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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

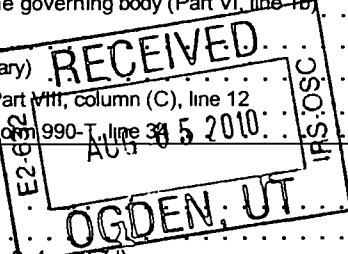
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning 2009, and ending 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AMIE'S PLACE FOUNDATION		D Employer identification number 20-3217151
		Doing Business As		E Telephone number (212) 297-9111
		Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 3589		G Gross receipts \$ 71,250.
		City or town, state or country, and ZIP + 4 NEW YORK, NY 10163		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list (see instructions)
F Name and address of principal officer. LEE GELFAND		H(c) Group exemption number		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: HTTP://WWW.AMIESPLACEFOUNDATION.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 2005	M State of legal domicile NY	

Part I Summary

1 Briefly describe the organization's mission or most significant activities:				
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	5	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5	
	5 Total number of employees (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		
	7b Net unrelated business taxable income from Form 990-T, line 31	7b		
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)		210.	55,635.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		286.	12.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			15,603.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		496.	71,250.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	126,700.	40,000.
		14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
		16a Professional fundraising fees (Part IX, column (A), line 11e)		0.
		b Total fundraising expenses, Part IX, column (D), line 25		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	25,738.	10,182.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	152,438.	50,182.	
	19 Revenue less expenses. Subtract line 18 from line 12	-151,942.	21,068.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
21 Total liabilities (Part X, line 26)		16,457.	37,525.	
22 Net assets or fund balances Subtract line 21 from line 20.		16,457.	37,525.	



Part II Signature Block

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

Sign Here
 Signature of officer: *Mat Lep* Date: 8/10/10
 Type or print name and title: MARGA A. LASER TREASURER

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Check if self-employed: Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
 Phone no: _____

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.*

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
SEE ATTACHED EXPLANATIONS AND GRANT APPLICATION.

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 40,000 including grants of \$ 40,000) (Revenue \$ _____)
JEWISH ASSOCIATION FOR SERVICES FOR THE AGED SEE ATTACHED ORGANIZATIONS PROPOSAL AND REPORT OF ACTIVITY

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses ▶ 40,000.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Some rows (12-12A) have a large black redaction box covering the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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>		X
24 a 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 question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) 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>		X
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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
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>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable. 1 a		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	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. 2 a		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4 a	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)?		X
4 b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	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?		X
6 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7 b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7 d	If "Yes," indicate the number of Forms 8282 filed during the year. 7 d		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		X
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 11 a		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
12 b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12 b		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		
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		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY.
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. MARTIN H. LAGER, CPA 708 THIRD AVENUE NEW YORK, NY 10017
212 297 9111

20-3217151

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	55,635				
	g	Noncash contributions included in lines 1a-1f \$						
h	Total. Add lines 1a-1f			55,635.				
Program Service Revenue				Business Code				
	2a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f			0.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2		12	12			
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0.				
	6a	Gross Rents:	(i) Real	(ii) Personal				
			Less: rental expenses					
			Rental income or (loss)					
			d Net rental income or (loss)			0.		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			Less: cost or other basis and sales expenses					
			Gain or (loss)					
			d Net gain or (loss)			0.		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
			Less: direct expenses					
			c Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses								
c Net income or (loss) from gaming activities				0.				
10a	Gross sales of inventory, less returns and allowances	a						
		Less: cost of goods sold						
		c Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue			Business Code					
11a	ST VINCENT HOSPITAL REFUND OF GRANT	900099	15,603.					
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		15,603.					
12	Total Revenue. See instructions		71,250.	12.				

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	40,000.	40,000.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	40.		40.	
12 Advertising and promotion	0.			
13 Office expenses	1,252.		1,252.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	1,316.		1,316.	
24 Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FILING FEE	45.		45.	
b WEB SITE DESIGN & MAINTENANC	7,529.		7,529.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	50,182.	40,000.	10,182.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	11,342.	1	27,433.
	2	Savings and temporary cash investments	5,115.	2	10,092.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	b	Less accumulated depreciation	10b	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	16,457.	16	37,525.	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" 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	16,457.	32	37,525.
33	Total net assets or fund balances	16,457.	33	37,525.	
34	Total liabilities and net assets/fund balances	16,457.	34	37,525.	

