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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury

Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Albany Medical Center Group Organization

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

47 New Scotland Ave MC116

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

Albany, NY 12208

F Name and address of principal officer

James J Barba

47 New Scotland Ave

Albany, NY 12208

H(a) Is this a group return for subordinates?

☒ Yes ☐ No

H(b) Are all subordinates included?

☒ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5980

D Employer identification number

47-3869194

E Telephone number

(518) 262-5585

G Gross receipts \$ 1,467,859,340

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.amc.edu

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

Part I Summary

Activities & Governance

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

An academic health sciences center whose responsibilities are to provide a broad range of patient services to the people of eastern New York and western New England

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶2,975,017

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II Signature Block

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

Sign Here

Signature of officer

2018-11-08

Date

Frances S Albert Exec VP & CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Todd P Teresco

Preparer's signature

Todd P Teresco

Date

Check ☐ if self-employed

PTIN

P00247720

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 515 Broadway

Albany, NY 12207

Phone no (518) 427-4600

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

An academic health sciences center whose responsibilities are to educate medical students, physicians, biomedical students and other health care professional to meet future primary and specialty health care needs of the region and nation, to foster biomedical research that leads to scientific advances and improvement of the health of the public, and to provide a broad range of patient services to the people of eastern New York and western New England. The mission is accomplished through commitment to the values of Quality, Excellence, Service, Collaboration, Integrity and Fiscal Responsibility. We will continue to develop as a nationally recognized academic health science center. In collaboration with the community, we will provide excellence in education, research, and patient care programs. Our vision for the future includes a commitment to working with other providers to make comprehensive and advanced clinical services available to the public while emphasizing quality and service. W

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 \$ 383,654,347	including grants of \$	(Revenue \$ 347,782,146)
See Additional Data				

























4b	(Code)	(Expenses \$ 300,893,805	including grants of \$	(Revenue \$ 308,109,416)
See Additional Data				

4c	(Code)	(Expenses \$ 195,985,697	including grants of \$	(Revenue \$ 324,083,675)
See Additional Data				

4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 309,380,195	including grants of \$ 16,396,560	(Revenue \$ 375,483,975)	

4e	Total program service expenses ▶	1,189,914,044		
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22 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	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a		No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28b	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	28c		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	29	Yes	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	30		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	31		No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	32		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	33		No
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	34	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35a	Yes	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	35b	Yes	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	36		No
	37		No
	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	787	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	9,301	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: OC See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Yes	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	0	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

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

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

Section C. Disclosure

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 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

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

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

Form **990** (2017)

[illegible]

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 ▶ 968

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
Community Care Physicians PC PO Box 10025 Albany, NY 12201	Medical Mgmt Service	17,862,770
Consigli Construction NY LLC 199 West Road Pleasant Valley, NY 12569	Construction	12,182,880
Aramark 27310 Network Place Chicago, IL 606731273	Environmental Svcs	9,479,158
Medical Staffing Network PO Box 840292 Dallas, TX 752840292	Staffing Solutions	7,543,947
AOW Associates Inc 30 Essex St Albany, NY 12206	Construction	4,764,493

<p>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 ► 76</p>	
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Part VIII Statement of RevenueCheck 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	1,681,770				
	d Related organizations	1d	14,492,085				
	e Government grants (contributions)	1e	15,296,695				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	34,037,145				
	g Noncash contributions included in lines 1a-1f \$	1,309,222					
	h Total. Add lines 1a-1f			65,507,695			
Program Service Revenue			Business Code				
	2a Instruction		611600	43,028,881	43,028,881		
	b Medical Services		621990	1,285,984,912	1,285,984,912		
	c Research		541700	1,674,927	1,674,927		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,330,688,720			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,015,944		-3,119	7,019,063	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
			(i) Real	(ii) Personal			
	6a Gross rents		872,277				
	b Less rental expenses						
	c Rental income or (loss)		872,277				
	d Net rental income or (loss)		872,277			872,277	
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		31,465,000				
	b Less cost or other basis and sales expenses		26,765,995				
	c Gain or (loss)		4,699,005				
	d Net gain or (loss)		4,699,005			4,699,005	
	8a Gross income from fundraising events (not including \$ 1,681,770 of contributions reported on line 1c) See Part IV, line 18		a	214,329			
	b Less direct expenses		b	795,264			
	c Net income or (loss) from fundraising events			-580,935			-580,935
	9a Gross income from gaming activities See Part IV, line 19		a				
	b Less direct expenses		b				
	c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold		b					
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a Cafeteria, Coffee Shop		722210	5,629,385			5,629,385	
b Parking		812930	1,587,117			1,587,117	
c Program Serv Exp Reimb		812900	23,400,249	23,400,249			
d All other revenue			1,478,624	1,370,243		108,381	
e Total. Add lines 11a-11d			32,095,375				
12 Total revenue. See Instructions			1,440,298,081	1,355,459,212	-3,119	19,334,293	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	11,277,778	11,277,778		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	5,118,782	5,118,782		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	2,951,581		2,951,581	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	138,213	138,213		
7 Other salaries and wages.	550,002,647	532,170,250	15,652,856	2,179,541
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	6,642,411	6,463,750	178,661	
9 Other employee benefits.	48,349,145	47,091,180	1,257,965	
10 Payroll taxes.	35,107,936	34,135,926	972,010	
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	359,501	292	359,209	
c Accounting.	286,126		286,126	
d Lobbying.	74,309	74,309		
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	1,905,627	203,825	1,701,802	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	45,531,469	42,365,649	2,967,617	198,203
12 Advertising and promotion.	1,615,666	868,119	746,591	956
13 Office expenses.	7,765,598	4,735,432	2,885,224	144,942
14 Information technology.	97,803,820	602,775	97,201,045	
15 Royalties.	0			
16 Occupancy.	13,668,247	6,668,671	6,903,225	96,351
17 Travel.	3,409,298	2,849,288	423,340	136,670
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	0			
20 Interest.	22,103,102	15,974,058	6,124,242	4,802
21 Payments to affiliates.	166,161,650	126,779,867	39,381,383	400
22 Depreciation, depletion, and amortization.	65,085,154	34,627,593	30,454,565	2,996
23 Insurance.	21,567,605	18,989,423	2,578,182	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Medical/Surgical.	226,012,432	225,417,100	595,332	
b Machine Rental & Maintenance.	23,043,184	17,665,405	5,284,303	93,476
c Provision for Uncollect Accts.	21,739,236	21,715,005		24,231
d Food & General Supplies.	17,381,391	16,115,129	1,266,262	
e All other expenses.	20,681,538	17,866,225	2,722,864	92,449
25 Total functional expenses. Add lines 1 through 24e.	1,415,783,446	1,189,914,044	222,894,385	2,975,017
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		38,230,150	1	46,299,349
	2	Savings and temporary cash investments		34,385,987	2	151,204,419
	3	Pledges and grants receivable, net		9,341,538	3	11,903,114
	4	Accounts receivable, net		140,018,051	4	152,555,154
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		6,021,588	7	5,062,652
	8	Inventories for sale or use		20,225,358	8	18,644,806
	9	Prepaid expenses and deferred charges		9,910,081	9	11,472,877
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,231,207,653			
	b	Less: accumulated depreciation	10b 684,720,175	544,874,776	10c	546,487,478
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities. See Part IV, line 11			12	0
	13	Investments—program-related. See Part IV, line 11		349,153,894	13	308,683,707
	14	Intangible assets		11,830,593	14	12,273,437
	15	Other assets. See Part IV, line 11		183,247,870	15	183,138,546
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,347,239,886	16	1,447,725,539	
Liabilities	17	Accounts payable and accrued expenses		137,570,032	17	141,024,350
	18	Grants payable			18	
	19	Deferred revenue		28,323,030	19	19,568,970
	20	Tax-exempt bond liabilities		47,230,645	20	45,277,541
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		1,807,191	21	1,671,765
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		351,282,330	23	368,103,643
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		223,533,502	25	236,348,816
	26	Total liabilities. Add lines 17 through 25		789,746,730	26	811,995,085
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		393,215,588	27	444,148,272
	28	Temporarily restricted net assets		86,010,877	28	109,084,539
	29	Permanently restricted net assets		78,266,691	29	82,497,643
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		557,493,156	33	635,730,454	
34	Total liabilities and net assets/fund balances		1,347,239,886	34	1,447,725,539	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,440,298,081
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,415,783,446
3	Revenue less expenses Subtract line 2 from line 1	3	24,514,635
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	557,493,156
5	Net unrealized gains (losses) on investments	5	46,309,036
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	7,413,627
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	635,730,454

