely preventable and contribute most significantly to the cost of health care. The groups priorities also reflect the participating entities abilities to effectively align resources to make the most positive impact on their communities. A summary of the processes by the Prioritization Workgroups in which Albany Medical Center, Columbia Memorial Health, and Saratoga Hospital participated can be accessed via these links : Albany-Rensselaer County Prioritization Work Group: <a href="http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCIDI-Community-Health-Needs-Assessment.pdf">http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCIDI-Community-Health-Needs-Assessment.pdf</a> pages 31-33 Columbia-Greene Counties Prioritization Work Group: <a href="http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCIDI-Community-Health-Needs-Assessment.pdf">http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCIDI-Community-Health-Needs-Assessment.pdf</a> pages 34-35 Saratoga County Prioritization Work Group: <a href="http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCIDI-Community-Health-Needs-Assessment.pdf">http://www.hcdiny.org/content/sites/hcdi/2019_CHNA/2019_HCIDI-Community-Health-Needs-Assessment.pdf</a> 37-38 Albany-Rensselaer Counties Prioritization Workgroup Albany and Rensselaer Counties selected the following Prevention Agenda Priority Areas: - Reduce Obesity and Prevent Diabetes - Prevent/Control Asthma, Prevent Tobacco Use - Prevent Mental Disorders Existing task forces will have their scopes modified, or new task forces will be established to develop and implement Community Health Improvement Plan interventions for each of the priority areas selected. For example, the existing Obesity-Diabetes Task Force will review and revise their efforts to prevent obesity and type 2 diabetes, and help patients learn how to self-manage and live a healthy lifestyle. Asthma/tobacco prevention strategies task force will work with existing efforts of Healthy Neighborhood Programs, Delivery System Reimbursement Incentive Payment Program (DSRIP) Performing Provider Systems (PPS), Green and Healthy Homes Initiative, and, Capital District Tobacco-Free Communities, who currently partners with the</p>

**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 11	<p>Albany County Strategic Alliance for Health, as well as the Asthma Coalition of the Capital Region. Addressing mental health will require collaboration with both Albany and Rensselaer counties Departments of Mental Health. Mental health interventions may also integrate DSRIP (Delivery System Reimbursement Incentive Payment Program), PPS and health homes. Albany Medical Center, specifically, will provide the staff, facilities, resources and budget necessary to carry out initiatives as outlined in their Implementation Strategy, found on pages 29-35 in the Albany Medical Center Community Health Needs Assessment and Community Health Improvement Plan 2019-2021: <a href="https://www.amc.edu/aboutus/upload/Albany-Med-Community-Health-Needs-Assessment-and-Community-Service-Plan_2019-2021.pdf">https://www.amc.edu/aboutus/upload/Albany-Med-Community-Health-Needs-Assessment-and-Community-Service-Plan_2019-2021.pdf</a>. Columbia-Greene Counties Prioritization Workgroup Columbia and Greene Counties selected the following Prevention Agenda Priority Areas: - Reduce Obesity and Prevent Diabetes - Prevent Substance Abuse and Support Mental Emotional and Behavioral Disorders (MEB) screening and treatment The Greene County Mobilizing for Action through Planning and Partnerships (MAPP) community group and the Columbia County Public Health Leadership group will support the development of a joint-county task force for each Priority Area. Community health partners who work in each respective priority area will comprise each Priority Area-focused task force. Each task force will meet on a monthly basis and community partners responsible for priority area actions will provide updates on ongoing and projected activities and interventions. The task forces will be responsible for alignment and guidance of all countywide activities related to each Priority Area. Columbia Memorial Hospital will provide the resources necessary to support the selected initiatives, as outlined in their Implementation Strategy, on pages 4- 6, 9, and 12-14 of the Appendix within the Columbia Memorial Health Community Health Needs Assessment and Community Health Improvement Plan 2019-2021: <a href="https://www.columbiamemorialhealth.org/wp-content/uploads/2020/07/C-G-CHNA-IS-CHIP-CSP-Complete-with-Appendices.pdf">https://www.columbiamemorialhealth.org/wp-content/uploads/2020/07/C-G-CHNA-IS-CHIP-CSP-Complete-with-Appendices.pdf</a>. Saratoga County Prioritization Workgroup Saratoga County selected the following Prevention Agenda Priority Areas: - Reduce Obesity - Prevent Substance Abuse Disorders (including opioids) To address needs identified in the CHNA, Saratoga Hospital will engage key community partners in implementing evidence-based strategies across Saratoga County. Acknowledging that many organizations and resources are in place to address the health needs of the community, Saratoga Hospital has strategically reviewed both internal and external resources. Saratoga Hospital will provide the staff, facilities, resources and budget necessary to address the selected priorities, as outlined in their Community Health Needs Assessment Implementation Strategy 2019-2021. The details of the Implementation Strategy begin on page 17 : <a href="https://www.saratogahospital">https://www.saratogahospital</a></p>



