

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

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

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

C Name of organization: THE ANIMAL MEDICAL CENTER
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 510 EAST 62ND STREET
 City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 100658314

D Employer identification number: 13-5505367
E Telephone number: (212) 838-8100
G Gross receipts \$ 52,381,506

F Name and address of principal officer: PAUL GREENE, 510 EAST 62ND STREET, NEW YORK, NY 100658314

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 ▶

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

J Website: WWW.AMCNY.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1910
M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 SEE SCHEDULE O FOR MISSION STATEMENT

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)	3	29
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	457
6 Total number of volunteers (estimate if necessary)	6	55
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-319,374
b Net unrelated business taxable income from Form 990-T, line 34	7b	-320,624

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,750,502	10,599,397
9 Program service revenue (Part VIII, line 2g)	29,684,904	31,675,857
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,552,894	982,401
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-704,728	-722,539
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,283,572	42,535,116
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,792,570	1,890,467
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	22,860,712	23,411,152
16a Professional fundraising fees (Part IX, column (A), line 11e)	40,000	40,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 981,146		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	13,326,149	13,119,049
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	38,019,431	38,460,668
19 Revenue less expenses Subtract line 18 from line 12	1,264,141	4,074,448

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	82,300,055	85,418,557
21 Total liabilities (Part X, line 26)	18,719,408	17,441,504
22 Net assets or fund balances Subtract line 21 from line 20	63,580,647	67,977,053

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including 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: *****
 PAUL GREENE CFO
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: GARRETT M HIGGINS
 Preparer's signature: GARRETT M HIGGINS
 Firm's name: O'CONNOR DAVIES LLP
 Firm's address: 665 FIFTH AVENUE, NEW YORK, NY 10022

May the IRS discuss this return with the preparer shown above? (see instructions)
For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 THE ANIMAL MEDICAL CENTER (THE "AMC") OPERATES AN INSTITUTE FOR VETERINARY EDUCATION, CLINICAL RESEARCH AND CHARITY CARE FOR ANIMALS AT ITS FACILITY LOCATED IN NEW YORK CITY

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 \$ 23,642,548 including grants of \$) (Revenue \$ 31,652,487)
 POSTGRADUATE EDUCATION FOR 50 YEARS, THE AMC HAS MAINTAINED FLAGSHIP OFFERINGS IN POSTGRADUATE EDUCATION WITH A CASELOAD OF OVER 40,000 ANIMAL VISITS PER YEAR - ONE OF THE LARGEST IN THE US - THE AMC PROVIDES EXTENSIVE TRAINING FOR INTERNS AND RESIDENTS THE AMC WAS FOUNDED IN 1910 TO PROVIDE THE BEST IN VETERINARY CARE IN 1964, THE AMC ESTABLISHED ITS INTERNSHIP AND RESIDENCY PROGRAMS FOR VETERINARY SCHOOL GRADUATES THE FIRST CLASS OF INTERNS GRADUATED IN 1964, MAKING 2014 THE 50TH ANNIVERSARY OF THIS OUTSTANDING POST-GRADUATE PROGRAM SINCE THEN, NEARLY 2,000 VETERINARIANS HAVE PARTICIPATED IN THE AMC POSTGRADUATE PROGRAM PARTICIPANTS IN BOTH THE INTERNSHIP AND RESIDENCY PROGRAMS DEVELOP AND REFINE CLINICAL SKILLS AND DIAGNOSTIC ABILITIES UNDER THE TUTELAGE OF SOME OF THE WORLD'S FINEST VETERINARIANS THEY GAIN VALUABLE INSIGHTS THROUGH INTENSIVE ROTATIONS IN 14 DIFFERENT VETERINARY SPECIALTY SERVICES AND TRAINING IN THE LATEST PRACTICES, THERAPIES, AND TECHNOLOGIES IN ADDITION, INTERNS AND RESIDENTS PARTICIPATE IN 300 HOURS OF LECTURES, MAKING THEM WELL PREPARED TO CONTINUE TO THE NEXT STEP IN THEIR CAREERS BY THE END OF THE INTERNSHIP PROGRAM, GRADUATES ARE PREPARED TO ESTABLISH OR JOIN A QUALITY PRIVATE PRACTICE, ENGAGE IN CLINICAL RESEARCH, OR CONTINUE THEIR PROFESSIONAL TRAINING FOLLOWING THE COMPLETION OF A RESIDENCY, THE CANDIDATE IS ELIGIBLE FOR BOARD CERTIFICATION IN HIS OR HER CHOSEN FIELD IN ORDER TO OBTAIN SPECIALIST STATUS, MAKING THEM ELIGIBLE FOR POSITIONS IN PRIVATE SPECIALTY PRACTICES, ACADEMIA AND INDUSTRY THE POSTGRADUATE EXPERIENCE AT THE AMC PROVIDES A FIRM FOUNDATION FOR A LIFE DEDICATED TO VETERINARY MEDICINE AMC GRADUATED INTERNS AND RESIDENTS OFTEN BECOME LEADERS IN THEIR CHOSEN FIELDS AND ARE KNOWN FOR MAKING GROUNDBREAKING DISCOVERIES, PUBLISHING THEIR WORK IN MEDICAL JOURNALS AND TEXTBOOKS, SHARING THEIR EXPERTISE WITH COLLEAGUES WORLDWIDE AND DISSEMINATING KNOWLEDGE GENERATED AT THE AMC THROUGHOUT THE VETERINARY COMMUNITY