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

	Yes	No
1 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		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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: 17005038
Software Version: 2017v2.2
EIN: 47-3869194
Name: Albany Medical Center Group Organization

Form 990 (2017)

Form 990, Part III, Line 4a:

Inpatient and Outpatient Services - Provision of inpatient and outpatient services including specialized nursing services and emergency room 2017 admissions were approximately 42,200 and patient days were approximately 236,200

Form 990, Part III, Line 4b:

Faculty Practice The organization operates a clinical practice activity (patient care) for the faculty of the Albany Medical College 2017 experienced over 438,000 patient visits

Form 990, Part III, Line 4c:

Diagnostic and Testing Services - Inpatient and outpatient services including diagnostic imaging, radiation therapy and cardiac catheterization In 2017 inpatient professional services totaled 92,337, outpatient services totaled 51,877 and ER services was approximately 77,660

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			
Raimundo C Archibold Jr Board Member	6 00 2 00	X						0	0	0
James J Barba President & CEO	14 00 26 00	X		X				0	1,575,918	269,415
Anthony M Durante Board Member	6 00 2 00	X						0	0	0
Robert T Cushing Chairman	6 00 7 00	X						0	0	0
Joyce M DeFazio Board Member	6 00 2 00	X						0	0	0
R Wayne Diesel Board Member	6 00 2 00	X						0	0	0
Sharon Duker Board Member	6 00 2 00	X						0	0	0
Peter H Elitzer Board Member	6 00 2 00	X						0	0	0
Marc N Fecteau CPA Mbr thru 8/17	6 00 2 00	X						0	0	0
Margaret Gillis Vice Chair	6 00 2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
David Golub Board Member	6 00 2 00	X						0	0	0
Doug M Hamlin Vice Chair	6 00 2 00	X						0	0	0
Peter H Heerwagen Board Member	6 00 2 00	X						0	0	0
Robert J Higgins Mbr thru 2/17	6 00 2 00	X						0	0	0
James O Jackson PhD Board Member	6 00 2 00	X						0	0	0
Lillian Moy Esq Board Member	6 00 2 00	X						0	0	0
John J Nigro Board Member	6 00 2 00	X						0	0	0
John B O'Connor Board Member	6 00 2 00	X						0	0	0
Steven M Parnes MD Board Member	46 00 2 00	X						727,523	0	29,503
Daniel T Pickett III Board Member	6 00 2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael H Iacolucci Board Member	6 00 7 00	X						0	0	0
John B Robinson Jr Mbr thru 6/17	6 00 2 00	X						0	0	0
Janice Smith Board Member	6 00 2 00	X						0	0	0
Jeffrey Sperry Board Member	6 00 2 00	X						0	0	0
Jeffrey Stone Vice Chair	6 00 10 00	X						0	0	0
Todd M Tidgewell Board Member	6 00 2 00	X						0	0	0
Omar Usmani Board Member	6 00 2 00	X						0	0	0
Candace King Weir Board Member	6 00 2 00	X						0	0	0
Michael West Board Member	6 00 7 00	X						0	0	0
Ruth H Mahoney Board Member	6 00 2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Morris C Massry Board Member	6 00 2 00	X						0	0	0
Mary Gail Biebel Board Member	6 00 11 00	X						0	0	0
Janice White EdD Board Member	6 00 7 00	X						0	0	0
Gary J Kochem Exec VP & COO	18 00 24 00			X				0	723,918	78,816
Frances S Albert Exec VP & CFO	24 00 20 00			X				0	577,700	71,402
Steven M Frisch SR Exec VP Integrated Deliv System	9 00 48 00				X			209,000	757,982	109,677
Vincent Verdile MD SR Exec VP Sys Care Delivery & Dean	37 00 5 00				X			967,604	0	108,990
Ferdinand J Venditti Jr MD EVP System Care Delivery-VDEANCLNAF	39 00 3 00				X			740,612	0	89,411
Lewis W Britton III Professor/Clin	40 00 0 00					X		836,145	0	30,370
Darryl J Dinsio Professor/Clin	40 00 0 00					X		877,090	0	33,607

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			
Alan S Boulos Department Chair	40 00 0 00					X		926,500	0	33,021
Sailaja Alapati Asst Prof/Clin	40 00 0 00					X		729,291	0	28,030
James P Lawrence Assoc Prof/Clin	40 00 0 00					X		711,712	0	27,400

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Albany Medical Center Group Organization

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

47-3869194

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	
13	First 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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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
Part I Additional Information	<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, The Hospital is selected as the main filing status for Schedule A. However, the two additional members of the group organization are equally important to the charity status. Albany Medical College - 501(c)(3) 2, The College is an organization that would be selected as a Part I selection 2 school. To provide information for the college, a pdf attachment of Schedule E is provided with this return. 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 presented as a separate pdf attachment with this return.</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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		74,309
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			74,309
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1i - Other Activities Description	The organization belongs to several hospital associations where a portion of the membership dues are used for lobbying activities