**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 11	.org/resources/filebrowser/PDFs/2019%20CSP%20a nd%20Implementation%20Strategy%20Final%20Ap proved.pdf Needs not being addressed in the Implementation Strategies During the prioritiz ation processes, many health needs were selected by the prioritization workgroups as impor tant to address. While there was commonality among many of the pressing health needs, ther e were also regional differences. The health priorities of Albany and Rensselaer Counties, Columbia and Greene Counties, Saratoga County, and Schenectady County are being addressed largely by hospitals, local health departments, and other organizations within their resp ective communities. Albany and Rensselaer Counties Albany Med Health System partner Albany Medical Center, with Albany County and Rensselaer County Departments of Health and St. Pe ters Health Partners, are taking the lead on aligning efforts around mutually selected pri ority areas. If and when feasible, partners Columbia Memorial Hospital and Saratoga Hospit al will assist with the implementation of the Albany-Rensselaer Workgroups initiatives. Co lumbia and Greene Counties Albany Med Health System partner Columbia Memorial Hospital, wi th Greene County Public Health and Columbia County Department of Health is taking the lead on aligning efforts around mutually selected priority areas. If and when feasible, Albany Medical Center and Saratoga Hospital will assist with the implementation of the Workgroup s initiatives. Saratoga County Albany Med Health System partner Saratoga Hospital, with Sa ratoga County Department of Health is taking the lead on aligning efforts around mutually selected priority areas. If and when hen feasible, Albany Medical Center and Columbia Memo rial Hospital will assist with the implementation of the Workgroups initiatives. Schenecta dy County Schenectady County Public Health Services, Ellis Medicine and Sunnyview Rehabili tation 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 Schenect ady Coalition for Healthy Communities (SCHC). When feasible, Albany Medical Center, Columb ia Memorial Hospital, and/or Saratoga Hospital will assist with the implementation of the Workgroups initiatives.

**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 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.**

**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 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: <a href="http://www.amc.edu/pbs">www.amc.edu/pbs</a> Facility: Saratoga Hospital The Hospital's financial assistance policy, applicable, and plain language summary are posted at the following website: <a href="https://www.saratogahospital.org/patients-visitors/patients/billing/financial-assistance">https://www.saratogahospital.org/patients-visitors/patients/billing/financial-assistance</a> Facility: Columbia Memorial Hospital The Hospital's financial assistance policy, applicable, and plain language summary are posted at the following website: <a href="https://www.columbiamemorialhealth.org/financial-assistance/">https://www.columbiamemorialhealth.org/financial-assistance/</a></p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</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 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.	
<b>Section C. Supplemental Information for Part V, Section B.</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.

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



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

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 Poughkeepsie 243 North Rd Suite 204 Poughkeepsie, NY 12601	Vascular Surgery
2 Albany Med EmUrgentCare - Clifton Park 989 Route 146 Clifton Park, NY 12065	EmurgentCare
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 Peds Cardiology
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

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

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)

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 358 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 4383 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)
<b>91</b> Coxsackie Medical Care 9 Law Street West Coxsackie, NY 12192	O/P Family Care Practice
<b>1</b> CMH Dental Van 71 Prospect Avenue Hudson, NY 12534	Mobile Care Unit
<b>2</b> 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  
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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 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.