4b (Code) (Expenses \$ 3,470,919 including grants of \$ 1,890,467) (Revenue \$)
 COMMUNITY OUTREACH SERVING THE ANIMALS OF THOSE LESS FORTUNATE HAS ALWAYS BEEN A CENTRAL PART OF THE AMC'S MISSION THE AMC'S FOUNDERS RECOGNIZED THAT PETS AND THEIR OWNERS WERE SUFFERING BECAUSE THEY COULD NOT AFFORD VETERINARY CARE AND ESTABLISHED THE ANIMAL MEDICAL CENTERS COMMUNITY FUNDS TO FINANCIALLY ASSIST OWNERS IN NEED NEARLY A CENTURY LATER AMC CONTINUES THIS TRADITION TODAY THE NEED FOR FREE AND/OR SUBSIDIZED CARE CONTINUES TO SEE RISING DEMAND, ESPECIALLY IN THIS CHALLENGING ECONOMIC CLIMATE FOR ANIMAL LOVERS WHO ARE STRUGGLING TO MAKE ENDS MEET, THE COST OF THEIR PET'S HEALTH CARE MAY ALREADY BE DIFFICULT TO BEAR, AND THE ADDED EXPENSE OF EMERGENCY OR SPECIALTY TREATMENT IS OFTEN MORE THAN THEY CAN HANDLE FORTUNATELY, THE AMC'S COMMUNITY FUNDS PROVIDE A RESOURCE FOR THESE PET OWNERS THE AMC'S COMMUNITY FUNDS ARE COMPRISED OF EIGHT INDIVIDUAL PROGRAMS, EACH SERVING A DIFFERENT SEGMENT OF THE COMMUNITY THEY INCLUDE THE FOLLOWING THE PATIENT ASSISTANCE FUND (PAF) PROVIDES URGENT CARE TO ANIMALS WHOSE OWNERS DEMONSTRATE FINANCIAL HARDSHIP THESE CASES MOST OFTEN COME THROUGH OUR EMERGENCY SERVICE, WHERE PETS ARE STABILIZED AND TRANSFERRED TO ONE OF OUR 14 SPECIALTIES FOR MORE COMPREHENSIVE CARE THE SENIORS' ANIMAL VETERINARY EFFORT (SAVE) PROVIDES VETERINARY CARE FOR THE PETS OF ELDERLY CLIENTS OF LIMITED FINANCIAL MEANS FOR MANY SENIORS, PETS ARE THEIR ONLY FAMILY, AND THEY PROVIDE MUCH-NEEDED COMPANIONSHIP AND AFFECTION BECAUSE SO MANY SENIORS LIVE ON A FIXED INCOME, ASSISTANCE PROVIDED BY SAVE IS OFTEN CRUCIAL TO THE CONTINUATION OF THE IMPORTANT BOND BETWEEN ANIMAL AND OWNER THE FRANK V D LLOYD FUND FOR GUIDE DOGS PROVIDES NO COST VETERINARY CARE FOR THE WORKING GUIDE DOGS OF VISUALLY IMPAIRED CLIENTS IN THE TRI-STATE AREA WITHOUT PROPER MEDICAL ATTENTION, EVEN A MINOR AILMENT CAN END THE CAREER OF A SERVICE DOG, ALONG WITH THE EXTRAORDINARY PARTNERSHIP IT SHARES WITH ITS OWNER THE FUND FOR GUIDE DOGS HELPS CARE FOR THESE VALUABLE CANINE FRIENDS THE BUDDY FUND PROVIDES FULL OR PARTIAL SUBSIDIES FOR THE TREATMENT OF CANCER IN COMPANION ANIMALS FOR MANY PEOPLE THE COST OF CANCER TREATMENT CAN BE PROHIBITIVELY EXPENSIVE THE BUDDY FUND WORKS TO ALLEVIATE THE FINANCIAL BURDEN, AND KEEP PETS HEALTHY AND WITH THEIR FAMILIES FOR AS LONG AS POSSIBLE THE MONY AND MINNY FUND WAS ESTABLISHED IN 2010 TO GIVE PETS ACCESS TO REHABILITATION SERVICES THAT THEIR OWNERS COULD NOT AFFORD THESE SERVICES INCLUDE ACUPUNCTURE, MASSAGE, PHYSICAL REHABILITATION AND FITNESS, HERBAL MEDICINE, AND HOMEOPATHY THE AMC TO THE RESCUE FUND, ESTABLISHED 2013, PROVIDES SUBSIDIZED SPECIALTY CARE TO ANIMALS, WHOSE HEALTH HAS BECOME AN OBSTACLE TO THEIR ADOPTION AND ARE CURRENTLY CARED FOR BY RESCUE ORGANIZATIONS THE AMC UNDERSTANDS THE PLIGHT OF THOSE WHO OPERATE RESCUE GROUPS AND THE OFTEN LIMITED FUNDS AVAILABLE FOR TREATMENT OF ANIMALS BEYOND GENERAL CARE THEREFORE, THROUGH AMC TO THE RESCUE, WE HAVE PROVIDED A MEANS FOR SOME OF THESE NEEDY ANIMALS TO RECEIVE CARE THE HONEY BUNNY AND ROU GERMAN SHEPHERD FUND ESTABLISHED IN 2013 PROVIDES NEEDED SPECIALTY VETERINARY CARE TO RABBITS AND GERMAN SHEPHERD DOGS OF CLIENTS WITH LIMITED FINANCIAL MEANS THE KIKI WHITE UMBRELLA COCKATOO AVIAN FUND ESTABLISHED IN 2014 HELPS SUBSIDIZE THE COSTS OF SPECIALTY VETERINARY CARE FOR ALL BIRDS OWNED BY FAMILIES WITH LIMITED FINANCIAL MEANS HUMAN-ANIMAL BOND PROGRAMSPET LOSS SUPPORT GROUP THE PET LOSS SUPPORT GROUP ALLOWS PET OWNERS TO SHARE EXPERIENCES AND FEELINGS IN A SUPPORTIVE AND COMPASSIONATE ENVIRONMENT, PROVIDED BY A LICENSED CLINICAL SOCIAL WORKER THE PET OUTREACH PROGRAM THE PET OUTREACH PROGRAM SERVES THE COMMUNITY THROUGH PET VISITS TO NURSING HOMES, HOSPITALS, SCHOOLS, AND OTHER INSTITUTIONS IN THE NEW YORK AREA THE AMC HAS PARTNERED WITH ANGEL ON A LEASH WHO PROVIDE THE TRAINING REQUIRED FOR VOLUNTEERS AND ANIMALS SO THAT THEY MAY SAFELY OFFER COMPANIONSHIP TO THE ELDERLY AND DISABLED WHO CANNOT HAVE PETS OF THEIR OWN THE SERVICE HELPS ISOLATED PEOPLE MAKE FRIENDS