Part XI Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

Name of the organization AMIE'S PLACE FOUNDATION	Employer identification number 20-3217151
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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 that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i) <input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?	11g(ii) <input type="checkbox"/>	<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii) <input type="checkbox"/>	<input checked="" type="checkbox"/>

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 94.18%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 99.60%; 16a 33 1/3% support test - 2009. 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 [X]; 16b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support (Add lines 9, 10c, 11, and 12); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) - 15; Public support percentage from 2008 Schedule A, Part III, line 15 - 16.

Section D. Computation of Investment Income Percentage

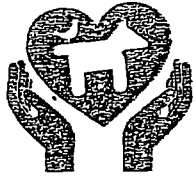
Table with 2 columns: Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) - 17; Investment income percentage from 2008 Schedule A, Part III, line 17 - 18.

19a 33 1/3% support tests - 2009. 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.

19b 33 1/3% support tests - 2008. 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions



AMIE'S PLACE
FOUNDATION

FOR PEOPLE
& PETS
WHO NEED
EACH OTHER

BOARD OF DIRECTORS

Ruchama Gemel LCSW

Louis J. Gehlert DVM

Laura Blazer LPA

Howard L. Sosnik FSC



CONTACT

Ruchama Gemel LCSW

AMIE'S PLACE FOUNDATION

CHURCH STREET STATION

P O BOX 1799

NEW YORK NY 10008

212 673-2070

WWW.AMIESPLACE.ORG

EMAIL: INFO@AMIESPLACE.ORG

Thank you for your interest in Amie's Place Foundation:

The foundation is named after a dog whose loving relationship with a chronically ill and debilitated woman dramatically exemplified how the human-animal bond can provide healing, emotional support and companionship when people need it most.

The foundation was founded by a social worker who became aware of the story of the miniature schnauzer named Amie and her human companion.

The Amie's Place Foundation's primary goal is to prevent the unnecessary long-term or permanent separation of people in need of assistance from their pets. Knowing the terrible isolation people feel when trying to survive profound illness, the comfort gained from the presence of their own loving pet can make a measurable difference in their recovery. The foundation's goals are, therefore, to facilitate that ongoing unique relationship by:

- Providing humane and responsible pet-care assistance whenever it is required to help people through times of medical necessity.
- Promoting attention to the important and vital role that responsible companion-animal ownership places within society by funding special programs to help support people who are at risk of losing their pets if they become isolated, hospitalized, or physically or financially disabled.

By accomplishing these goals, Amie's Place Foundation will be able to increase the awareness of this unique and healing human-animal bond. The goals will also promote public understanding and commitment to help preserve this bond, and restore meaning and purpose to injured lives.

If you or your organization shares the vision of providing a safe, loving environment through home pet-care assistance, foster care, and veterinary care then Amie's Place Foundation will be happy to accept applications for donations that will be used for seed grants, matching grants, and sustaining grants.

Sincerely,

Board of Directors
Amie's Place Foundation

AMIE'S PLACE FOUNDATION

GRANT APPLICATION FORM

Date of application: _____

Name of organization to which grant would be paid. *(Please list exact legal name.)*

Purpose of grant *(In one sentence):*

Address of organization:

Telephone number: _____ Fax: _____ Email: _____

Executive Director / Chief Executive Officer: _____

Chief Financial Officer: _____

Board President: _____

Contact person for this proposal if different from above. _____

Telephone number: _____ Fax: _____ Email: _____

Is your organization an IRS 501(c)(3) not-for-profit? YES ___ NO ___

If no, please explain:

Grant request: \$ _____

Check one: General support ___ Project support ___

Total organizational budget *(For the current year):* \$ _____

Dates covered by this budget *(mo/day/year):* _____

Total project budget *(If requesting project support):* \$ _____

Dates covered by project budget *(mo/day/year):* _____

Project name *(if applicable):* _____

I. PROPOSAL SUMMARY: one-half page, maximum.

Please summarize, in a short paragraph, the purpose of your agency. Briefly explain why your agency is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if a grant is made.