(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
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7
- 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	387	5,984,630			
(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)	20,000				Support 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)	509,475				Fund Scholarships
Albany Medical Center Hospital 47 New Scotland Ave Albany, NY 12208	14-1338307	501(c)(3)	4,518,635				Research & Healthcare 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)	9,417,332				Scholarships & Research Scholarships & Research
Albany Medical Center 47 New Scotland Ave Albany, NY 12208	14-1641730	501(c)(3)	72,164				Equipment/Technology

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
Shelters of Saratoga 14 Walworth St Saratoga Springs, NY 12866	14-1758441	501(c)(3)	10,000				Shelter support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		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 on Line 1a?	2	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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 Yes  	No  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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III.	5a 5b	Yes  	 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III.	6a 6b	Yes  	 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.	7		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.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

(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				

[illegible]

**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	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 received the amount listed below, which is included in Schedule J, Part II, Column B(iii): Angelo Calbone, President/CEO, \$12,509 Line 1b The Plan is operated pursuant to a plan document, approved by the Hospital's Board of Trustees.
Sch J Part I Line 3	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. 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. 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.
Sch J Part I Line 4b	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, \$297,028 Frances S. Albert, COO & CFO, \$71,773 Vincent Verdile, SR Exec VP Sys Care Delivery, \$84,100 Ferdinand J. Venditti, EVP System Care Delivery, \$64,787 Dennis McKenna, Board Member, \$74,535 Steven M. Frisch, Sr Exec VP Integrated Delivery, \$87,414 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, \$264,100 Columbia Memorial Hospital: The CEO, Jay Cahalan is a participant in a supplemental non-qualified retirement plan held by CMH. In 2019, his retirement account was credited \$93,960. Steven Frisch, MD is a participant in a supplemental non-qualified plan held by Albany Medical Center and his benefit is described in the Center's disclosure above. Saratoga Hospital: During 2019, 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 2019. Angelo G. Calbone -- Contributions \$180,932. Gary Foster - Contributions \$5,932. Jeffrey Methven -- Contributions \$759. THE FOLLOWING INDIVIDUAL PARTICIPATED IN THE PLAN, BUT DID NOT HAVE ANY CONTRIBUTIONS OR PAYMENTS MADE DURING 2019: GORDON KUJAR.
Sch J Part I Line 5a	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.
Sch J Part I Line 6a	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 12.5% of the overall incentive compensation available during 2019, and was based an achievement of minimum, meets, and maximum levels relative to the Hospital's budgeted operating margin percentage for the year.