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As Filed Data -

DLN: 93493312020738

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

2d

Held at the End of the Year

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

1b

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) 2017

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	115,416,968	113,127,807	118,822,311	115,572,683	99,524,908
b Contributions	4,238,365	2,468,431	2,144,936	3,363,197	4,254,196
c Net investment earnings, gains, and losses	19,921,770	5,923,667	-1,857,540	5,413,759	16,910,491
d Grants or scholarships	2,055,177	1,982,780	1,929,575	1,710,900	1,505,006
e Other expenditures for facilities and programs	4,240,857	4,120,157	4,052,325	3,816,428	3,611,906
f Administrative expenses					
g End of year balance	133,281,069	115,416,968	113,127,807	118,822,311	115,572,683

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

a Board designated or quasi-endowment ▶ 12 000 %

b Permanent endowment ▶ 88 000 %

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations

(ii) related organizations

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		No

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		2,212,359		2,212,359
b Buildings		716,155,938	345,234,846	370,921,092
c Leasehold improvements		5,872,850	4,506,094	1,366,756
d Equipment		383,539,022	281,915,315	101,623,707
e Other		123,427,484	53,063,920	70,363,564
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				546,487,478

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	308,683,707	

Part IX

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

(a) Description	(b) Book value
(1) Intercompany	120,088,205
(2) Other Assets, current	7,932,172
(3) Other Assets, non-current	42,880,607
(4) Pension LT	12,237,562
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	183,138,546

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	
Accrue est asb abatement	1,140,117
Federal Loan Program	6,049,819
Interinstitutional Payables	78,925,727
Other Liabilities - LT	17,914,764
Other liabilities - ST	21,922,925
Self insured liabilities	101,588,834
Workers Compensation LT	8,806,630
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	236,348,816

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

☒

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

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

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	
	Schedule D (Form 990) 2017

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

Return Reference	Explanation

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 47-3869194
Name: Albany Medical Center Group Organization

Supplemental Information

Return Reference	Explanation
Part IV, Line 2b Explanation of escrow account liability	Gift annuities

Supplemental Information

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	<p>The Colleges endowment consists of approximately 310 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>

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	<p>s) Income Taxes 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 have been deemed as disregarded entities 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, 2017 and 2016</p>

Supplemental Information	
Return Reference	Explanation
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	Special Events - direct expenses \$695091 Pension Related Changes \$7644101 Interest Rate Swaps \$-230474 Interinstitutional Receivable \$20000000 Revenue of Consolidated Affiliates \$18452957 Activities of Parent Organization \$177257465

Supplemental Information	
Return Reference	Explanation
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Provision for Bad Debt Expense \$21715004

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Special Events - direct expenses \$695091 Reduction to Intercompany Receivables \$20000000 E xpenses of Consolidated Affiliates \$17290657 Activities of Parent Organization \$175795162

Supplemental Information	
Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Provision for Bad Debt Expense \$21715004

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
Albany Medical Center Group Organization

Employer identification number

47-3869194

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

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



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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					37,640,510
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					37,640,510

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, do not 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, do not 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).

Return Reference	Explanation
Part I, Line 3f - Method of Accounting	Accounting method is Fair Market Value

Return Reference	Explanation
Part I, Line 3f - Investments and Expenditures	Amounts are entirely investments

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

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
Caribbean	0	0	Investments		23,213,171
North America	0	0	Investments		14,427,339

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization
Albany Medical Center Group Organization

Employer identification number
47-3869194

Part I Fundraising Activities.

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<u>Telethon/Radiothon</u> (event type)	<u>Dance in Woods</u> (event type)	<u>4</u> (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	979,396	507,642	409,061	1,896,099
	2 Less Contributions	931,807	409,982	339,981	1,681,770
	3 Gross income (line 1 minus line 2)	47,589	97,660	69,080	214,329
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	327,979	276,813	190,472	795,264
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				795,264
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-580,935

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	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
13 Indicate the percentage of gaming activity conducted in							
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">13a</td> <td style="width: 80%;"></td> <td style="width: 10%; text-align: right;">%</td> </tr> <tr> <td>13b</td> <td></td> <td style="text-align: right;">%</td> </tr> </table>	13a		%	13b		%
13a		%					
13b		%					
b An outside facility							
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records							
Name ►							
Address ►							
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 ►							
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$							

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<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 discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<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		
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)			4,545,065		4,545,065	0 460 %
b Medicaid (from Worksheet 3, column a)			199,786,480	166,828,867	32,957,613	3 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			371,458		371,458	0 040 %
d Total Financial Assistance and Means-Tested Government Programs			204,703,003	166,828,867	37,874,136	3 840 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,232,155		1,232,155	0 120 %
f Health professions education (from Worksheet 5)			68,867,449	11,705,202	57,162,247	5 790 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			3,928,701	1,597,218	2,331,483	0 240 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			74,028,305	13,302,420	60,725,885	6 150 %
k Total. Add lines 7d and 7j			278,731,308	180,131,287	98,600,021	9 990 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			1,098,628		1,098,628	0 110 %
10 Total			1,098,628		1,098,628	0 110 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	15,549,199	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	191,395,592
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	200,439,497
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-9,043,905
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input checked="" type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(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 %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

How many hospital facilities did the organization operate during the tax year?
1

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	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
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>Same website address as Line 10a below</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10 Yes	
a If "Yes" (list url) <u>www.amc.edu/Community-Health-Needs-Assessments</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

Albany Medical Center Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 0000</u> % and FPG family income limit for eligibility for discounted care of <u>400 0000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www amc edu/pbs</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>www amc edu/pbs</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>www amc edu/pbs</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

Albany Medical Center Hospital

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Albany Medical Center Hospital

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		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, 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? _____

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 is part of The Community Benefit report is prepared for Albany Medical Center Also included in this organization is Albany Medical College

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7 - Explanation of Costing Methodology	<p>Albany Medical Center 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 Hospital of \$1,003,080,391. The bad debt expense of \$15,549,199 was subtracted from the total expense value for the Hospital used to calculate the percentage in Part I, Line 7, Column (f). Albany Medical Center 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 Hospital to ensure the College is able to meet their mission to service the community.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	<p>Approximately 34% of the organization's 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: Albany Medical Center 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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation															
Part III, Line 4 - Bad Debt Expense	<p>Community Benefit, Charity Care and Uncompensated Care Footnote from Combined Audited Financial Statements</p> <p>NOTE The Center reports information regarding bad debt on a combined basis with Albany Medical Center Hospital (a) Community Benefit</p> <p>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</p> <p>The Hospital's net cost of charity care, including payments to and receipts from the statewide pool was approximately \$10.2 million in 2017 and \$7.6 million in 2016 as follows:</p> <table><tr><th>Year</th><th>Charity care at cost</th><th>Payments to Statewide Pool</th><th>Receipts from Statewide Pool</th><th>Total</th></tr><tr><td>2017</td><td>\$6,378,000</td><td>\$7,870,000</td><td>\$(4,074,000)</td><td>\$10,174,000</td></tr><tr><td>2016</td><td>\$5,914,000</td><td>\$6,732,000</td><td>\$(5,087,000)</td><td>\$7,559,000</td></tr></table> <p>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. In addition, during 2017 and 2016, the Hospital incurred approximately \$15.6 million and \$13.8 million in provisions for uncollectable accounts, respectively.</p>	Year	Charity care at cost	Payments to Statewide Pool	Receipts from Statewide Pool	Total	2017	\$6,378,000	\$7,870,000	\$(4,074,000)	\$10,174,000	2016	\$5,914,000	\$6,732,000	\$(5,087,000)	\$7,559,000
Year	Charity care at cost	Payments to Statewide Pool	Receipts from Statewide Pool	Total												
2017	\$6,378,000	\$7,870,000	\$(4,074,000)	\$10,174,000												
2016	\$5,914,000	\$6,732,000	\$(5,087,000)	\$7,559,000												