II. NARRATIVE: *five pages maximum.*

A. Background—Describe the work of your agency, addressing each of the following:

1. A brief description of its history and mission.
2. The need or problem that your organization works to address, and the population that your agency serves, including geographic location, socio-economic status, race, ethnicity, gender, sexual orientation, age, physical ability and language.
3. Programs and accomplishments. Please emphasize achievements of the recent past.
4. Number of paid full-time staff; number of paid part-time staff; number of volunteers.
5. Your organization's relationships — both formal and informal — with other organizations working to meet the same needs or providing similar services.
6. Explain how the work of your agency differs from these other agencies.

B. Funding Request—Please describe the program for which you seek funding.

1. If applying for general operating support, briefly describe how this grant would be used and how the funds will be accounted for.
2. If your request is for a new project, briefly describe how this grant would be used, how the funds will be accounted for.
3. Please explain the project, including:
 - A statement of its primary purpose and the need or problem that you are seeking to address.
 - The population that you plan to serve and how this population will benefit from the project.
 - Strategies that you will employ to implement your project.
 - The proposed staffing pattern for the project, and the names and titles of the individuals who will direct the project.
 - Anticipated length of the project.
 - How the project contributes to your organization's overall mission.

C. Evaluation—Please explain how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

III. ATTACHMENTS: Please label all attachments to correspond to the bold-faced, capitalized items below.

A. Financial Information—Please provide the dates that each document covers.

1. Your **MOST RECENT FINANCIAL STATEMENT**, audited if available. This statement should reflect actual expenditures and funds received during your most recent fiscal year.
2. A **LIST** of foundation and corporate **SUPPORTERS** and all other sources of income, with amounts, for your current and most recent fiscal year.

If project funding is requested:

3. **AN EXPENSE BUDGET FOR THE PROPOSED PROJECT**. List each staff line separately and include % of time spent on project. Indicate the specific uses of the requested grant, if possible.
4. A list of all **SOURCES OF INCOME** toward the project, actual and prospective with amounts.

B. Other Supporting Materials

1. A list of your Board of Directors, with their affiliations.
2. A copy of your most recent IRS letter indicating your agency's tax-exempt status.
3. One-paragraph resumes of key staff for the proposed project, including qualifications relevant to the specific request.
4. Your most recent annual report, if available.
5. No more than three examples of recent articles about, or evaluations of, your organization, if available.

Authorization:

Signature of CEO/Executive Director

Date

Printed name and title

Please submit six copies of your proposal to:

Amie's Place Foundation

Church Street Station

PO Box 1799

New York, NY 10008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) 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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCH I GRANTEE OVERSIGHT

SCHEDULE I PART IV

THE FOUNDATION REQUIRES THE ORGANIZATION TO REPORT ON A REGULAR BASIS THE

USE OF THE GRANT, NUMBER OF INDIVIDUALS PROVIDED WITH CARE, AND PLANS FOR

FUTURE EXPANSION OF THEIR PATIENT CARE PROGRAM ALONG WITH ADDITIONAL

FINANCING FROM OTHER SOURCES OTHER THAN THIS FOUNDATION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMIE'S PLACE FOUNDATION

Employer identification number

20-3217151

ATTACHMENT 1

FORM 990 REVIEW

PART VI - QUESTION 10

ALL MEMBERS OF THE BOARD ARE PROVIDED WITH A COPY FOR THEIR REVIEW AND
COMMENT PRIOR TO FILING.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME	12.	12		
TOTALS	<u>12.</u>	<u>12</u>		



JEWISH ASSOCIATION FOR SERVICES FOR THE AGED
132 WEST 31ST STREET / NEW YORK, NY 10001 / TEL: 212-273-5200 / FAX: 212-695-9070

UJA Federation
of New York

www.ujafedny.org

David M. Warren
PRESIDENT

Aileen Gitelson
CHIEF EXECUTIVE
OFFICER

June 6, 2008

Ms. Helen Horowitz
Amie's Place Foundation
Church Street Station
PO Box 1799
New York, NY 10008

Dear Helen:

It was a pleasure to meet you at JASA last Wednesday and to have the opportunity to discuss our Pets and Elder Team Support (PETS) Project. We are deeply grateful that Amie's Place Foundation will consider supporting this remarkable program and help us bring its services to an even greater number of seniors who own pets.