Additional Data

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

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				
1James J Barba President & CEO (AMC)	(i)	0	0	0	0	0	0	0
	(ii)	1,012,413	425,000	284,037	308,228	6,420	2,036,098	264,100
1Steven M Frisch MD Board Member (SH & CMH)	(i)	0	0	0	0	0	0	0
	(ii)	792,472	272,525	20,980	98,614	22,417	1,207,008	0
2Vincent Verdile MD Sr Exec VP Sys Care (AMC)	(i)	785,163	243,178	20,980	95,300	26,004	1,170,625	0
	(ii)	0	0	0	0	0	0	0
3Dennis McKenna Board Member (CDT)	(i)	830,213	192,550	16,388	85,735	25,816	1,150,702	0
	(ii)	0	0	0	0	0	0	0
4Andrew J Rosenbaum Asst Prof/Clin (AMC)	(i)	500,485	522,330	18,345	8,400	22,097	1,071,657	0
	(ii)	0	0	0	0	0	0	0
5Frances Albert EVP COO & CFO (AMC)	(i)	0	0	0	0	0	0	0
	(ii)	665,981	239,538	17,374	82,973	4,471	1,010,337	0
6Alan S Boulos Department Chair (AMC)	(i)	937,433	0	19,450	11,200	24,897	992,980	0
	(ii)	0	0	0	0	0	0	0
7Ferdinand J Venditti Jr MD EVP System Care Delivery (AMC)	(i)	645,347	184,478	20,980	75,987	26,233	953,025	0
	(ii)	0	0	0	0	0	0	0
8Lewis W Britton III Professor/Clin (AMC)	(i)	848,847	31,059	19,953	8,400	24,563	932,822	0
	(ii)	0	0	0	0	0	0	0
9Steven M Parnes MD Board Member (AMC)	(i)	728,022	8,202	19,834	8,400	23,131	787,589	0
	(ii)	0	0	0	0	0	0	0
10David J Conti Board Member (CDT)	(i)	357,587	13,539	5,482	11,200	22,047	409,855	0
	(ii)	0	0	0	0	0	0	0
11Michael Dailey Board Member (CDT)	(i)	247,698	23,077	692	0	21,698	293,165	0
	(ii)	0	0	0	0	0	0	0
12Vickey Masta-Gornic Board Member (KIDS)	(i)	0	0	0	0	0	0	0
	(ii)	223,737	0	1,980	0	8,641	234,358	0
13Gary J Kochem Fmr Exec VP & COO (AMC)	(i)	0	0	0	0	0	0	0
	(ii)	120,000	198,868	0	0	263	319,131	0
14Michele K Skumurski Board Member (KIDS)	(i)	0	0	0	0	0	0	0
	(ii)	196,288	0	450	0	1,472	198,210	0
15Meghan Weygant Board Member (KIDS)	(i)	168,782	0	270	0	12,396	181,448	0
	(ii)	0	0	0	0	0	0	0
16Brigido Montero Board Member (KIDS)	(i)	0	0	0	0	0	0	0
	(ii)	154,398	0	680	0	19,448	174,526	0
17Christopher Gorczynski MD Physician (CMH)	(i)	854,240	70,000	89	750	23,969	949,048	0
	(ii)	0	0	0	0	0	0	0
18Jay P Cahalan PRESIDENT & CEO (CMH)	(i)	547,610	145,752	27,394	94,710	24,721	840,187	0
	(ii)	0	0	0	0	0	0	0
19Hiral Amin MD Board Member (CMH)	(i)	434,080	0	7,020	8,400	19,703	469,203	0
	(ii)	0	0	0	0	0	0	0



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				
21Karen Tassey COO (CMH)	(i)	272,135	25,508	396	750	9,450	308,239	0
	(ii)	0	0	0	0	0	0	0
1Bryan T Mahoney CFO (CMH)	(i)	271,477	25,110	54	750	0	297,391	0
	(ii)	0	0	0	0	0	0	0
2Mary Ellen Plass CNO (CMH)	(i)	204,061	18,972	396	0	6,126	229,555	0
	(ii)	0	0	0	0	0	0	0
3Angelo G Calbone President/CEO (SH)	(i)	580,055	154,000	390,726	14,420	21,070	1,160,271	0
	(ii)	0	0	0	0	0	0	0
4Gary Foster VP & CFO (SH)	(i)	321,139	63,840	30,576	16,100	1,792	433,447	0
	(ii)	0	0	0	0	0	0	0
5Mary Jo LaPosta SVP Patient Care & Org (SH)	(i)	328,940	68,608	36,085	14,420	11,637	459,690	0
	(ii)	0	0	0	0	0	0	0
6Kevin Ronayne VP Ops & Facilities (SH)	(i)	253,438	49,373	18,230	14,420	17,523	352,984	0
	(ii)	0	0	0	0	0	0	0
7John Mangona VP CIO and Comp (SH)	(i)	249,168	51,597	18,173	16,100	1,594	336,632	0
	(ii)	0	0	0	0	0	0	0
8Jeffrey Methven VP Ambulatory Serv & HR (SH)	(i)	270,190	55,598	21,076	14,420	21,184	382,468	0
	(ii)	0	0	0	0	0	0	0
9Richard Falivena VP Chf Med & Phys Integ (SH)	(i)	365,964	76,933	30,763	12,180	16,214	502,054	0
	(ii)	0	0	0	0	0	0	0
10Gordon Kuhar Physician (SH)	(i)	617,554	470,000	774	14,420	3,492	1,106,240	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318115510																	
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										OMB No. 1545-0047									
												2019									
Department of the Treasury Internal Revenue Service		► 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.										Open to Public Inspection									
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			
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 . . . . .								2,355,217		0		1,975,000									
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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .										X		X		X							
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .										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							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.														Cat. No. 50193E				Schedule K (Form 990) 2019			

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 . . . . .					950 %			
d	Was the hedge superintegrated? . . . . .						X		
e	Was the hedge terminated? . . . . .						X		

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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.