4c (Code) (Expenses \$ 930,771 including grants of \$) (Revenue \$ 74,438)
 RESEARCH PROGRAM CASPARY RESEARCH INSTITUTE IN 1954, THE CASPARY RESEARCH INSTITUTE WAS ESTABLISHED TO EXPLORE THE CAUSES OF NATURALLY OCCURRING ANIMAL DISEASE AND DEVELOP NEW TREATMENTS RESEARCH IS ONE OF THE AMC'S KEY STRENGTHS AND THROUGH THE CASPARY RESEARCH INSTITUTE, NEW KNOWLEDGE IS GENERATED WHICH HELPS TO ADVANCE BOTH VETERINARY AND HUMAN MEDICINE THE AMC PARTICIPATES IN SCIENTIFIC STUDIES THAT CENTER AROUND INVESTIGATING NATURALLY OCCURRING DISEASE IN COMPANION ANIMALS SUCH INITIATIVES INVOLVE COLLECTING AND ANALYZING DATA ASSOCIATED WITH PATIENT DEMOGRAPHICS, EPIDEMIOLOGY, PATHOPHYSIOLOGY, HEALTH OUTCOMES, PATHOLOGY, AND EVALUATIONS THAT AIM TO DETERMINE SAFER OR MORE EFFECTIVE DIAGNOSTIC AND TREATMENT OPTIONS TOWARD THESE ENDS, THE AMC HAS WON COMPETITIVE GRANT AWARDS TO SUPPORT SUCH STUDIES FROM MORRIS ANIMAL FOUNDATION, WINN FELINE FOUNDATION, THE CANINE HEALTH FOUNDATION OF THE AMERICAN KENNEL CLUB, AND OTHER SOURCES ADDITIONAL FUNDING HAS BEEN OBTAINED FROM CORPORATE SPONSORSHIP INCLUDING IDEXX, BAYER, AND ORION RESEARCH INITIATIVES INCLUDE COLLABORATIVE, MULTICENTER TRIALS INVOLVING VETERINARY AND MEDICAL COLLEGES AND SPECIALISTS IN PRIVATE PRACTICE IN NOVEMBER OF 2013, THE AMC HOSTED THE SECOND ANNUAL ZOOBIQUITY CONFERENCE, THE FIRST OF ITS KIND TO BE HELD ON THE EAST COAST THE ZOOBIQUITY CONFERENCE EXPLORED THE SPECIES SPANNING APPROACH TO MEDICINE BETWEEN PHYSICIANS AND VETERINARIANS CARING FOR THEIR SPECIFIC PATIENTS THE CONFERENCE BROUGHT TOGETHER LEADING CLINICIANS AND SCIENTISTS IN BOTH HUMAN AND VETERINARY MEDICINE TO DISCUSS DISEASES IN A WIDE SPECTRUM OF ANIMAL SPECIES AND HUMANS THE INTENTION OF THE CONFERENCE WAS TO CREATE CONVERSATIONS AND RELATIONSHIPS BETWEEN HUMAN AND VETERINARY COLLEAGUES WHO ARE OFTEN CONFRONTED WITH SIMILAR CLINICAL CHALLENGES PRESENTATIONS WERE GIVEN BY WORLD RENOWNED PHYSICIANS AND VETERINARIAN CLINICIANS AND RESEARCHERS ABOUT TOPICS SUCH AS DEMENTIA, AMYOTROPHIC LATERAL SCLEROSIS (ALS), BREAST CANCER AND PSYCHOLOGICAL DISORDERS CE CREDITS WERE PROVIDED FOR BOTH VETERINARIANS AND PHYSICIANS WHO ATTENDED THE CONFERENCE