I am enclosing a copy of the Foundation's grant application form along with our proposal and the attachments you requested. If you would like additional information in order to make a determination of our request, please let me know or contact Alex Collier at (212) 273-5291.

Thank you again for taking the time to meet with us and for your interest in PETS.

Sincerely,

A handwritten signature in cursive script that reads "Aileen".

Aileen Gitelson
Chief Executive Officer

AMIE'S PLACE FOUNDATION GRANT APPLICATION FORM

Date of application: June 5, 2008

Name of organization to which grant would be paid. *(Please list exact legal name.)*
Jewish Association for Services for the Aged (JASA)

Purpose of grant *(In one sentence):*

With the support from Amie's Place Foundation, JASA will accomplish two important goals: (1) increase the number of clients to 150; and (2) collect and analyze data on best program practices which will help leverage additional funding and enable the larger community to respond to the needs of seniors who have pets.

Address of organization: 132 West 31st Street New York, NY 10001

Telephone number: 212-273-5200 Fax: 212-695-9070 Email: www.jasa.org

Executive Director / Chief Executive Officer: Aileen Gitelson

Chief Financial Officer: Igor Goldenberg

Board President: David M. Warren

Contact person for this proposal if different from above: Alex Collier

Telephone number: 212-273-5291 Fax: 212-6954206 Email: acollier@jasa.org

Is your organization an IRS 501(c)(3) not-for-profit? YES NO

If no, please explain:

Grant request: \$ \$40,000

Check one: General support Project support

Total organizational budget *(For the current year):* \$ 33,029,546

Dates covered by this budget *(mo/day/year):* July 1, 2007 – June 30, 2008

Total project budget *(If requesting project support):* \$ \$147,170

Dates covered by project budget *(mo/day/year):* July 1, 2007 – June 30, 2008

Project name *(if applicable):* Pets and Elder Team Support (PETS) Project



JEWISH ASSOCIATION FOR SERVICES FOR THE AGED

PETS PROJECT

PROPOSAL SUMMARY

Proposal Summary

PETS is New York City's only program specifically designed to give low-to-moderate income seniors the peace of mind that their pets are safe and cared for when they are home-bound or temporarily away from home for medical care or other reasons. Through the Project, seniors and their pets are provided with assistance with pet care (e.g. grooming, dog walking, taking pets to veterinarians, emergency boarding); financial assistance for veterinary and food costs; and social work services. These services – offered at no cost to the seniors – are delivered by a cadre of dedicated volunteers; partnerships with growing roster of individual veterinarians, veterinary clinics, schools and other groups who recognize the importance of a pet in a senior's life; and a single JASA social worker. Although the Project is widely recognized as a unique and important service to seniors, its operations depend solely on private sector support supplemented by funds from JASA's limited general operating funds. In this situation, PETS is currently able to assist no more than 100 seniors a year. With the support from Amie's Place Foundation, JASA will accomplish two important goals: (1) increase the number of clients to 150; and (2) collect and analyze data on best program practices which will help leverage additional funding and enable the larger community to respond to the needs of seniors who have pets.



JEWISH ASSOCIATION FOR SERVICES FOR THE AGED

PETS PROJECT

PROPOSAL NARRATIVE

Agency Background

JASA was established in 1968 to help sustain older people in their homes and communities and offer them opportunities for personal growth and fulfillment so that they may live their later years with dignity and autonomy. Programs range from Meals-on-Wheels, legal services, and social work services for incapacitated, vulnerable, and abused seniors, to innovative educational and recreational programming for active individuals. Today, JASA and its 50 affiliated home care and housing corporations constitute one of the largest community-based, voluntary social service agencies serving the aged in the United States, providing help to more than 53,000 elderly residents each year.