Return Reference	Explanation
Sch K Part IV Line 2c	Rebate calculation performed on 9/10/2019.



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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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	
1	Amount of bonds retired . . . . .	6,335,000		8,390,000					
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 . . . . .	2010		2013					
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X		X				
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</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				
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b>	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?								
<b>4</b>	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 %					
<b>5</b>	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 . . . . .								
<b>6</b>	Total of lines 4 and 5 . . . . .								
<b>7</b>	Does the bond issue meet the private security or payment test? . . . .		X		X				
<b>8a</b>	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>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				
<b>9</b>	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
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X				
<b>2</b>	If "No" to line 1, did the following apply? . . . .								
<b>a</b>	Rebate not due yet? . . . . .		X		X				
<b>b</b>	Exception to rebate? . . . . .		X		X				
<b>c</b>	No rebate due? . . . . .	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .	X		X					
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
<b>b</b>	Name of provider . . . . .	HSBC		HSBC					
<b>c</b>	Term of hedge . . . . .	10 %		10 %					
<b>d</b>	Was the hedge superintegrated? . . . . .		X		X				
<b>e</b>	Was the hedge terminated? . . . . .		X		X				

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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 May 7, 2020 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)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Albany Medical Center Group  
Organization

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	Deceased		On behalf of issuer		Pool financing	
						Yes	No	Yes	No	Yes	No
A Saratoga County Capital Resource Corp 2007B	52-1310482	803482DE5	12-12-2007	18,406,490	ED Construction & Renovation	X			X		X
B Saratoga County Capital Resource Corp 2013A	46-1520521	803481AS9	02-07-2013	24,273,094	Refinance Revenue Bonds		X		X		X
C Saratoga County Capital Resource Corp 17AB	46-1520521		01-03-2017	49,870,000	Refinance Revenue Bonds		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	1,935,000		5,580,000		6,534,035			
2	Amount of bonds legally defeased . . . . .	13,920,000		0		0			
3	Total proceeds of issue . . . . .	18,406,490		24,273,094		49,870,000			
4	Gross proceeds in reserve funds . . . . .	0		1,688,826		0			
5	Capitalized interest from proceeds . . . . .	0		0		0			
6	Proceeds in refunding escrows . . . . .	0		22,004,520		48,936,364			
7	Issuance costs from proceeds . . . . .	262,395		485,462		933,636			
8	Credit enhancement from proceeds . . . . .	0		0		0			
9	Working capital expenditures from proceeds . . . . .	0		0		0			
10	Capital expenditures from proceeds . . . . .	16,772,395		0		0			
11	Other spent proceeds . . . . .	0		115,599		0			
12	Other unspent proceeds . . . . .	0		0		0			
13	Year of substantial completion . . . . .	2009		2013		2017			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>b</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?								
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b>	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?								
<b>4</b>	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 %			
<b>5</b>	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 . . . . . ▶								
<b>6</b>	Total of lines 4 and 5 . . . . .								
<b>7</b>	Does the bond issue meet the private security or payment test? . . .		X		X		X		
<b>8a</b>	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>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		
<b>9</b>	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
<b>1</b>	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		
<b>2</b>	If "No" to line 1, did the following apply? . . . .								
<b>a</b>	Rebate not due yet? . . . . .		X		X		X		
<b>b</b>	Exception to rebate? . . . . .		X		X		X		
<b>c</b>	No rebate due? . . . . .		X	X		X			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b>	Is the bond issue a variable rate issue? . . . . .		X		X		X		
<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b>	Name of provider . . . . .	0		0		0			
<b>c</b>	Term of hedge . . . . .								
<b>d</b>	Was the hedge superintegrated? . . . . .								
<b>e</b>	Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
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 12/01/19 by a third party contractor, AMTEC, a tax-exempt compliance specialist for bond issues, as of 12/01/19 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 12/31/19 by a third party contractor, AMTEC, a tax-exempt compliance specialist for bond issues, as of 12/31/19 resulting in no rebate liability for IDA Series 2017 A & B.

