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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

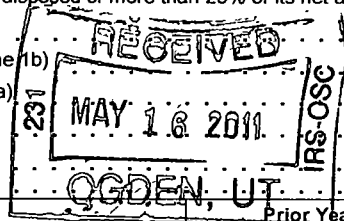
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning 2010, and ending 20

Form 990 header section containing organization name (AMIE'S PLACE FOUNDATION), EIN (20-3217151), address (PO BOX 3589, NEW YORK, NY 10163), and principal officer (LEE GELFAND).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance details, revenue breakdown, and expense breakdown.



SCANNED JUN 10 2011

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.

Signature block containing the signature of Martin H. Lager, Treasurer, dated 6/11/2011.

Preparer information section including firm name, address, and EIN.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Handwritten numbers 917 and 11.

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 \$ including grants of \$ 50,000. ) (Revenue \$ )

JEWISH ASSOCIATION FOR SERVICES FOR THE AGED SEE ATTACHED ORGANIZATIONS PROPOSAL AND REPORT OF ACTIVITY

4b (Code: ) (Expenses \$ including grants of \$ 15,000. ) (Revenue \$ )

SEARCH AND CARE, INC. SEE ATTACHED ORGANIZATIONS PROPOSAL AND REPORT OF ACTIVITY

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 ▶ 65,000.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (4), 1b (4), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b, 9 (X).

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 (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

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 [X] 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

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

Check if Schedule O contains a response to any question 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, and 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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) RUCHAMA GAMIEL, LCSW DIRECTOR		X								
(2) LEWIS J. GELFAND, DVM PRESIDENT - DIRECTOR		X		X						
(3) MARTIN H. LAGER CPA DIRECTOR - TREASURER		X		X						
(4) HOWARD L SOSNIK, ESQ DIRECTOR		X								
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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>		X
<b>5</b> 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>		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	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	95,503.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	<b>Total.</b> Add lines 1a-1f . . . . .		95,503.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	2a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue . . . . .					
g	<b>Total.</b> Add lines 2a-2f . . . . .		0.				
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	ATTACHMENT 1	18.	18.		
	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) . . . . .				
			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) . . . . .				
			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 . . . . .	b			
			Net income or (loss) from fundraising events . . . . .			0.	
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a				
Less direct expenses . . . . .			b				
Net income or (loss) from gaming activities . . . . .					0.		
10a	Gross sales of inventory, less returns and allowances . . . . .	a					
		Less cost of goods sold . . . . .	b				
		Net income or (loss) from sales of inventory . . . . .			0.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
11a	ST VINCENT HOSPITAL REFUND OF GRANT	900099					
b	_____						
c	_____						
d	All other revenue . . . . .						
e	<b>Total.</b> Add lines 11a-11d . . . . .		0.				
12	<b>Total revenue.</b> See instructions . . . . .		95,521.	18.			

**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).

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 governments and organizations in the U.S. See Part IV, line 21 . . . . .	65,000.	65,000.		
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 . . . . .	20,000.		20,000.	
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 . . . . .	0.			
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	1,189.		1,189.	
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	0.			
17 Travel . . . . .	73.		73.	
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 . . . . .	1,360.		1,360.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a FILING FEE . . . . .	35.		35.	
b WEB SITE DESIGN & MAINTENANC . . . . .	428.		428.	
c BANK FEES . . . . .	40.		40.	
d . . . . .				
e . . . . .				
f All other expenses . . . . .				
25 Total functional expenses. Add lines 1 through 24f	88,125.	65,000.	23,125.	
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	27,433.	<b>1</b>	14,898.	
	<b>2</b> Savings and temporary cash investments . . . . .	10,092.	<b>2</b>	30,073.	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>		
	<b>6</b> 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) . . . . .		<b>6</b>		
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		<b>10c</b>	
	<b>11</b> Investments - publicly traded securities . . . . .		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b> Intangible assets . . . . .		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		37,525.	<b>16</b>	44,971.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>		
	<b>18</b> Grants payable . . . . .		<b>18</b>		
	<b>19</b> Deferred revenue . . . . .		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .			<b>26</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>		
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>		
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		37,525.	<b>32</b>	44,971.
	<b>33 Total net assets or fund balances</b> . . . . .		37,525.	<b>33</b>	44,971.
<b>34 Total liabilities and net assets/fund balances</b> . . . . .		37,525.	<b>34</b>	44,971.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI.  X

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	95,521.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	88,125.
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	7,396.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	37,525.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	50.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	44,971.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input 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? . . . . .		X
2b	Were the organization's financial statements audited by an independent accountant? . . . . .		X
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.		
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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? . . . . .		X
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.		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

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

**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?

- (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? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

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	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2010

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	33,000.	150,000.	210.	55,635.	95,553.	334,398.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> Total. Add lines 1 through 3 . . . . .	33,000.	150,000.	210.	55,635.	95,553.	334,398.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b> Public support Subtract line 5 from line 4 . . . . .						334,398.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	33,000.	150,000.	210.	55,635.	95,553.	334,398.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	346.	416.	286.	12.	18.	1,078.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .				15,603.		15,603.
<b>11</b> Total support. Add lines 7 through 10 . . . . .						351,079.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .						12
<b>13</b> 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**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	95.25%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	94.18%
<b>16a 33 1/3% support test - 2010.</b> 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 checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2009.</b> 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"/>	
<b>17a 10%-facts-and-circumstances test - 2010.</b> 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 . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test - 2009.</b> 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 . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b. . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .						