Program Background and Recent Accomplishments

Need and Population Served

Begun in 1996 when JASA received an emergency call from an elderly woman who had been hospitalized, PETS has repeatedly shown that caring for an older person's pet is one of the most deeply appreciated acts that a social service agency can offer. In responding to that first call, JASA was able to canvass her neighbors to find someone to feed and walk the woman's dogs. As a result, she received the hospital care she needed and was able to stay in touch with the neighbor who cared for her pets. That experience – relief for the woman's anxiety and increasing her network of supporters in her community – reinforced JASA's conviction that an on-going part of its commitment to holistic services for the elderly must consider companion animals.

From that conviction, JASA initiated the PETS Project which now helps an average of 100 seniors in Manhattan each year. In addition to social services, PETS provides dog walking and litter box cleaning; transportation to veterinary visits or arranging for home veterinary visits; reduced veterinary rates, monetary relief for low-income elderly; and pet food and supplies. When ill health or permanent institutional care is needed, new homes are found for each animal.

Beyond the humane impulse to care for animals and relieve older people's anxieties, PETS also has a practical impact. By having regular contact with seniors through the program volunteers, the Project Coordinator and other JASA social workers are alerted to specific needs and changes in the senior's life and able to successfully address problems. As described in a study published in *The Journal of the American Geriatrics Society*, seniors who remain with their pets are less likely to be depressed and are more physically active than those who do not own pets. Moreover, seniors with pets have lower blood pressure and make a dramatic 21% fewer trips to a doctor. Additionally, seniors may often postpone medical treatment or ignore the advice of their doctors from fear of what may happen to their pets. For many seniors, owning a pet is a tonic that reaps measurable benefits to their health and well-being.

PETS serves seniors regardless of race, cultural background, religion, gender, or sexual orientation. All seniors live in Manhattan and are low to moderate income. It is important to note that JASA staff members speak more than 20 languages, a resource that gives PETS additional means of access to a significant number of seniors.

Volunteers

At the heart of the Project is a cadre of volunteers who are matched with clients based on location and scheduling needs, interest in animals, special skills, and other qualifications that meet short-term and on-going client needs. The Internet and online postings have brought volunteers via Craigslist.org, Volunteermatch.org and Idealist.org.

Over the past year, the PETS Project has partnered with schools, colleges, and community groups to help meet the needs of PETS clients. In addition to a growing corps of volunteers who help clients with everyday pet care tasks, PETS has engaged groups from the Dalton School, the JCC of Manhattan, UJA-Federation of New York, Camp Tel Yehuda, and the Nightingale-Bamford School in service projects that support the program, including baking dog treats and putting together packages of merchandise and food for clients and pets. Food drives were also organized by New York University and the West Side Synagogue as well as by volunteers and veterinarian Dr. Theodore Weiner. In all, groups and individuals generated approximately 500 pound of pet food.

Also during the past year, the Young Leaders Committee was organized to recruit young professionals who are interested in PETS but unable to provide regular volunteer time. The Committee is hosting its first fundraiser at the Village Pourhouse in the East Village in June. In addition, the PETS Project Advisory Council of active volunteers met often to share information and experiences and plan activities. Finally, the Council began inviting guest speakers whose experiences and expertise offer opportunities for continuing education around pet issues. Rachel Hirschfeld, a well-known lawyer and pet advocate who has developed My Pet Protection, a legal document to help seniors secure their pets' future if they pass away, met with the Council earlier this year.

Veterinary Assistance

The PETS Project continues to maintain excellent relationships with several long-term veterinary care providers. Home visit specialists, Dr. George Korin and Dr. Lawrence Putter, give PETS clients a twenty percent discount on services. These home visits are especially important for frail and homebound elderly. In addition, a new contact has been initiated with Dr. Jeff Levy, a veterinarian who also provides home visits. Additionally, Dr. Levy has organized his own band of pet care professionals called PET ROX and has offered to perform at future PETS Project fundraisers.