4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 28,044,238

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) <input checked="" type="checkbox"/>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> <input checked="" type="checkbox"/>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i> 	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? <i>If "Yes," complete Schedule J</i> 	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> 	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> 	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> 	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> 	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 30		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		
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 2a 457		
2b	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) 2b Yes	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> 3b	Yes	
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)? 4a		No
b	If "Yes," enter the name of the foreign country b _____ 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? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
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? 6a		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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? 7a	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
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? 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders 11a		
11b	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? 12a		
12b	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.		
13a	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		
13b	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		
13c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> 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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (29); 1b Enter the number of voting members included in line 1a, above, who are independent (29); 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: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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


Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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: CT, NJ, 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 [x] 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: PAUL GREENE CFO

510 EAST 62ND STREET
NEW YORK, NY 100658314 (212) 838-8100

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(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			

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

(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			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,666,179	0	183,726

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 **49**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
IDEXX DISTRIBUTION INC PO BOX 101327 ATLANTA, GA 30392	LABORATORY SERVICES	1,164,877
ONE TEN GROUP INC 244 FIFTH AVENUE SUITE 2810 NEW YORK, NY 10001	CONSTRUCTION	547,000
DATTNER ARCHITECTS 1385 BROADWAY 15HT FLOOR NEW YORK, NY 10018	CONSTRUCTION	342,602
NAVISITE INC PO BOX 101327 UNIONDALE, NY 11555	IT SUPPORT AND SERVICES	302,261
42ND STREET LESSEE LLC 110 EAST 42ND STREET NEW YORK, NY 10017	CATERING SERVICES	206,605

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 **13**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	1,756,779				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	8,842,618				
	g	Noncash contributions included in lines 1a-1f \$	795,613				
	h	Total. Add lines 1a-1f		10,599,397			
Program Service Revenue	2a	PATIENT SERVICES	541940	31,352,528	31,352,528		
	b	LABORATORY FEES	541380	192,825	192,825		
	c	EDUCATION	923110	82,229	82,229		
	d	RESEARCH STUDIES	900099	48,275	48,275		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		31,675,857			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		442,105		442,105
4		Income from investment of tax-exempt bond proceeds					
5		Royalties		26,163	26,163		
6a		Gross rents	(i) Real	(ii) Personal			
			1,988,117				
			2,545,693				
			-557,576				
d		Net rental income or (loss)		-557,576		-319,374	-238,202
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7,211,564	259,090			
			6,719,219	211,139			
			492,345	47,951			
d		Net gain or (loss)		540,296		540,296	
8a		Gross income from fundraising events (not including \$ 1,756,779 of contributions reported on line 1c) See Part IV, line 18					
a			99,845				
b	Less direct expenses b	370,339					
c	Net income or (loss) from fundraising events		-270,494		-270,494		
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						
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						
	Miscellaneous Revenue	Business Code					
11a	REBATES AND REFUNDS	900099	39,257	24,905		14,352	
b	INSURANCE REBATE	900099	30,812			30,812	
c	LCD LITIGATION/COST RECOVERY	900099	5,559			5,559	
d	All other revenue		3,740			3,740	
e	Total. Add lines 11a-11d		79,368				
12	Total revenue. See Instructions		42,535,116	31,726,925	-319,374	528,168	

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				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,890,467	1,890,467		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,419,695	130,070	1,289,625	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	68,197		68,197	
7	Other salaries and wages	18,655,288	14,596,023	3,635,713	423,552
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,894,305	1,489,338	366,425	38,542
10	Payroll taxes	1,373,667	997,332	344,844	31,491
11	Fees for services (non-employees)				
a	Management				
b	Legal	205,729		195,666	10,063
c	Accounting	123,300		123,300	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	40,000			40,000
f	Investment management fees	99,015		99,015	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,242,796	1,277,475	737,433	227,888
12	Advertising and promotion	134,183		134,183	
13	Office expenses	5,488,372	4,670,110	765,284	52,978
14	Information technology	369,717		369,717	
15	Royalties				
16	Occupancy	890,726	445,363	408,758	36,605
17	Travel	41,010	23,905	15,214	1,891
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	282,149	132,247	84,202	65,700
20	Interest	8,952	8,952		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,756,224	1,357,752	381,415	17,057
23	Insurance	356,969	178,484	178,485	
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	BAD DEBT	534,710	486,950	42,378	5,382
b	EQUIPMENT	338,974	194,235	144,739	
c	MEMBER DUES	88,492	24,776	34,738	28,978
d	EDUCATION	80,484	79,392	976	116
e	All other expenses	77,247	61,367	14,977	903
25	Total functional expenses. Add lines 1 through 24e	38,460,668	28,044,238	9,435,284	981,146
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	1,101,054	1	1,731,679
	2 Savings and temporary cash investments	6,075,935	2	6,719,395
	3 Pledges and grants receivable, net	5,597,071	3	6,233,107
	4 Accounts receivable, net	868,970	4	794,662
	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	
	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	440,608	8	463,936
	9 Prepaid expenses and deferred charges	779,393	9	978,055
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 68,701,659		
	b Less accumulated depreciation	10b 30,867,555	38,666,083	10c 37,834,104
	11 Investments—publicly traded securities	18,357,432	11	20,297,593
	12 Investments—other securities See Part IV, line 11	8,065,699	12	7,697,159
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,347,810	15	2,668,867
16 Total assets. Add lines 1 through 15 (must equal line 34)	82,300,055	16	85,418,557	
Liabilities	17 Accounts payable and accrued expenses	6,467,724	17	5,549,182
	18 Grants payable		18	
	19 Deferred revenue	1,315,702	19	1,181,574
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	103,323	21	94,926
	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	10,247,010	23	9,977,447
	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	585,649	25	638,375
	26 Total liabilities. Add lines 17 through 25	18,719,408	26	17,441,504
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	43,831,990	27	45,651,406
	28 Temporarily restricted net assets	11,798,262	28	13,583,651
	29 Permanently restricted net assets	7,950,395	29	8,741,996
	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	63,580,647	33	67,977,053	
34 Total liabilities and net assets/fund balances	82,300,055	34	85,418,557	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,535,116
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,460,668
3	Revenue less expenses Subtract line 2 from line 1	3	4,074,448
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,580,647
5	Net unrealized gains (losses) on investments	5	-71,490
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	393,448
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	67,977,053