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	Approximately 34% of the organization's 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3 - Patient Education of Eligibility for Assistance	<p>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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4 - Community Information	<p>Our service area for Community Health Needs Assessment and Improvement PlanThe service area defined was chosen by the Health Capital District Initiative, an independent, non-profit organization intended to improve health care in the Capital Region through collaborative means As adopted by members of the Healthy Capital District Initiative, the communities assessed in the CHNA are the 6 counties of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene They form the common service area covered by the local health departments in Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene Counties and the primary patient population served by Albany Medical Center Hospital, Ellis Hospital, St Mary's Hospital, St Peters Health Partners, Saratoga Hospital, Sunnyview Hospital, and Columbia Memorial Hospital, which are located within the six counties This 6-county region is also referred to as the Capital Region Service Areas/Regional WorkgroupsHCDI partners formed regional work groups to target and address health priorities specific to particular regions in the defined community For example, four health priority work groups were established Albany-Rensselaer, Columbia-Greene, Saratoga, and Schenectady Albany Medical Center Hospital participated in the Albany-Rensselaer Work Group Representatives, including Albany Medical Center Hospital, combined efforts to continue work on a cooperative health improvement plan for residents of these two counties</p>

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	<p>Albany Medical Center Hospital is part of a unique tri-partite mission of medical education, biomedical research, and patient care. It is also our defining role as a community health provider, ensuring access to medical and technological innovations that are traditionally found in academic medical centers - for residents of our region and beyond. We are a safety net hospital, and the lead hospital of a Performing Provider System under the Delivery System Reform Incentive (DSRIP) Program. Community leadership and community service are integral part to our institutions strategic planning process. Population health and access for all persons serves as one of 4 pillars in our strategic plan. We actively promote public health, health education and conduct various health screenings, often in collaboration and partnership with organizations throughout our service area. Physicians, nurses, medical students and residents, and many of the staff of Albany Medical Center and Albany Medical Center Hospital volunteer their time and talents to the Capital Region community through their involvement in community organizations, community action groups, and healthcare organizations. Our missions of medical education and biomedical research improve our community's health through -education, training, recruitment and retention of physicians and health professionals for our community -advancement of new discoveries through medical science. As the only academic medical center within nearly 150 miles, we provide a host of unique and/or highly specialized services to our community and to hospitals in our region including a Level I Trauma Center and largest Emergency Department, a Level IV NICU, the only Children's Hospital in the region, the major resource for the Medicaid population, and a provider of high-end surgical services and medical care for the acutely ill. We are in the process of constructing a pediatric emergency department to care for the emergency needs of children in our region, ranging from trauma to minor emergencies and critical care. More than half approximately 55% - of our pediatric emergency patients are Medicaid beneficiaries. Many of Albany Medical Center Hospital's assets and resources are listed below, all of which greatly impact the health of our region. The region's only medical college - a valuable asset and resource. Our mission of education inspires us to teach our regions current and future medical professionals. Albany Medical College Patient Safety and Clinical Competency Center houses an incredible collection of simulation and training resources to educate students and other health care workers. It is a critical component of Albany Medical Center Hospital's commitment to the highest standards of patient safety. Our Continuing Medical Education program helps medical professionals maintain competency skills and learn about new and developing areas in their field, all aimed at improved care of the patient (over 450 educational sessions annually). Project MEDSCOPE is a unique Albany Medical College program that offers medical students and physicians the opportunity to partner with community organizations and physicians to serve the unmet health care needs of the underserved throughout the region. Medical students and residents also participate in numerous advocacy projects, such as anti-smoking education to grade school students. We serve as a clinical rotation site for students from Hudson Valley Community College (HVCC) and Albany College of Pharmacy (ACP) in the fields of nursing, respiratory therapy, ultrasound, cardiovascular, paramedical services, pharmacy and laboratory sciences. Additionally, we offer scholarships to students in these HVCC and ACP programs, and has recently included scholarship programs at other local and regional colleges such as College of St. Rose (in the field of clinical laboratory medicine). This initiative has succeeded in increasing enrollment in previously under-enrolled HVCC programs to the point where there are sufficient graduating students to fill vacancies in many other hospitals in this region. A key community educator in our region - a valuable asset and resource. We are committed to serving as one of the greatest community education resources in the region. General Public Education -Annual Health Fairs - Health Screenings -Health seminars and workshops Targeted Community Education -Disease specific programs -Broad range of clinical experts from Albany Medical Center serving as an educational site for local high schools Community Support -Memberships -Partnerships -Board service Support for awareness programs, programmatic initiatives -e.g., Ronald McDonald House, American Cancer Society, American Heart Association Support for Economic Development / Workforce Development -To attract and retain a trained, educated workforce Support for Quality of Life programs -e.g., Boy Scouts, Jewish Family Services, Capital Region Pride Center, Regional Food Bank, Girls Inc. Needed services provided</p>