The PETS Project's strong working relationships with Riverside Veterinary Group provides clients with a 50% discount and Rivergate Veterinary Clinic provides as 25% discount. Clients are also encouraged to use the free monthly veterinary services at St.

Clemons Episcopal Church as well as discounted services at Bideawee Veterinary Clinic, Animal Care and Control of New York City, the ASPC's Mobile Spay/Neuter and Vaccine Clinics, and veterinarians participating in Maddie's Spay/Neuter Project. Finally, the Humane Society has agreed to waive its prepayment requirement and to offer discount care for PETS Project clients as determined on a case-by-case basis.

In the past year, the PETS Project has continued to assist clients in applying for the Seniors' Animal Veterinary Effort (SAVE) program at the Animal Medical Center. In addition, Animal General on the upper West Side has continued to provide extensive pro bono care to six pets, including vaccinations, medications, surgery, and boarding. Overall, PETS Project clients received approximately \$17,000 in free and discounted veterinary services.

Social Work

As reflected in the three attached client vignettes, PETS social work staff is in constant contact with volunteers as well as clients and their families, friends, and neighbors. Because many PETS clients are already being served by other agencies such as Adult Protective Services and Visiting Nurse Service – none of whom have the capacity to integrate pet care into their work scope – JASA's social work staff is careful to partner with these agencies in ensuring that a senior's concern for his or her pet does not interfere with the provision of other services. Additionally, because PETS volunteers have regular face-to-face interaction with seniors, they are able to alert JASA social workers of any changes and they, in turn, are in touch with the other agencies.

Summary of Client/Volunteer Activities

In the past year, PETS

- Served a total of 100 continuing and new clients and worked with a total of 88 volunteers;
- Matched 69 new clients and volunteers for on-going assignments;
- Matched 47 new clients and volunteers for one-time-only and short-term assignments such as substitutions for regular volunteers;
- Made new dog fostering assignments to 5 volunteers.

FUNDING REQUEST

The PETS Project fills an unquestionable need of seniors and its results demonstrate a significant impact on the emotional well-being of its clients. Moreover, as increasing

numbers of individuals, social service agencies, hospitals, and other groups learn of the program, demand for assistance are growing. As one indication of this demand, JASA Help Line has received nearly 37 inquiries about the Project in the first five months of 2008. Given the current funding and staff limitations, however, the majority of these inquires are must placed on a waiting list, a situation which troubles both the agency and the seniors whose needs cannot be promptly met. A grant of \$40,000 from Amie's Place Foundation would enable JASA to hire an additional PETS social worker whose services help alleviate the waiting list by increasing the number of participating clients from the current annual average 100 to 150.

In addition to serving additional clients, the social worker will enable JASA to:

- Collect evidence of best practices for a period of 2 to 3 years which will be analyzed and documented by the agency's Research Institute;
- Strengthen JASA ability to leverage increased funding from current foundation supporters and encourage additional foundations to give;
- Explore strategies for developing a base of individual donors.

In order to further advance these goals for the program, JASA will match Amie's Place Foundation's grant with an additional \$20,000 in new and/or increased giving during the coming year.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

AMIE'S PLACE FOUNDATION

Employer identification number

20-3217151

ATTACHMENT 1

FORM 990 REVIEW

PART VI - QUESTION 10

ALL MEMBERS OF THE BOARD ARE PROVIDED WITH A COPY FOR THEIR REVIEW AND
COMMENT PRIOR TO FILING.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST INCOME	12.	12.		
TOTALS	<u>12.</u>	<u>12.</u>		

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization AMIE'S PLACE FOUNDATION	Employer identification number 20-3217151
	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 3589	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10163	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ MARTIN H. LAGER, CPA
- Telephone No. ▶ 212 297 9111 FAX No. ▶ 212 297-9131

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 2009 or
- ▶ tax year beginning _____, _____, and ending _____, _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.