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

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15. . . . .	16	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ►

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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

AMIE'S PLACE FOUNDATION

20-3217151

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(e) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JEWISH ASSOCIATION FOR SERVICES FOR THE AGE 131 WEST 31ST STREET NEW YORK, NY 10001	13-2620896	501(C)(3)	50,000				SUSTAIN AND ENRICH T
(2)	SEARCH AND CARE, INC. 1844 SECOND AVENUE NEW YORK, NY 10128	23-7444790	501(C)(3)	15,000				PROVIDES CARE, MANAGE
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

- 2 Enter total number of section 501(c)(3) and government organizations ..... 2
- 3 Enter total number of other organizations ..... 2

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

Schedule I (Form 990) (2010)

**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. 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						
2						
3						
4						
5						
6						
7						

**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 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

AMIE'S PLACE FOUNDATION

Employer identification number

20-3217151

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.

QUESTION 15A, PART VI, SECTION B

THE HIRING OF THE EXECUTIVE DIRECTOR IS REVIEWED AND APPROVED BY THE  
BOARD OF DIRECTORS. ALL COMPENSATION PAID IS BASED UPON MARKET PLACE  
COMPARISONS OF OTHER NON PROFIT ORGANIZATIONS.

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	18.	18.		
TOTALS	<u>18.</u>	<u>18.</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](http://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,

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 31<sup>st</sup> 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 X NO     

*If no, please explain:*

\_\_\_\_\_

Grant request: \$ \$40,000

Check one: General support      Project support X

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



AMIE'S PLACE  
FOUNDATION

FOR PEOPLE  
& PETS  
WHO NEED  
EACH OTHER

BOARD OF DIRECTORS

Ruchama Gamiel LCSW

Louis J. Gelfand DVM

Samuel Lager DVM

Howard L. Sosnik FSC



CONTACT

Ruchama Gamiel 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



**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 a 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 inquiries 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.

AMIE'S PLACE FOUNDATION  
Church Street Station  
P.O. Box 1799  
New York, New York 10008

July 15, 2010

Search and Care, Inc.  
1844 Second Avenue  
New York, New York 10128  
Attn: Brian C. Kravitz, Executive Director

Agreement for Funding Grant

Dear Mr. Kravitz:

It has been our pleasure to review the grant application ("2010 Grant Application" dated April 29, 2010, which, together with the "Project Budget: July 2010 – June 2011" and other attachments to that application, shall be referred to below as the "Grant Application") of Search and Care, Inc. ("Search and Care") for a \$15,000 funding grant from Amie's Place Foundation ("Amie's Place") for the proposed "Pet and Elder Empowerment Project" (PEEP) for your 2011 fiscal year from July 1, 2010, to June 30, 2011.

Amie's Place, in its capacity as a New York not-for-profit corporate foundation which is dedicated to supporting people who are at risk of losing their pets at times of crises and which provides funding grants to programs consistent with that foundation goal, has determined to grant Search and Care's funding request subject to the terms and conditions of this agreement (the "Agreement").

We understand Search and Care to be a New York not-for-profit corporation which provides care management services/programming for vulnerable community elders living in Yorkville, Carnegie Hill, and East Harlem, and which has requested the \$15,000 grant to complement its existing programs by developing a community-based program engaging volunteers to help vulnerable elders by providing, *inter alia*, in-home pet owner care supports and animal-assisted activities, while also serving as the beginning framework for smaller/mid-sized agencies considering programs that can help meet the needs of members of the community for pet-care assistance during times of crises.

In consideration for the mutual promises in this Agreement, and other valuable consideration the sufficiency of which is acknowledged, Amie's Place and Search and Care (the "Parties") agree as follows:

1. In determining to grant Search and Care's funding request, Amie's Place has relied upon the representations in the Grant Application. Accordingly, Search and Care warrants the truth and accuracy of the representations in the Grant Application and agrees to use the

Search and Care, Inc.  
July 15, 2010  
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\$15,000 funding grant for the purposes, and in the manner, described in the Grant Application, and to adhere to all other representations in the Grant Application.