Form and Line Reference	Explanation
Part VI, Line 4 - Community Building Activities	<p>d to special populations a valuable asset and resource Major resource for Medicaid and un insured populations -We are the largest single provider of care to the Medicaid and un insured populations in a 25-county region, making community-based physicians available by acce pting public plans that private physician groups often do not Hospital that serves other h ospitals -We provide comprehensive care to the critically ill and injured that is not avai lable at other hospitals accepting more than 13,000 patient transfers a year Diverse popul ation -Our caregivers and medical students are from demographically diverse backgrounds, m eeting the primary and specialty care needs of a diverse population -Our workforce is demo graphically more diverse than the 25-county region we serve Provider of regional services -We coordinate and provide a host of regional services created to improve the health and o utcomes of our regions population Examples of our regional outpatient and hospital-based services are as follows -Regional Perinatal Center -Lifestar Regional Trauma Program -Reg ional AIDS Program -Regional Trauma Center -Regional Resource Center -Patient Safety and C linical Competency Center (training for health care professionals in a virtual learning en vironment) Collaborating with Regional Health Improvement Task Forces contributing valuab le assets and resourcesThe following summarizes some of the many resources Albany Medical Center Hospital will provide to maximize the health strategies of each Regional Health Imp rovement Task Forces (Behavioral Health and Diabetes) Multi-specialty physician network A cute and tertiary care Adult and pediatric health education programs Clinical and biomedic al research Medical education Community education programs Caregiver education programs Va rious public education forums (health fairs, seminars, workshops, screenings, etc) Contin uing Medical Education Employee Wellness initiatives</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	<p>The following are examples of Albany Medical Center Hospitals commitment to the region it serves across the spectrums of patient care, education and research Albany Medical Center Hospital accepts all patients, regardless of ability to pay, how much they or their insurers pay, or whether they are eligible for assistance under our Hospital's financial assistance policy We have never and will never allow financial status to impact the level of care we provide despite the fact that the financial impact is significant We perform this financial mission for our community in an effort to keep those most in need as healthy as we can We are the dominant provider of services for the Medicaid and uninsured populations, and as such, have been designated as a Safety Net Provider Because of the vast range of programs and services available at academic medical centers, Albany Med retains a wide array of physician specialists not found elsewhere in our region, including critical care medicine and surgery, HIV medicine, neuro-interventional care, pediatric subspecialties, trauma, plastic reconstructive surgery, surgical oncology, endovascular surgery, transplant surgery, and various other critical services We have many enrollment assistance programs in place and continue to expand those For example, Albany Medical Center Hospital utilizes a specialized firm to assist our patients most in need with complicated Medicaid and Disability Application processing The monthly fee is substantial, and is solely covered by Albany Medical Center Hospital on behalf of our patients As the regions Level I Trauma Center and often the busiest in New York State, we provide comprehensive care to the critically ill and injured that is not available at other hospitals As a result we receive thousands of patient transfers from other hospitals and health facilities due to the absence of a qualified specialist on staff or on-call at the time of need or because the patient required a higher level of care that the hospital could not provide As a result, we receive a significant number of transfers from other hospitals and health facilities Annual transfers have increased 123% since 2009, to nearly 14,200 patients in 2017 Our medical staff includes over 600 community-based physicians We provide Continuing Medical Education to over 4,000 medical professionals annually We invest in meeting community health needs at all levels, from community-based programs such as diabetes and other chronic disease management to highly specialized inpatient programs like or end-stage Congestive Heart Failure Clinic and Chronic Kidney Disease Clinic Additional disease-based primary care outpatient programs assist patients with HIV/AIDS, cystic fibrosis, hemophilia, and provide services through our psychiatry clinic Albany Med runs the regions sexual assault examiner program In addition to serving as a resource for specialty services and transfer of patients, we work with other health systems and service providers to ensure that community needs are met Albany Med has expanded its role as a clinical rotation site for students studying in the fields of nursing, respiratory therapy, ultrasound, cardiovascular, paramedical services, pharmacy and laboratory sciences Additionally, the Hospital offers scholarships to students in some of these programs, and has recently included scholarship programs at other local and regional colleges in the field of clinical laboratory medicine This initiative has succeeded in increasing enrollment in previously under-enrolled programs to the point where there are sufficient graduating students to fill vacancies in many other hospitals in our region We have expanded our access into our communities through multi-specialty locations and urgent care sites We educate and train physicians over 550 future physicians each year We also offer residencies and fellowships in over thirty accredited programs, while maintaining an important commitment to the societal trends on the practice of medicine and community health Notably, approximately 40% of the regions physicians have graduated from, or have received continuing medical education from Albany Medical College Within the field of nursing, Albany Medical Center Hospital has instituted a Grow Our Own program whereby Hospital employees who are not nurses can become nurses by attending courses and gaining clinical experience 1 day out of each scheduled work week To better serve the needs of populations throughout our region, we continue to expand our reach into our communities by adding needed services, including urgent care Albany Med physicians and researchers have extensive experience in a wide range of basic and clinical research topics Our basic research scientists facilitate discoveries that translate into medical innovations at patients' bedsides</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	<p>Albany Medical Center Hospital is a discrete operating entity of Albany Medical Center. Other members of Albany Medical Center include Albany Medical College, Albany Medical Center Foundation and Albany Medical Center. As a member of Albany Medical Center, the Hospital has a mission of providing excellence in patient care. All Schedule H disclosures reference the Albany Medical Center organization, of which Albany Medical Center Hospital is part of. Also included in this organization is Albany Medical College.</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part VI, Line 7 - States Filing of Community Benefit Report	NY

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part V - Explanation of Number of Facility Type	One Facility with two locations