Part XII Financial Statements and Reporting

Check 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
2b	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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	Yes	
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?		No
3b	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		

Additional Data

Software ID:
Software Version:
EIN: 13-5505367
Name: THE ANIMAL MEDICAL CENTER

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			
(1) MR ROBERT LIBERMAN CHAIRMAN	20 00	X		X				0	0	0
(1) MR NEIL MCCARTHY VICE CHAIRMAN	3 00	X		X				0	0	0
(2) MR ELI HOFFMAN VICE CHAIRMAN / TREASURER	4 00	X		X				0	0	0
(3) MRS ELAINE LANGONE VICE CHAIRMAN/ SECRETARY	1 00	X		X				0	0	0
(4) MRS DONNA ACQUAVELLA TRUSTEE	1 00	X						0	0	0
(5) MRS CASS ADELMAN TRUSTEE	1 00	X						0	0	0
(6) MRS SUSAN BAKER TRUSTEE	1 00	X						0	0	0
(7) MRS VIRGINIA BURKE TRUSTEE	1 00	X						0	0	0
(8) DR ELISABETH COHEN TRUSTEE	1 00	X						0	0	0
(9) MR BRUCE CRAWFORD TRUSTEE	1 00	X						0	0	0
(10) DR WILLIAM D DEHOFF TRUSTEE	1 00	X						0	0	0
(11) MR RODMAN DRAKE TRUSTEE UNTIL 6/29/14	1 00	X						0	0	0
(12) MRS EMILIA FANJUL TRUSTEE	1 00	X						0	0	0
(13) MRS TINA SANTI FLAHERTY TRUSTEE	1 00	X						0	0	0
(14) MR DAVID FORD TRUSTEE	1 00	X						0	0	0
(15) MRS ALEXANDRA GOELET TRUSTEE	1 00	X						0	0	0
(16) MR MICHAEL HEANER TRUSTEE	1 00	X						0	0	0
(17) MR EDWIN HERSHEY TRUSTEE	1 00	X						0	0	0
(18) MR NORMAN ISRAEL TRUSTEE	1 00	X						0	0	0
(19) MRS NANCY KISSINGER TRUSTEE	1 00	X						0	0	0
(20) MRS SHARON AMSTERDAM KOPLIN TRUSTEE	1 00	X						0	0	0
(21) MRS EMILIA KRIMENDAHL TRUSTEE	1 00	X						0	0	0
(22) PROFESSOR IRIS C LOVE TRUSTEE	1 00	X						0	0	0
(23) MR JAMES MARCUS TRUSTEE	1 00	X						0	0	0
(24) MRS ELIZABETH MOORE TRUSTEE	1 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			
(26) MRS KATHERINE RAYNER TRUSTEE	1 00	X						0	0	0
(1) DR ALAN H REBAR TRUSTEE	1 00	X						0	0	0
(2) MRS OSCAR DE LA RENTA TRUSTEE	1 00	X						0	0	0
(3) MRS LISA SCHIFF TRUSTEE	1 00	X						0	0	0
(4) MR MAL BRETT SCHWARTZ TRUSTEE UNTIL 2/25/14	1 00	X						0	0	0
(5) MRS JANET B YORK TRUSTEE	1 00	X						0	0	0
(6) MRS KATHRYN COYNE CEO	40 00			X				559,514	0	22,449
(7) MR PAUL GREENE CFO	40 00			X				190,246	0	29,966
(8) MRS CAROL DISMORE COO	40 00				X			276,565	0	16,621
(9) DR RICHARD GOLDSTEIN CMO	40 00				X			301,710	0	24,362
(10) DR ROBERT HART STAFF DOCTOR (SURGERY)	40 00					X		290,702	0	27,252
(11) DR NICOLE LEIBMAN STAFF DOCTOR (ONCOLOGY)	40 00					X		255,039	0	4,718
(12) DR JANET KOVAK MCCLARAN STAFF DOCTOR (SURGERY)	40 00					X		279,807	0	31,672
(13) DR PAMELA SCHWARTZ STAFF DOCTOR (SURGERY)	40 00					X		250,068	0	9,203
(14) DR CHARLES WEISSE STAFF DOCTOR (IR)	40 00					X		262,528	0	17,483

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization THE ANIMAL MEDICAL CENTER

Employer identification number 13-5505367

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 11, 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)
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 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)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
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)