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
Albany Medical Center Group  
Organization

Employer identification number  
47-3869194

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the 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	148,026	Employment		No
(2) Karen L McKenna	Family Member	28,937	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. Karen L. McKenna is the wife of Dennis P. McKenna, Board Member (CDT).

SCHEDULE M  
(Form 990)

Noncash Contributions

►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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

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	133	2,217,102	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 . . . . .	X	1	100,000	FMV
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( Equipment ) . . . . .	X	1	183,393	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

1

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 isn't required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

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?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

Yes

b If "Yes," describe in Part II.

33 If the organization didn't 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
SCH M PART I LINE 32A	Donations of securities are sent to the Albany Medical Center Foundation's investment broker who processes them and deposits cash net of fees into the Foundation's account.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990 Part I Line 1 and 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 professionals 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 shared 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 30,931 total cases performed with 8,493 inpatient, 4,328 same day, and 18,110 outpatient. Other Patient Care Based Services totaled approximately \$88 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 \$22 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 &amp; 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 \$3 million. Columbia Memorial Hospital: The organization had approximately \$16.4M expenditures and \$16.2M 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	<p>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. Form 990 Part V Lines 8, 9a, &amp; 9b The subordinate organization Columbia Memorial Hospital is the only subordinate maintaining a donor advised fund.</p>



## 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 sole corporate member of the subordinate organizations included in the group filing. AMC retains seats on the Board of Trustees for the subordinate organizations and has the power to appoint members of the Board of Trustees. 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	<p>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.</p>

**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 &amp; 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 &amp; 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. 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 &amp; enforces conflict of interest issues and reports the same to all members at the General Board Meetings. 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 Hospital's 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 Hospital's medical staff are required to complete and file the questionnaire with the Hospital's Chief Compliance Officer. All members of the Hospital's 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	oyees 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 &amp; Approval Process - Officers &amp; 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: 71 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 Swap - AMC \$ (87,038) Pension Related Changes - AMC \$ 7,738,789 Adjustment to prior year Contributions - AMC \$ (71,487) Fair Value of Interest Rate Swap - CMH \$ 119,419 Pension Related Changes - CMH \$ 478,004 Net Assets Released from Restrictions - CMH \$ (198,964) ----- Total \$ 7,978,723

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493318115510			
SCHEDULE R (Form 990)		Related Organizations and Unrelated Partnerships			OMB No. 1545-0047		
					2019		
					Open to Public Inspection		
Department of the Treasury Internal Revenue Service		► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ► Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.					
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
<b>(1)</b> Columbia-Greene Services Inc c/o CMH 71 Prospect Ave Hudson, NY 12534 14-1758524	Healthcare	NY	NA	C Corp			100.000 %	Yes	
<b>(2)</b> Madison Avenue Services Corp 47 New Scotland Ave MC 116 Albany, NY 12208 14-1665610	Other (Inactive)	NY	AMC	C Corp					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.

**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 . . . . .

**b** Gift, grant, or capital contribution to related organization(s) . . . . .

**c** Gift, grant, or capital contribution from related organization(s) . . . . .

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

**j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .

**k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .

**l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

**m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

**r** Other transfer of cash or property to related organization(s) . . . . .

**s** Other transfer of cash or property from related organization(s) . . . . .

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

Yes

1n

1o

Yes

1p

Yes

1q

Yes

1r

No

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

Schedule R (Form 990) 2019

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

[illegible]

**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
Saratoga Care Inc	c	1,796,630	FMV
Saratoga Care Inc	o	376,613	FMV
Saratoga Care Inc	q	538,351	FMV
Columbia-Greene Hospital Foundation	c	1,136,986	Accrual
Columbia-Greene Hospital Foundation	m	206,287	Accrual
Columbia-Greene Hospital Foundation	q	163,145	cash
The Second Show Inc	q	199,127	Cash