Schedule H (Form 990) 2017

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 47-3869194

Name: Albany Medical Center Group Organization

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

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
Part V, Line 5 - Account Input from Persons Who Represent the Community	<p>Healthy Capital District Initiative (HCDI), an independent, non-profit organization, lead the coordination of a regional community health needs assessment (CHNA) and health prioritization process for the six counties of the Capital Region -- Albany, Rensselaer, Saratoga , Columbia, Greene and Schenectady. Albany Medical Center Hospital participated in this process along with other hospitals (listed in the response to line 6a), five local health departments, and scores of organizations across the six counties representing the interests and needs of the medically underserved, low-income and minority populations in the community (listed in the response to line 6b). These participants provided input on and assisted with identifying and prioritizing significant health needs. Identifying resources potentially available to address those health needs. Community health survey. Broad community engagement began with participation in a community health survey that provided key input in identifying and confirming priority health needs. HCDI contracted with Siena College Research Institute, a recognized and respected market research center that operates under Siena College in Loudonville, NY, to conduct the survey from February to March 2016. The survey was a random digital telephone survey of adult (18+ years) residents for each of the six counties comprising the community assessed in the CHNA (that is, the Capital Region) (n=400 per county, 2,400 for Capital Region). The survey offered multiple choice and open-ended questions to learn about residents' health needs, health behaviors, barriers to care, and concerns. Demographic information collected by the survey allowed review of information by age, gender, race/ethnicity and income. A set of questions asked for feedback on perceived community obstacles. Even with the increased percentage of Capital Region residents covered by some form of health insurance, 40% of respondents identified the cost of getting medical care as a very significant obstacle, a slightly lower percentage of the respondents (27%) identified the cost of mental health services as a very significant obstacle. About 31% identified their reluctance to seek help with a mental health issue as a very significant obstacle. About 31% identified the cost of food, and 14% identified access to grocery stores with nutritious options, as very significant obstacles. About 18% identified access to a safe place to exercise, and 21% identified the costs associated with being physically active, as very significant community obstacles. Capital Region residents were asked to identify the most important health-related issues to address in their community. About 31% of the residents identified "reducing obesity in both teens and adults", 27% identified "improving both substance abuse treatment and awareness programs", and 23% identified "improving both preventive care and management for chronic diseases like diabetes, asthma and heart disease" as the most important.</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
Part V, Line 5 - Account Input from Persons Who Represent the Community	<p>ant issues Regional WorkgroupsThe survey results were incorporated into the examination of health needs by the members of the four regional work groups that were formed by HCIDI par tners to target and address health priorities specific to particular regions in the define d community. Specially, Capital Region Public Health Prioritization Workgroups were establ ished for Albany-Rensselaer, Columbia-Greene, Saratoga, and Schenectady. Albany Medical Ce nter Hospital participated in and spearheaded the Albany-Rensselaer Workgroup, along with the Albany County Department of Health, the Rensselaer County Department of Health, and St. Peters Health Partners. Also participating in the Albany-Rensselaer Workgroup were dozen s of community-based and advocacy organizations representing medically underserved, low-in come, and minority populations, which were encouraged to share data of their own and to ad vocate for the needs of their constituents. These representatives were actively engaged, a nd many participated in all the prioritization meetings. They provided comments, data, and helped identify critical health resources within the Capital Region. Many of these organi zations serve one or more of the following populations: low-income residents, the homeless, those with HIV/AIDS, Alzheimers, mental illnesses, those addicted to alcohol and substan ces, the elderly, disabled persons, low-income populations, persons challenged with food i nsecurity, minority populations, and the medically underserved. Examples of these organiza tions include the two participating federally qualified health centers, Food Pantries of t he Capital District, United Way of the Capital Region, Interfaith Partnership for the Home less, and our consumer community representatives have unique access to medically underserv ed residents that informed their input into the CHNA process. A full list of these and oth er community organizations, along with the populations they represent, is provided in the response to line 6b. The Albany-Rensselaer Workgroup held three meetings on February 10, F ebruary 24, and March 18, 2016. Information about the other three Workgroups is as follows: The Schenectady Workgroup was spearheaded by Schenectady County Public Health Services, Ellis Medicine, and Sunnyview Rehabilitation Hospital and held meetings on February 4, Feb ruary 19, and March 31, 2016. The Saratoga Workgroup was spearheaded by the Saratoga Count y Health Department and Saratoga Hospital and held meetings on February 10, February 24, a nd March 18, 2016. The Columbia-Greene Workgroup was led by Greene County Public Health, C olumbia County Department of Health, and Columbia Memorial Hospital and held meetings on F ebruary 12th, March 2nd, and March 16th. As with the Albany-Rensselaer Workgroup, each of t hese Workgroups also included their local county public health departments as well as nume rous organizations representing medically underserved, low-income, and/or minority populat ions, which such organizations.</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
Part V, Line 5 - Account Input from Persons Who Represent the Community	<p>are listed in the response to line 6b Although Albany Medical Center Hospitals prior CHN A was broadly publicized and a well-known document throughout the community, no written comments were received on the CHNA or its related implementation strategy and hence no such comments were taken into account in the needs assessment process The Workgroups reviewed data analyses prepared by HCIDI and selected the top priorities with one health disparity to be addressed Data presentations were given at the Workgroup meetings to provide summarized available data on the leading problems in each of the Workgroups service areas Health indicators were included in the Prioritization data presentations if At least one of the county rates was significantly higher than the New York State, excluding New York City data, At least one of the county rates is in the highest risk quartile in the state, Rates for the health condition worsened over the past decade for one of the counties, The health condition was a leading cause of death in one of the counties, Disparity between rates was clearly evident in sub-populations, or There were a high absolute number of cases in the counties Health indicators that met the criteria were included in the data presentations for each of five Prevention Agenda Priority Areas Prevent Chronic Diseases, Promote a Healthy and Safe Environment, Promote Healthy Women, Infants, and Children, Promote Mental Health and Prevent Substance Abuse, and Prevent HIV/STDs, Vaccine Preventable Diseases and Healthcare-Associated Infections In all, 90 health indicators across the five Prevention Agenda Priority Areas were presented Available data on prevalence, emergency department visits, hospitalizations, mortality and trends were included for each indicator Equity data for gender, age, race/ethnicity, and neighborhood groupings were presented as available After the presentation, these data were made available to Capital Region partners on the HCIDI website (http://hcdiny.org/) After the presentation of each set of health indicators, a discussion was held to answer any questions, or for individuals to share their experiences with the health condition in the population Participants did a preliminary vote on the importance of the condition in the community based on three qualitative dimensions the impact of the condition on quality of life and cost of health care, if there was community awareness and concern about the condition, and the opportunity to prevent or reduce the burden of this health issue on the community Participants were provided with a Prioritization Tracking Tool to record their own comments and measure their thoughts on the severity, community values, and opportunity regarding each health indicator In addition to spearheading and participating in the Workgroups themselves, public health departments were also involved in the review of draft CHNA reports In particular, drafts were reviewed for accuracy and thoroughness by a public</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
Part V, Line 6a - List Other Hospital Facilities that Jointly Conducted Needs Assessment	As adopted by members of the Healthy Capital District Initiative, the communities assessed in the Community Health Needs Assessment (CHNA) are the six counties of Albany, Rensselaer, Schenectady, Saratoga, Columbia and Greene. Along with Albany Medical Center Hospital, other hospital participants in this CHNA process included Ellis Hospital, St. Mary's Hospital, St. Peter's Health Partners, Saratoga Hospital, Sunnyview Hospital, and Columbia Memorial Hospital, all of which are located in the 6-county region.

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
Part V, Line 7d - Description of Making Needs Assessment Widely Available	Albany Meds internal newsletter Albany Med TodayAlbany Med Board of Directors board portalFurnished upon request (internal and external requests)

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
Part V, Line 13h - Other Factors Used in Determining Amounts Charged Patients	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.

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
Part V, Line 20e - Other Actions Took Before Any Collection Actions	We do 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
Part V, Line 22d - Other Billing Determination of Individuals Without Insurance	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.

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

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

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

Name and address	Type of Facility (describe)
1 Albany Medical Center Hospital South Campus 25 Hackett Blvd Albany, NY 12208	Second Location of Albany Medical Center Hospital
1 35 Hackett 35 Hackett Blvd Albany, NY 12208	Neurology
2 AIDS and HIV Medicine 1 Clara Barton Drive Albany, NY 12209	HIV Medicine
3 Park South Medical Office Building 391 Myrtle Avenue Albany, NY 12208	Neurology (Pediatric), OB/GYN, Neurosurgery/Neurospine/Surgery, Behavioral (Pediatrics), Pediatrics
4 Surgeons Pavilion 50 New Scotland Avenue Albany, NY 12208	Surgery - ENT Adult, Plastic, Pediatric, General, Cardio Thoracic
5 Albany Med Malta 6 Medical Park Drive Suite 203 Ballston Spa, NY 12020	Multispecialty Clinic
6 Albany Med EmUrgentCare - Brunswick 730 Hoosick Road Brunswick, NY 12180	EmUrgentCare
7 Albany Med EmUrgentCare - Coxsackie 11835 Route 9W West Coxsackie, NY 12192	EmUrgentCare
8 Albany Med EmUrgentCare - Glenmont 329 Glenmont Road Glenmont, NY 12077	EmUrgentCare
9 Albany Med EmUrgentCare - Glenville 115 Saratoga Road Glenville, NY 12302	EmUrgentCare
10 Albany Med EmUrgentCare - Mechanicville 7 Price Chopper Plaza Mechanicville, NY 12118	EmUrgentCare
11 Albany Med EmUrgentCare - Niskayuna 1769 Union Street Niskayuna, NY 12309	EmUrgentCare, Ambulatory Care Surgery Center, Community GI and General Surgery, Multispecialty Clin
12 Albany Med EmUrgentCare - Saratoga 377 Church Street 2nd Floor Saratoga Springs, NY 12866	EmUrgentCare, OB/GYN
13 Albany Med EmUrgentCare - Saugerties 2976 Route 9W Saugerties, NY 12477	EmUrgentCare
14 Albany Med EmUrgentCare - Wolf Road 98 Wolf Road Suite 16 Albany, NY 12205	EmUrgentCare