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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—2013. 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 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,367,942	6,580,508	12,133,121	8,750,502	10,599,397	47,431,470
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	24,643,439	25,286,903	27,657,819	29,798,202	31,726,925	139,113,288
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	34,011,381	31,867,411	39,790,940	38,548,704	42,326,322	186,544,758
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,693,794	1,397,933	7,263,500	2,150,300	5,005,275	17,510,802
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						0
c Add lines 7a and 7b	1,693,794	1,397,933	7,263,500	2,150,300	5,005,275	17,510,802
8 Public support (Subtract line 7c from line 6)						169,033,956

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	34,011,381	31,867,411	39,790,940	38,548,704	42,326,322	186,544,758
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,001,014	2,587,109	2,640,075	2,762,796	2,430,222	12,421,216
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,001,014	2,587,109	2,640,075	2,762,796	2,430,222	12,421,216
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)				34,454	54,463	88,917
13 Total support. (Add lines 9, 10c, 11, and 12)	36,012,395	34,454,520	42,431,015	41,345,954	44,811,007	199,054,891
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	84 920 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	86 220 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	6 240 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	6 490 %

19a 33 1/3% support tests—2014. 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—2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
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? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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? *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.*
- 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? *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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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)? *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).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 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? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
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** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** 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? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described 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? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (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? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **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)		

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 2014 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-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

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

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	LAUNDRY MACHINE REVENUE - 2013 AMOUNT \$ 16,190 REBATES AND REFUNDS - 2013 AMOUNT \$ 12,129 2014 AMOUNT \$ 14,352 OTHER REVENUE - 2013 AMOUNT \$ 6,135 2014 AMOUNT \$ 3,740 INSURANCE REBATE - 2014 AMOUNT \$ 30,812 LITIGATION EXPRECOVERY - 2014 AMOUNT \$ 5,559

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to 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.

Department of the Treasury Internal Revenue Service

Name of the organization THE ANIMAL MEDICAL CENTER

Employer identification number

13-5505367

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historic structure), a table for held at the end of the year (2a-2d), and several yes/no questions regarding monitoring and reporting.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts for revenue and assets.

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" to 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

Table with 2 columns: Description (1c-1f) and Amount

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" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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

- a Board designated or quasi-endowment, b Permanent endowment 95.000%, c Temporarily restricted endowment 5.000%. The percentages in 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

Table with 2 columns: Yes, No. Rows for 3a(i) unrelated organizations and 3a(ii) related organizations.

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

Table with 2 columns: Yes, No. Row for 3b.

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	43,019,837
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-71,490	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	2,545,693	
e	Add lines 2a through 2d			2e 2,474,203
3	Subtract line 2e from line 1			3 40,545,634
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	99,015	
b	Other (Describe in Part XIII)	4b	1,890,467	
c	Add lines 4a and 4b			4c 1,989,482
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 42,535,116

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	39,016,879
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	2,545,693	
e	Add lines 2a through 2d			2e 2,545,693
3	Subtract line 2e from line 1			3 36,471,186
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	99,015	
b	Other (Describe in Part XIII)	4b	1,890,467	
c	Add lines 4a and 4b			4c 1,989,482
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 38,460,668

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B	THE AMC IS THE OWNER OF TWO BUILDINGS, PRIMARILY USED TO HOUSE AMC STAFF/INTERNS AND RESIDENTS THE AMC COLLECTS ONE MONTHS RENT AS A SECURITY DEPOSIT ALL TENANT SECURITY DEPOSITS ARE HELD SEPARATELY IN ESCROW ACCOUNTS
PART V, LINE 4	THE AMC MAINTAINS VARIOUS DONOR-RESTRICTED FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERM SUPPORT FOR ITS CHARITABLE PROGRAMS
PART X, LINE 2	AMC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY WHEN THEY ARE MORE THAN LIKELY THAN NOT OF BEING SUSTAINED MANAGEMENT IS NOT AWARE OF ANY VIOLATION OF ITS TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR OF ANY EXPOSURE TO UNRELATED BUSINESS INCOME TAX MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AMC IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2011
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 2,545,693
PART XI, LINE 4B - OTHER ADJUSTMENTS	GRANT EXPENSE (NETTED AGAINST INCOME ON F/S) 1,890,467
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 2,545,693
PART XII, LINE 4B - OTHER ADJUSTMENTS	GRANT EXPENSE (NETTED AGAINST INCOME ON F/S) 1,890,467

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2014

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ANIMAL MEDICAL CENTER

Employer identification number
13-5505367

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) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		3,462,328
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			3,462,328
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			3,462,328

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 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 file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 13-5505367

Name: THE ANIMAL MEDICAL CENTER

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).

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes" to 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.

Department of the Treasury Internal Revenue Service

Name of the organization THE ANIMAL MEDICAL CENTER

Employer identification number 13-5505367

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

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

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

NY, CT, NJ

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TOP DOG GALA (event type)	HELPING PAWS (event type)	1 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	1,744,534	63,315	48,775	1,856,624
	2 Less Contributions	1,680,334	48,145	28,300	1,756,779
	3 Gross income (line 1 minus line 2)	64,200	15,170	20,475	99,845
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	166,605	19,610	28,870	215,085
	7 Food and beverages				
	8 Entertainment	8,000			8,000
	9 Other direct expenses	132,811	4,540	9,904	147,255
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(370,340)
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-270,495	

Part III Gaming. Complete if the organization answered "Yes" to 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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

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

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

b If "No," explain _____

.....

.....

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

b If "Yes," explain _____

.....

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activities conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
------------------	-------------

Schedule I (Form 990)

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

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes," to 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.