2. In order to enhance the community benefit of this funding grant and the project it funds, the Parties agree to cooperate in any reasonable way to publicize and to promote, in an appropriate way, this grant by Amie's Place, the PEEP Project of Search and Care, and the goals and activities of both Amie's Place and Search and Care. This cooperation shall include but not be limited to: (a) the Parties shall issue a joint press release publicizing this grant by Amie's Place and Search and Care's PEEP Project, which press release shall be posted on each of their websites, with an accompanying hyperlink to each other's general website; (b) Search and Care shall furnish to Amie's Place and hereby grants Amie's Place permission to use on its website, and in any of its promotional materials, any materials generated by Search and Care concerning the PEEP Project, including photos, stories, and other materials; and (c) any references by Search and Care to its PEEP Project shall contain a mutually-agreeable attribution of the grant by Amie's Place (e.g., "Funding for Search and Care's PEEP Project has been generously provided by Amie's Place Foundation, which is dedicated to supporting people who are at risk of losing their pets during times of crises.").

3. Search and Care shall cooperate with Amie's Place's ability to ensure its funding grant is used for the purposes, and in the manner, represented by the Grant Application. Such cooperation shall include but not be limited to: (a) Search and Care shall provide Amie's Place with semi-annual and annual reports on the progress of the PEEP Program and the use of the funding grant, within 30 days of the end of each period; (b) Search and Care shall provide Amie's Place with any evaluation materials they prepare, including the "Statistical Reports" and "Client Survey" described in the Grant Application; (c) and Search and Care shall cooperate with any reasonable requests by Amie's Place for information on the progress of the PEEP Program and use of the funding grant by Search and Care.

4. Any materials prepared by Search and Care that could be utilized by Amie's Place and/or other organizations to assist the goals of Amie's Place, including but not limited to the "Pet-Care and Support Resources Guide" described in the Grant Application, shall be furnished without charge to Amie's Place with permission to use it for any appropriate purposes related to the foundation goals of Amie's Place.

5. To the extent Search and Care seeks to copyright any materials it prepares in connection with its PEEP Project or otherwise prepared with the assistance of the funding grant by Amie's Place, Search and Care shall ensure such copyright is obtained in the joint names of Amie's Place and Search and Care.

Search and Care, Inc.  
July 15, 2010  
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6. Search and Care agrees to indemnify and to hold harmless Amie's Place and any of its donors, officers, directors, employees, volunteers, agents and other representatives (collectively, "Representatives") from and against any and all losses, claims, damages, judgments, or liabilities of any kind (including but not limited to any reasonable attorney's fees or expenses incurred by Amie's Place or any of its Representatives to the extent they become a party, witness or otherwise involved in any lawsuit, investigation, arbitration, claim or other proceeding) concerning the funding grant the subject of this Agreement and the use of that grant by Search and Care.

7. Upon Search and Care's execution below of this Agreement, and subject to its terms and conditions, Amie's Place shall make the \$15,000 funding grant to Search and Care for the purposes in the Grant Application.

8. This Agreement contains the entire agreement between the Parties concerning its subject matter; it shall supersede all prior communications between the Parties; no modification of this Agreement shall be valid unless in a writing signed by both Parties; no Party can assign or otherwise transfer any obligation in this Agreement without the express written permission of the other Party; and this Agreement shall be governed by the substantive laws of the State of New York (without regard to any conflict of law principles).

Very truly yours,

AMIE'S PLACE FOUNDATION

AGREED:

SEARCH AND CARE, INC.

By: Brian C. Kravitz  
Name: Executive Director  
Position:

By: Martin H. Lajer  
Name: MARTIN H. LAJER  
Position: TREASURER

Amie's Place Foundation  
Church Street Station  
P. O. Box 1799  
New York, New York 10008

July 20, 2010

Mr. Brian C. Kravitz, LCSW, MS.Ed  
Executive Director  
Search and Care, Inc.  
1844 Second Avenue  
New York, New York 10128

Dear Mr. Kravitz,

Thank you for executing on behalf of Search and Care, Inc., and returning the July 15<sup>th</sup>, 2010, Agreement for Funding Grant.

Pursuant to that Agreement, we are delighted to enclose our check for the \$15,000 funding grant from Amie's Place Foundation for the proposed "Pet and Elder Empowerment Project" for Search and Care's 2010 fiscal year from July 1, 2010, to June 30, 2011.

As you have appreciated, Amie's Place Foundation is committed to funding organizations that provide volunteer community-based programs for people who need help caring for their pets, who risk losing them during times of crisis, and who face barriers limiting access to their pets when they most need each other.

We believe that Search and Care's program exemplifies these goals by providing care management services for vulnerable community elders living in Yorkville, Carnegie Hill, and East Harlem and can be a valuable model to others seeking to establish similar programs.

Once more, on behalf of Amie's Place Foundation, we are most pleased to make this grant available and look forward to working with you.

Congratulations and best wishes.

Yours truly,

Martin H. Lager, CPA  
Treasurer  
Amie's Place Foundation