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)
16 Albany Med North Greenbush 101 Jordan Road Suite 201 Troy, NY 12180	Multispecialty Clinic
1 Albany Med Latham 713 Troy-Schenectady Road Suite 306 Latham, NY 12110	Multispecialty Clinic
2 Albany Med Washington Avenue 1365 Washington Avenue Suite 200 Albany, NY 12206	Sleep Disorders Institute, Multispecialty Clinic
3 Albany Med Neurology 101 Jordan Road Suite 102 Troy, NY 12180	Neurology
4 Albany Med Neurology 1365 Washington Avenue Suite 100 Albany, NY 12206	Neurology
5 Albany Med Endocrinology 1365 Washington Avenue Suite 300 Albany, NY 12206	Endocrinology
6 Allergy Asthma and Immunology 176 Washington Avenue Extension Albany, NY 12203	Allergy
7 Allergy Asthma and Immunology 1301 River Street Suite 106 Valatie, NY 12184	Multispecialty Clinic, Surg Multispecialty
8 Internal Medicine Group 178 Washington Avenue Extension Albany, NY 12203	Internal Medicine
9 Albany Med Neurology 1783 Route 9 Suite 205 Clifton Park, NY 12065	Neurology
10 Albany Med Urology 1783 Route 9 Suite 203 Clifton Park, NY 12065	Urology
11 Albany Med ENT 1783 Route 9 Suite 207 Clifton Park, NY 12065	Surgery - ENT
12 WIC Program 220 Green Street Albany, NY 12202	OB/GYN, WIC (Women, Infants & Children's Program)
13 Albany Med Clifton Park 453 Route 146 Suite 204 Clifton Park, NY 12065	Multispecialty Clinic
14 Albany Med Clifton Park Crossings 3 Crossing Boulevard Suite 2 Clifton Park, NY 12065	Multispecialty 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)
31 Albany Med Delmar 250 Delaware Avenue Suite 202 Delmar, NY 12054	Multispecialty Clinic
1 Albany Med Gastroenterology 3757 Carman Road Schenectady, NY 12303	Gastroenterology
2 Albany Med Department of Surgery Saratoga 381 Church Street 1st Floor Saratoga Springs, NY 12866	General Surgery
3 Albany Med Neurosurgery - Glens Falls 454 Glen Street Glens Falls, NY 12801	Neurosurgery
4 Latham MedicinePediatrics Group 724 Watervliet Shaker Road Latham, NY 12047	Medicine, Pediatrics
5 Albany Med Pediatrics 100 Great Oaks Boulevard Suite 103 Albany, NY 12203	Community Pediatrics
6 Albany Med Cardiology 7 Southwoods Boulevard Albany, NY 12211	Cardio Thoracic
7 North Country OBGYN 90 South Street Glens Falls, NY 12801	OB/GYN
8 Albany Med Cardiology 2524 Route 9W Ravena, NY 12143	Cardiology
9 Albany Med Neurology 400 Patroon Creek Boulevard Suite 2 Albany, NY 12206	Neurology
10 Albany Med Kingston 1561 Ulster Avenue Lake Katrine, NY 12449	Surgery, HIV
11 Albany Med Gastroenterology 2147 Eastern Parkway Schenectady, NY 12309	Gastroenterology

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Albany Medical Center Group Organization

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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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 4

3 Enter total number of other organizations listed in the line 1 table 0

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	400	5,118,782		Book Value	
(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
Grantmaker's Description of How Grants are Used	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 reviews applications for scholarships and distributes funds in accordance with scholarship restrictions Funds are directly offset against tuition amounts owed

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
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
Albany Medical Center Hospita 47 New Scotland Ave Albany, NY 12208	14-1338307	501 (c)(3)	2,900,681	0	Donor estimated value		Fund research and healthcare
Albany Medical Center Kids 47 New Scotland Ave Albany, NY 12208	22-2635792	501 (c)(3)	7,057	0	Donor estimated value		Educational Programs

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)	7,931,295	0	Donor estimated value		Fund scholarships, research
AMC Alumni Association 47 New Scotland Ave Albany, NY 12208	14-1468380	501 (c)(3)	438,745	0	Donor estimated value		Fund scholarships

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Name of the organization Albany Medical Center Group Organization	Employer identification number 47-3869194
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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. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
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. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization?	5b	No								
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization?	6b	No								
If "Yes," on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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	No								

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.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

[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
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Additional Data

Software ID: 17005038
Software Version: 2017v2.2
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				
1Alan S Boulos Department Chair	(i)	902,623	5,427	18,450	10,800	22,221	959,521	
	(ii)							
1Darryl J Dirisio Professor/Clin	(i)	740,825	116,974	19,291	10,800	22,807	910,697	
	(ii)							
2Ferdinand J Venditti Jr MD EVP System Care Delivery- VDEANCLNAF	(i)	542,949	177,683	19,980	65,818	23,593	830,023	
	(ii)							
3Frances S Albert Exec VP & CFO	(i)							
	(ii)	469,877	103,142	4,681	67,278	4,124	649,102	
4Gary J Kochem Exec VP & COO	(i)							
	(ii)	514,248	146,949	62,721	60,073	18,743	802,734	44,738
5James J Barba President & CEO	(i)							
	(ii)	944,039	375,000	256,879	262,800	6,615	1,845,333	237,000
6James P Lawrence Assoc Prof/Clin	(i)	359,681	337,764	14,267	8,100	19,300	739,112	
	(ii)							
7Lewis W Britton III Professor/Clin	(i)	778,340	44,771	13,034	8,100	22,270	866,515	
	(ii)							
8Sailaja Alapati Asst Prof/Clin	(i)	685,791	30,711	12,789	8,100	19,930	757,321	
	(ii)							
9Steven M Frisch SR Exec VP Integrated Deliv System	(i)		209,000		78,938		287,938	
	(ii)	738,002		19,980	10,800	19,939	788,721	
10Steven M Parnes MD Board Member	(i)	640,088	70,455	16,980	8,100	21,403	757,026	
	(ii)							
11Vincent Verdile MD SR Exec VP Sys Care Delivery & Dean	(i)	734,949	212,675	19,980	85,688	23,302	1,076,594	
	(ii)							

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As Filed Data -

DLN: 93493312020738

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Albany Medical Center Group Organization