Department of the Treasury Internal Revenue Service

Name of the organization THE ANIMAL MEDICAL CENTER

Employer identification number

13-5505367

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?
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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CHARITY GRANTS	630	1,559,389			GRANTS TO HELP GUIDE DOGS & STRAYS, AND TO ASSIST SENIOR CITIZENS AND OTHERS IN NEED WITH THE CARE OF THEIR PETS
(2) CASE STUDY GRANTS	55	145,615			GRANTS TO ASSIST CLIENTS PARTICIPATING IN VARIOUS STUDIES
(3) BLOOD DONOR GRANTS	30	23,037			GRANTS TO COVER WELLNESS, CHECK-UPS AND BLOOD TESTS FOR ANIMAL DONORS
(4) CONTRACTUAL GRANTS	53	162,389			GRANTS TO ASSIST IN THE CARE OF NYPD CANINE OFFICERS

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
PART I, LINE 2	THE SELECTION OF GRANT RECIPIENTS IS BASED ON THE TYPE OF FUND THAT IS BEING APPLIED FOR. NEED CAN BE BASED ON BUT IS NOT LIMITED TO APPLICANTS' INCOME LEVELS AND PHYSICAL DISABILITIES. AS THESE GRANTS ARE IN THE FORM OF FORGIVENESS OF FEES AT THE TIME OF SERVICE, THERE IS NO REQUIREMENT TO MONITOR THEIR USE ON AN ONGOING OR PROSPECTIVE BASIS.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to 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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE ANIMAL MEDICAL CENTER

Employer identification number

13-5505367

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" 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 idemnification 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

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" 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 in 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in 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?
- b** Any related organization?
- If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in 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

(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 in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MRS KATHRYN COYNE, CEO	(i)	403,034	82,969	73,511	0	22,449	581,963	0
	(ii)	0	0	0	0	0	0	0
2 MR PAUL GREENE, CFO	(i)	174,238	15,642	366	0	29,966	220,212	0
	(ii)	0	0	0	0	0	0	0
3 MRS CAROL DISMORE, COO	(i)	255,087	20,625	853	0	16,621	293,186	0
	(ii)	0	0	0	0	0	0	0
4 DR RICHARD GOLDSTEIN, CMO	(i)	297,756	1,732	2,222	0	24,362	326,072	0
	(ii)	0	0	0	0	0	0	0
5 DR ROBERT HART, STAFF DOCTOR (SURGERY)	(i)	290,229	0	473	0	27,252	317,954	0
	(ii)	0	0	0	0	0	0	0
6 DR NICOLE LEIBMAN, STAFF DOCTOR (ONCOLOGY)	(i)	243,044	1,870	10,125	1,496	3,222	259,757	0
	(ii)	0	0	0	0	0	0	0
7 DR JANET KOVAK MCCLARAN, STAFF DOCTOR (SURGERY)	(i)	276,809	1,870	1,128	2,064	29,608	311,479	0
	(ii)	0	0	0	0	0	0	0
8 DR PAMELA SCHWARTZ, STAFF DOCTOR (SURGERY)	(i)	248,011	1,870	187	444	8,759	259,271	0
	(ii)	0	0	0	0	0	0	0
9 DR CHARLES WEISSE, STAFF DOCTOR (IR)	(i)	260,529	1,870	129	0	17,483	280,011	0
	(ii)	0	0	0	0	0	0	0

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
PART I, LINE 1A	AS A CONDITION OF HER EMPLOYMENT, IN ORDER TO FULFILL THE CONDITIONS OF HER EMPLOYMENT, MRS KATHRYN COYNE IS PROVIDED WITH HOUSING BY THE ANIMAL MEDICAL CENTER THE AMOUNT PROVIDED IS TAXABLE AND IS INCLUDED IN HER 2014 FORM W-2, BOX 5 THE VALUE OF THE HOUSING PROVIDED IN 2014 WAS \$69,000
PART I, LINE 7	BONUS PAYMENTS MADE IN FISCAL YEAR ENDING 12/31/14 WERE DETERMINED BASED UPON PERFORMANCE MEASURES AS DETERMINED BY THE CEO AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS

Additional Data

Software ID:
Software Version:
EIN: 13-5505367
Name: THE ANIMAL MEDICAL CENTER

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 in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MRS KATHRYN COYNE, CEO	(i)	403,034	82,969	73,511	0	22,449	581,963	0
	(ii)	0	0	0	0	0	0	0
1 MR PAUL GREENE, CFO	(i)	174,238	15,642	366	0	29,966	220,212	0
	(ii)	0	0	0	0	0	0	0
2 MRS CAROL DISMORE, COO	(i)	255,087	20,625	853	0	16,621	293,186	0
	(ii)	0	0	0	0	0	0	0
3 DR RICHARD GOLDSTEIN, CMO	(i)	297,756	1,732	2,222	0	24,362	326,072	0
	(ii)	0	0	0	0	0	0	0
4 DR ROBERT HART, STAFF DOCTOR (SURGERY)	(i)	290,229	0	473	0	27,252	317,954	0
	(ii)	0	0	0	0	0	0	0
5 DR NICOLE LEIBMAN, STAFF DOCTOR (ONCOLOGY)	(i)	243,044	1,870	10,125	1,496	3,222	259,757	0
	(ii)	0	0	0	0	0	0	0
6 DR JANET KOVAK MCCLARAN, STAFF DOCTOR (SURGERY)	(i)	276,809	1,870	1,128	2,064	29,608	311,479	0
	(ii)	0	0	0	0	0	0	0
7 DR PAMELA SCHWARTZ, STAFF DOCTOR (SURGERY)	(i)	248,011	1,870	187	444	8,759	259,271	0
	(ii)	0	0	0	0	0	0	0
8 DR CHARLES WEISSE, STAFF DOCTOR (IR)	(i)	260,529	1,870	129	0	17,483	280,011	0
	(ii)	0	0	0	0	0	0	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization THE ANIMAL MEDICAL CENTER