Employer identification number
47-3869194

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A City of Albany CRC 2014A	27-3467899		09-10-2014	22,000,000	Renovations/Construction		X		X		X
B City of Albany CRC 2017A	27-3467899		11-15-2017	13,200,000	RefundCity of Albany IDA 2005A		X		X		X
C City of Albany CRC 2017C	27-3467899		11-15-2017	11,855,000	RefundCity of Albany IDA 2007A		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	1,030,280							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	22,000,000		13,200,000		11,855,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	440,000							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	21,560,000							
11	Other spent proceeds			13,200,000		11,855,000			
12	Other unspent proceeds								
13	Year of substantial completion	2014		2017		2017			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
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?								
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?								
c No rebate due?								
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?								
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					Bank of America			
c Term of hedge					950 00 %			
d Was the hedge superintegrated?						X		
e Was the hedge terminated?						X		

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part VI	Part I, Line B, Column f - issued 6/29/2005 and City of Albany IDA 2006A issued 5/03/2006 Part I, Line C, Column f - issued 6/28/2007 and City of Albany IDA 2007C issued 11/28/2007 Part II, Line 1, Columns A-C - Total proceeds of 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 Part II, Line 11, Columns A-C - Total proceeds were used to refund the prior issued bonds referenced in Part I, Column f Part III, Line 3a, Columns A-C - 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

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.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

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 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Dr Anne L Barba	Family Mbr	138,213	Employment		No

Part V Supplemental Information

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

Return Reference	Explanation
Schedule L, Part V Supplemental Information	Dr Anne L Barba is the daughter of James Barba, CEO

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

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	38	1,238,691	MV at donation
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Books, Toys, and misc gifts)	X	1	70,531	MV at donation
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

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Albany Medical Center Group Organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

47-3869194

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	<p>OTHER PROGRAM SERVICES 4 Laboratory Services (Adult & Peds) - Inpatient and outpatient services including clinical chemistry, blood bank, hematology, serology and microbiology OTHER PROGRAM SERVICES 5 Other Patient Care Based Services totaled approximately \$88 million in expenditures OTHER PROGRAM SERVICES 6 The Group Organization receives general expense reimbursements for Related Patient Care Services OTHER PROGRAM SERVICES 7 Faculty Practice The organization operates a clinical practice activity (patient care) for the faculty of the Albany Medical College 2017 experienced over 438,000 patient visits OTHER PROGRAM SERVICES 8 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 \$16 million OTHER PROGRAM SERVICES 9 Instruction - As an educational institution, the main function is to teach approximately 800 students OTHER PROGRAM SERVICES 10 The organization has certain other Exempt Function Revenues which total approximately \$700 thousand OTHER PROGRAM SERVICES 11 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, Albany Medical 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	The Board of Directors, through its Audit Committee, engages a prominent accounting firm, KPMG, to conduct a review of its tax return for compliance with IRS regulations. The Audit Committee engages KPMG as paid preparer to ensure accuracy of filings and raise for discussion issues or concerns that are considered significant. Issues or concerns are raised with management and brought to the attention of the Audit Committee throughout the year as warranted and required. Our process also includes a review of returns by senior management and a presentation and review of the returns at a meeting of the Audit Committee of the Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	<p>All candidates for Board membership and Board Committee membership receive a copy of the conflict of interest policy and conflict of interest questionnaire for completion. Actual or potential conflicts reported are reviewed by the Committee on Audit & Compliance of the Board of Directors and appropriate action is taken to mitigate conflicts. Upon hire, all employees receive an employee manual which explains the conflict of interest policy and the requirement to report any actual or potential conflicts. All employees also receive refresh her education regarding the policy and a reminder about the reporting requirement as part of their mandatory annual education. All employees are responsible for notifying Center management of any potential conflicts in addition to responding to requests for information if requested. Persons holding significant management positions receive a copy of the conflict of interest questionnaire for completion. Any conflicts which are reported or discovered are reviewed by the Corporate Compliance & Audit Dept. and appropriate action is taken to mitigate the conflict. Employees who violate the conflict of interest policy are subject to the institution's corrective action policies.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	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.

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
Other Changes In Net Assets Or Fund Balances - Other Decreases	Fair Value of Interest Rate Swaps = -\$230474

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Pension Related Changes = \$7644101

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part VII - Estimate of average hours to related organizations	Hours reported for Board Members, Officers and Key Employees are average work hours related to this organization and its related organizations. Organizations included in this relationship are Albany Medical Center, Albany Medical Center Hospital, Albany Medical College, Albany Medical Center Foundation, Center for Donation and Transplant, Kidskeller Inc , Better Health for Northeast New York Inc , Columbia Memorial Hospital, Kaaterskill Commons Inc , Columbia-Greene Hospital Foundation, The Second Show Inc , Saratoga Hospital, Saratoga Regional Medical PC, Saratoga Care Inc , and Healthcare Partners of Saratoga LTD (d/b/a Malta Med Emergent Care or MMEC)

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493312020738	
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service		Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .			OMB No 1545-0047
					2017
					Open to Public Inspection
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.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(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

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?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Center for Donation and Transplant	q	705,888	Book Value
(2) Center for Donation and Transplant	s	1,301,437	Book Value
(3) Better Health for Northeast New York Inc	q	2,915,674	Book Value

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)

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 47-3869194

Name: Albany Medical Center Group Organization

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
47 New Scotland Ave Albany, NY 12208 22-2635792	Educational Day Program	NY	501(c)(3)	2	Albany Medical Center		No
218 Great Oaks Blvd Albany, NY 12203 14-1820447	Organ and Tissue Bank	NY	501(c)(3)	12 Type I	Albany Medical College	Yes	
43 New Scotland Ave Albany, NY 12208 81-1861104	Delivery System Reform Incentive Payment	NY	501(c)(6)		Albany Medical Center Hospital	Yes	
71 Prospect Ave Hudson, NY 12534 14-1338373	Hospital	NY	501(c)(3)	3	Albany Medical Center		No
163 Jefferson Heights Catskill, NY 12414 20-5700964	Low-Income Housing	NY	501(c)(3)	7	Columbia Memorial Hospital		No
71 Prospect Ave Hudson, NY 12534 14-1761112	Fundraising	NY	501(c)(3)	10	Columbia Memorial Hospital		No
519 Warren Street Hudson, NY 12534 14-1796715	Thrift Shop	NY	501(c)(3)	7	N/A		No
211 Church Street Saratoga Springs, NY 12866 14-1338547	Hospital	NY	501(c)(3)	3	Albany Medical Center		No
211 Church Street Saratoga Springs, NY 12866 47-2468259	Healthcare Services	NY	501(c)(3)	3	Saratoga Hospital		No
211 Church Street Saratoga Springs, NY 12866 14-1775218	Promoting Health	NY	501(c)(3)	12 Type II	Saratoga Hospital		No
211 Church Street Saratoga Springs, NY 12866 45-3303309	Emergent Care	NY	501(c)(3)	3	N/A		No