Employer identification number

13-5505367

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

Table with 4 columns: (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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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) MARGARET BARRON	SEE SCH L, PART V	69,897	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
SCH L, PART IV, COLUMN (B)	RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION FAMILY MEMBER OF KATHRYN COYNE, CEO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047
2014
Open to Public Inspection

▶ **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.**

Name of the organization
THE ANIMAL MEDICAL CENTER

Employer identification number
13-5505367

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	10	610,421	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	180,007	COST VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (INVENTORY)	X	1	5,185	COST VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

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

Part III 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
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN SCHEDULE M, PART I, COLUMN (A)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

2014

Open to Public Inspection

Name of the organization
THE ANIMAL MEDICAL CENTER

Employer identification number

13-5505367

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 MISSION STATEMENT	
FORM 990, PART VI, SECTION B, LINE 11	THE AMC HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT'S SUBMITTED ELECTRONICALLY AND/OR IN PERSON TO MEMBERS OF THE ORGANIZATION'S GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION
FORM 990, PART VI, SECTION B, LINE 12C	THE AMC REQUIRES ALL OFFICERS, TRUSTEES, AND KEY EMPLOYEES TO DISCLOSE ANNUALLY INTERESTS THAT COULD GIVE RISE TO CONFLICTS BY COMPLETING THE AMC'S INTERNAL "CONFLICT OF INTEREST" POLICY AND RETURNING IT TO OUR ORGANIZATIONAL DEVELOPMENT AND HUMAN RESOURCES DIRECTOR FOR DETERMINATION OF WHETHER A CONFLICT EXISTS ACTUAL CONFLICTS ARE REVIEWED BY BOTH THE ORGANIZATIONAL DEVELOPMENT AND HUMAN RESOURCES DIRECTOR AND THE CEO AND ULTIMATELY DECIDED UPON BY THE GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES SHOULD A CONFLICT EXIST THE PERSON WITH THE CONFLICT WOULD NEED TO CEASE THE CONFLICTING BEHAVIOR OR RESIGN THEIR POSITION
FORM 990, PART VI, SECTION B, LINE 15	THE AMC HAS ESTABLISHED A WRITTEN COMPENSATION POLICY FOR THEIR COMPENSATION COMMITTEE TO FOLLOW IN ESTABLISHING THE COMPENSATION FOR THE CEO, TOP MANAGEMENT OFFICIAL (CFO, COO AND CMO), AND OTHER OFFICERS OR KEY EMPLOYEES THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE PERIODICALLY REVIEWED BY THE COMPENSATION COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST IN ADDITION, THE APPROVING COMPENSATION COMMITTEE NEEDS TO REVIEW APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED THE COMPENSATION COMMITTEE USES A VARIETY OF INFORMATION AND STUDIES THAT ARE AVAILABLE TO DETERMINE THAT THE APPROPRIATE LEVEL OF COMPENSATION IS BEING PAID TO ITS EXECUTIVES, SUCH AS 990'S OF RELATED ORGANIZATIONS, SALARY SURVEYS OF LIKE POSITIONS IN SIMILARLY SIZED ORGANIZATIONS, BOTH FOR PROFIT AND NON-PROFIT AFTER THIS DETERMINATION IS MADE, THE COMPENSATION COMMITTEE PRESENTS THEIR RECOMMENDATIONS TO THE FINANCE COMMITTEE REGARDING EXECUTIVE COMPENSATION, AS WELL AS THE RECOMMENDATIONS FROM THE CEO REGARDING COMPENSATION FOR KEY EMPLOYEES THEN, THE FINANCE COMMITTEE APPROVES COMPENSATION OF THE CEO AND REPORTS THIS TO THE BOARD THE COMPENSATION COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS REQUIRED TO BE ADEQUATELY DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT IN THE MINUTES OF BOTH THE COMPENSATION AND FINANCE COMMITTEE THE MINUTES DOCUMENT THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE DECISION AND THOSE WHO VOTED ON IT, THE FULL TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE DECISION THE ANIMAL MEDICAL CENTER REVIEWED COMPENSATION IN DECEMBER 2014
FORM 990, PART VI, SECTION C, LINE 19	THE AMC MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE AND IS AVAILABLE ON GUIDESTAR.ORG AND OTHER SIMILAR WEBSITES IN ADDITION, THE FORM 990 AS WELL AS THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT 510 E 62ND STREET, NEW YORK, NY 10065-8314 OR BY CALLING THE ORGANIZATION DIRECTLY AT 212-838-8100
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF INTEREST SWAP AGREEMENT -207,919 CHANGE IN BENEFICIAL INTEREST IN TRUST 24,388 PENSION LIABILITY ADJUSTMENT 576,979
FORM 990, PART XII, LINE 2C	AMC HAS NOT CHANGED ITS OVERSIGHT AND SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT