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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)

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 2012 calendar year, or tax year beginning , 2012, 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	C Name of organization AMIE'S PLACE FOUNDATION	D Employer identification number 20-3217151
	Doing Business As	
	Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1799	E Telephone number (212) 297-9111
	City, town or post office, state, and ZIP code NEW YORK, NY 10008	
F Name and address of principal officer DOMENIC J. MIZIO		G Gross receipts \$ 150,013.
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
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 _____ _____ _____		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	57,727.	150,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, 11e)	12.	13.
	12 Total revenue - add lines 8 through 11c (must equal Part VIII, column (A), line 12)	57,739.	150,013.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,880.	4,761.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	59,880.	165,261.	
19 Revenue less expenses Subtract line 18 from line 12	-2,141.	-15,248.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	42,830.	27,582.
	22 Net assets or fund balances Subtract line 21 from line 20.	0	0
		42,830.	27,582.

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 DOMENIC J. MIZIO, CHAIRMAN	Date 11/12/13
	Type or print name and title	11/12/13

Paid Preparer Use Only	Preparer's name MARTIN H. LAGER CPA	Preparer's signature MARTIN H. LAGER	Date 11/11/13	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00006252
	Firm's name ▶ MARTIN H. LAGER, CPA			Firm's EIN ▶ 11-2519984	
	Firm's address ▶ 708 THIRD AVENUE NEW YORK, NY 10017			Phone no 212 297-9111	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

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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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ _____ including grants of \$ 20,000.) (Revenue \$ _____)
SEARCH AND CARE, INC. SEE ATTACHED ORGANIZATIONS PROPOSAL AND REPORT OF ACTIVITY

4b (Code _____) (Expenses \$ _____ including grants of \$ 65,000.) (Revenue \$ _____)
PETS ARE WONDERFUL SUPPORT INC (PAWS NY) - SEE ATTACHED AGREEMENT AND FUNDING LETTER

4c (Code: _____) (Expenses \$ 160,500. including grants of \$ 75,000.) (Revenue \$ _____)
MEDICALERT FOUNDATION INTERNATIONAL - SEE ATTACHED AGREEMENT AND FUNDING LETTER

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 160,500.

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)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 line 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		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 (or a family member thereof) 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, Part II, III, or IV, and Part V, line 1.</i>		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, gaming winnings, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and 501(c)(7), (12), (29) organizations.

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 columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1b, 2-9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 10a-16b regarding local chapters, conflict of interest, whistleblower policy, and joint ventures.

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RUCHAMA GAMIEL, LCSW DIRECTOR		X						0	0	0
(2) DOMENIC J. MIZIO ESQ CHAIRMAN		X		X				0	0	0
(3) JANET MIZIO TREASURER		X		X				0	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	150,000.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		150,000.			
Program Service Revenue			Business Code				
	2a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 1		13.			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	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			
	b	Less: cost or other basis and sales expenses					
c	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					
		b	Less: direct expenses	b			
		c	Net income or (loss) from fundraising events		0		
9a	Gross income from gaming activities See Part IV, line 19	a					
		b	Less: direct expenses	b			
		c	Net income or (loss) from gaming activities		0		
10a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold	b			
		c	Net income or (loss) from sales of inventory		0		
Miscellaneous Revenue		Business Code					
11a	_____						
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		150,013.				

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	160,500.	160,500.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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 accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees).				
a	Management	1,770.		1,770.	
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. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	1,023.		1,023.	
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	1,577.		1,577.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	FILING FEE	35.		35.	
b	WEB SITE DESIGN & MAINTENANC	271.		271.	
c	BANK FEES	85.		85.	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	165,261.	160,500.	4,761.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	17,805.	1	10,894.
	2 Savings and temporary cash investments	25,025.	2	10,574.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	6,114.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	0
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	42,830.	16	27,582.	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	42,830.	32	27,582.
33 Total net assets or fund balances	42,830.	33	27,582.	
34 Total liabilities and net assets/fund balances	42,830.	34	27,582.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	150,013.
2	Total expenses (must equal Part IX, column (A), line 25)	2	165,261.
3	Revenue less expenses. Subtract line 2 from line 1	3	-15,248.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	42,830.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,582.

Part XII Financial Statements and Reporting

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

- 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

2012

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-Non-functionally integrated
- 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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		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 (f) listed in your governing document?		(v) Did you notify the organization in col (f) of your support?		(vi) Is the organization in col (f) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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 2012 (line 6, column (f) divided by line 11, column (f)) 95.75%; 15 Public support percentage from 2011 Schedule A, Part II, line 14 95.34%; 16a 33 1/3% support test - 2012. 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 - 2011. 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 - 2012. 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 - 2011. 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 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMIE'S PLACE FOUNDATION

Employer identification number

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. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
-(1)-	SEARCH AND CARE, INC. 1844 SECOND AVENUE NEW YORK, NY 10128	23-7444790	501 (C) (3)	20,000.				PROVIDES CARE MANAGE
-(2)-	PETS ARE WONDERFUL SUPPORT INC (PAWS NY) PO BOX 3333 NEW YORK, NY 11211	80-02333785	501 (C) (3)	65,000.				PROVIDE SUPPORT TO V
-(3)-	MEDICALERT FOUNDATION INTERNATIONAL 2323 COLORADO AVENUE TURLOCK, CA 95382	77-0341784	501 (C) (3)	75,000.				TO DEVELOP PET CAREG
-(4)-								
-(5)-								
-(6)-								
-(7)-								
-(8)-								
-(9)-								
(10)								
(11)								
(12)								

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

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

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

4

Schedule I (Form 990) (2012)

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, Part III, column (b), 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

2012

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.

PART XII, PAGE 12, QUESTION 1

PART XII, FINANCIAL STATEMENTS AND REPORTING

SINCE THE FOUNDATION WAS REQUIRED TO HAVE A FINANCIAL STATEMENT PREPARED FOR THE NEW YORK STATE ATTORNEY GENERAL'S FILING, THE ACCOUNTING MEHTOD OF THE ENTITY WAS CHANGED FROM CASH BASIS TO ACCRUAL BASIS.

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME		13.		
TOTALS		<u>13.</u>		



**AMIE'S PLACE
FOUNDATION**

**FOR PEOPLE
& PETS
WHO NEED
EACH OTHER**

BOARD OF DIRECTORS:

Ruchama Gerniel, LCSW

Lewis J. Gelfand, DVM

Clara H. Lager, CEA

Howard L. Sornik, FSC



CONTACT:

Ruchama Gerniel, 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

Search and Care

No one should fall through the cracks

October 25, 2012



Board of Directors

Christine L. Robinson
President

Katharine S. Legg
Vice President

Carohne M. Tripp
Secretary

Nina S. Myers
Treasurer

Cynthia E. Bing
Neil E. Borwinoff
Anne Hunt Fink
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Barbara D. Haycs
Ann Hall Kaplan
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Dorothy Scarborough
Hon. Marian R. Shelton
Claudia G. Thompson
Matthew M. Twist
Cecil Wray

Honorary Directors

Henry Darlington, Jr.
Irvine D. Flinn
John F. Gilpatric
Molly C. Goodman
Matthew F. Heyd
The Rev. Clark K. Oler
Molly O. Parkinson
Virginia R. Schwcrin

Executive Director

Brian C. Kravitz

Mr. Martin H. Lager, CPA
Comptroller
Amie's Place Foundation
Church Street Station
P.O. Box 1799
New York, NY 10008

Dear Mr. Lager:

Thank you very much for the Amie's Place Foundation's generous \$20,000 award received on October 18, 2012, for our Pet and Elder Empowerment Project.

Your ongoing partnership and support is helping our clients who need assistance caring for their pets, and providing animal interaction and companionship experiences for those who do not own pets. This additional layer of comprehensive agency pet care fosters elders' social, emotional, physical and cognitive stability and wellness.

As we celebrate our 40th year of service, now having helped more than 10,000 often frail, homebound and isolated elders, we are particularly grateful for The Foundation's generosity and important partnership that enables a vital pet care program to be a part of our comprehensive model.

With gratitude,

Brian C. Kravitz
Executive Director

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

October 10, 2012

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

Agreement for Renewal Funding Grant

Dear Mr. Kravitz:

It has been our pleasure to review the grant application ("2012 Grant Application" dated May 15, 2012, which, together with "Project Budget: July 2012 – June 2013" and other attachments to that application and, Addendums: I) submitted two reports June 04, 2012: (i.) "Search and Care YTD Budget and FY13 Projected Budget" and (ii.) "Search and Care FY12 Development Report by Funder"; and II) submitted June 13, 2012: "Addendum to Search and Care's FY13 Renewal Request: (i.) Search and Care Client Profile – agency client census history and current demographics, (ii.) Search and Care's Relationships – our network, with the year's newer collaborators in bold, and (iii.) PEEP "stats at a glance", shall be referred to below as the "Grant Application") of Search and Care, Inc. ("Search and Care") Renewal Funding Grant of \$20,000, an increase of \$5,000 from Amie's Place Foundation ("Amie's Place") for the proposed "Pet and Elder Empowerment Project" (PEEP) for your 2013 fiscal year from July 1, 2012, to June 30, 2013.

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 because no one there to help them, and which provides funding grants to programs consistent with that Foundation goal, has determined to grant Search and Care's renewal 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 increased \$20,000 renewal grant to complement its existing programs and, as you state, "to continue the recruitment, service and growth of PEEP, our essential pet care component, harnessing the energies and activities of a dedicated intergenerational/multicultural volunteer team in serving more vulnerable elderly residents with companion animals, living in Yorkville, Carnegie Hill and, especially, in the more indigent, disenfranchised community of East Harlem." Search and Care is a community-based agency engaging volunteers to help vulnerable elders by providing, *inter alia*, in-home pet owner care supports and animal-assisted activities, while also serving to improve the framework for smaller/mid-sized agencies considering programs that can help meet the needs of members of the community for pet-care assistance for those who risk losing their pet during times of crises because no one is there to help them.

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. This Agreement shall commence on July 1, 2012 and shall terminate on June 30, 2013 (the "Term").

2. In determining to grant Search and Care's renewal funding request, Amie's Place has relied upon the information and 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 increased \$20,000 renewal funding grant for the purposes, and in the manner, described in the Grant Application and in this Agreement, and to adhere to all other representations in the Grant Application and to the terms of this Agreement.

3. In order to enhance the community benefit of this renewal 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 renewal 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 renewal grant by Amie's Place and Search and Care's PEEP Project, which press release shall be posted on each of their websites using their logos, with an accompanying hyperlink to each other's general website and, in each case, to other communications social media that it uses where relevant; (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 and using where practicable and appropriate, the Amie's Place logo, 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 because no one is there to help them").

4. Search and Care shall cooperate with Amie's Place's ability to ensure its renewal 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 quarterly, semi-annual and annual reports on the progress of the PEEP Program and the use of the renewal funding grant, within 30 days of the end of each period; (b) Search and Care shall provide Amie's Place with any evaluation materials and program data, if any, that may be obtained from research or surveys, if any, as have been completed; (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 renewal funding grant by Search and Care.

5. 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 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.

6. 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 renewal 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.

7. Search and Care agrees to indemnify and to hold harmless Amie's Place and any of its respective 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) arising out of a breach of this Agreement by such Party and, additionally in the case of Amie's Place and its Representatives as indemnities, concerning the renewal funding grant the subject of this Agreement and the use of that grant by Search and Care.

8. Upon Search and Care's execution below of this Agreement, and subject to its terms and conditions, Amie's Place shall make the increased \$20,000 renewal funding grant to Search and Care for the purposes in the Grant Application.

9. 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).

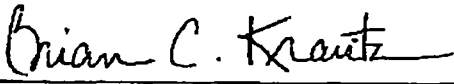
Very truly yours,
AMIE'S PLACE FOUNDATION

By: 

Name: DOMENIC J. MIZIO
Position: CHAIRMAN

AGREED:

SEARCH AND CARE, INC.

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

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

December 28, 2012

Mr. Andrew Wigglesworth
President & Chief Executive Officer
MedicAlert Foundation International
2323 Colorado Avenue
Turlock, CA 95382

Dear Mr. Wigglesworth,

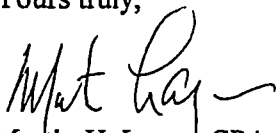
Pursuant to our April 24, 2012 Letter of Agreement for Funding Grant, we are delighted to enclose our check for \$25,000 representing the third installment of a \$133,000 two-year funding Grant from Amie's Place Foundation for the Revised "MedicAlert Project Proposal" received April 24, 2012.

As you have appreciated, Amie's Place Foundation is committed to helping support organizations that provide direct services for critically and chronically ill children and adults, veterans, the frail elderly, and women and children fleeing domestic violence who risk losing their pets because no one is there to help them.

We believe that the MedicAlert Project exemplifies these goals by developing the "first-of-its-kind" Pet Caregiver Notification initiative and program that will provide pet-care assistance for vulnerable community members and can be a valuable model to others seeking to establish similar programs.

On behalf of all of us dedicated to Amie's Place Foundation, we are most pleased to make this Grant available and assure you of our fullest support and commitment to our partnership and shared goals.

Yours truly,


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



MedicAlert
FOUNDATION



AMIE'S PLACE
FOUNDATION

FOR IMMEDIATE RELEASE

Contact: Jillian Megee
MedicAlert Foundation
(209) 669-2460
jmegee@medicalert.org

**MedicAlert Awarded \$133,000 Two-Year Grant from Amie's Place Foundation
to Develop Pet Caregiver Notification Program**
Pet Owners Gain Peace of Mind in Emergencies from Unique Program to Protect Beloved Pets

Washington, D.C. (May 22, 2012) – MedicAlert Foundation International, the nonprofit leader in emergency medical information and identification services, has been awarded a \$133,000 grant from Amie's Place Foundation to design an emergency caregiver notification program to protect family pets. The two-year grant will help develop a three phase program. First, a new category of membership for pet owners, which includes storing back-up caregiver information to assure notification in an emergency situation when a pet owner becomes ill or injured. And secondly, for those who qualify, the grant will also fund MedicAlert memberships for individuals who are confined by illness or disability and need to be sure their pets are taken care of should they face a medical emergency or other crisis. Finally, the grant would support the development of collaborations with organizations who wish to provide volunteer community-based pet-care assistance programs for those who risk losing their pets.

Numerous studies have documented the positive and healing effects that pets have on their owners. From lowering blood pressure in people with hypertension, reducing stress, helping prevent heart disease by providing greater psychological stability to lowering health care costs and fighting depression and isolation, pets contribute to the well-being of their human companions. Recognizing the the unique relationship humans and their pets share and how that impacts quality of life, health and wellness plans, MedicAlert Foundation and Amie's Place Foundation have collaborated to ensure to a pet owner that a secondary caregiver is alerted to care for their pet(s) and support for those who risk losing their pet(s) until they can be safely reunited following an emergency situation.

"This grant will give MedicAlert Foundation the capability to help fill an unmet need of our members and pet owners worldwide," said Andrew Wigglesworth, MedicAlert President and Chief Executive Officer. "Pets are valued and vital family members and this safety net we are building will give ill or injured pet

owners the reassurance that back-up caregivers can be notified when help is needed. Launching this 'first-of-its-kind' initiative is a natural extension of the services we provide to ensure the physical and emotional well-being of the people who depend on the MedicAlert Foundation network."

"MedicAlert and Amie's Place have a shared mission of providing comprehensive quality care to those who need help," explained a member of the Board of Trustees of Amie's Place Foundation. "The Foundation is committed to helping support organizations that provide direct services for critically and chronically ill children and adults, veterans, the frail elderly, and women and children fleeing domestic violence who risk losing their pets because no one is there to help them.

We have teamed up with MedicAlert which provides family and caregiver notification so that members can now be reunited with *all* their loved ones, *including their pets*. This unique program will provide the added security of knowing beloved pets will be cared for in the event of an emergency. Peace of mind ensures better outcomes following a medical emergency, and the healing presence and profound effect on recovery from illness when all loved ones are safely reunited."

Participants in the program will provide MedicAlert Foundation with emergency contact and care information about their pets. This information will be added to the member's personal health record which MedicAlert manages and stores in a secure database. The member's medical ID, issued by MedicAlert, will also identify the individual as a pet owner. In the event of an emergency, first responders and other medical providers will recognize the medical ID and the wearer as a pet caregiver and immediately contact the MedicAlert 24/7 emergency response service.

About Amie's Place Foundation

It all began in 1982 in Long Beach, Long Island, with the exceptional work of Lewis Gelfand, DVM who provides pet care treatment and assistance for people too ill to care for their pets. Based on Dr. Gelfand's work, Amie's Place Foundation was established in New York City to fund organizations that provide programs for people who need help caring for their pets, who risk losing them during times of crisis, or who face barriers limiting access to their pets when they most need each other. In light of the profound healing effect that pets have on individuals who are going through a difficult, sometimes life-changing event, the Foundation works to provide necessary pet-care assistance and to promote public awareness of the unique relationship a beloved pet and its human companion share. Grants have funded the first Senior Center and hospital-based programs at The Caring Community and St. Vincent's Hospital in Greenwich Village, New York City. Amie's Place Foundation has funded programs, that include Beth Israel Hospital, JASA, Mayor's Alliance for NYC's Animals, PAWS NY and Search and Care. The Foundation hopes to see these model programs replicated around the nation to prevent the unnecessary separation of people and pets that need each other. For more information; visit www.amiesplacefoundation.org.

About MedicAlert Foundation International

Established in 1956, the nonprofit MedicAlert Foundation International pioneered the use of medical IDs and delivers the most dependable, responsive, intelligent and trusted Emergency Identification and

Medical Information Network. MedicAlert Foundation International provides the functionality of an e-health information exchange through an innovative combination of a unique patient identifier linked to a personal health record and a live 24/7 emergency response service. MedicAlert Foundation International medical IDs alert emergency personnel to a member's primary health conditions, medications or implanted medical devices. In addition to its 24-hour emergency response service, MedicAlert Foundation International also provides family and caregiver notification so that members can be reunited with their loved ones. MedicAlert Foundation International services are available around the world through a network of international nonprofit affiliated organizations licensed by the Foundation. Visit www.medicalert.org for more information.

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To Stop Receiving Future News Releases from MedicAlert Foundation International, please reply to this email requesting to be unsubscribed.

MedicAlert Foundation International
2323 Colorado Avenue
Turlock, California 95382



April 12, 2012

Mr. Domenic J. Mizio, Chairman
Amie's Place Foundation
Church Street Station
P.O. Box 1799
New York, NY 10008

Dear Mr. Mizio,

On behalf of the Pets Are Wonderful Support (PAWS NY) Board of Directors, it is my pleasure to submit this first quarterly report to Amie's Place Foundation and to share with you the progress that has been made possible by your generous grant.

Please know that I would be happy to talk you through the presentation, and I would also be happy to provide additional information if you would like greater clarity on any area.

I would also like to let you know that we have identified a few areas where we have been able to minimize administrative expenses that were a part of our grant proposal. We would like to see how things progress over the next quarter, and if we find that we can continue to contain these costs, we would like to discuss the potential reallocation of these administrative funds toward program needs.

Thank you so much for all that you have allowed us to do. Your support truly makes a difference in the lives of New Yorkers and their animal companions.

If you have any questions, or would like to discuss our report in further detail, please do not hesitate to contact me.

Warm regards,

Rachel Herman

Rachel Herman
Founder / Executive Director

Thank you
SO much!

Enclosure



paws

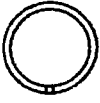
PLEASE MAKE WONDERSHIRT SUITS!
THESE ARE Y/SUITS



General Operating Report First Quarter 2012

Prepared for
Amie's Place Foundation
April 12, 2012

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Executive Summary

Significant Successes in First Quarter

Thanks to generous funding from Amie's Place Foundation, PAWS NY has experienced tremendous growth in 2012.

Marked improvement across all key operating indicators – highlights include:

- 133% increase in *weekly client visits*
- 62% increase in *trained volunteers*
- 138% increase in *active volunteers*

PAWS NY continued to strengthen its position in the community as we expanded our Housecall Program and launched new and complementary services.

Ongoing Opportunities for 2012

- Development of new partnerships for client sourcing as well as expansion of Veterinary Care and Grooming Networks
- Cultivation of prospective individual, corporate, and foundation supporters

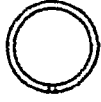
Key Operating Indicators



The chart below tracks progress toward key metrics outlined in our grant proposal. We are on pace to exceed our first year goal for 6 of 13 metrics by the second quarter.

Key Operating Indicator	2012 Goal	As of 1/1/12	As of 3/31/12	% Increase Since 1/1/12	% Toward 2012 Goal
Total active clients	45	12	20	66%	24%
Total pets assisted (year to date)	55	15	25	66%	25%
Total client visits per week	140	40	93	133%	53%
Average visits per client per week	3-5	3.3	4.65	41%	675%
Total pets fostered	6	2	4	100%	50%
Total trained volunteers	300	148	239	62%	60%
Total active volunteers	75	29	69	138%	87%
Total grant applications submitted	8	3	4	33%	20%
Total 2012 donors	150	0	16	n/a	11%
Amount of media coverage					
Facebook	1,000	716	827	16%	39%
Twitter	300	383	511	33%	154%
Articles/Radio	20	4	6	50%	13%
Press Releases	5	4	5	25%	100%

Expenditures and Sources of Income

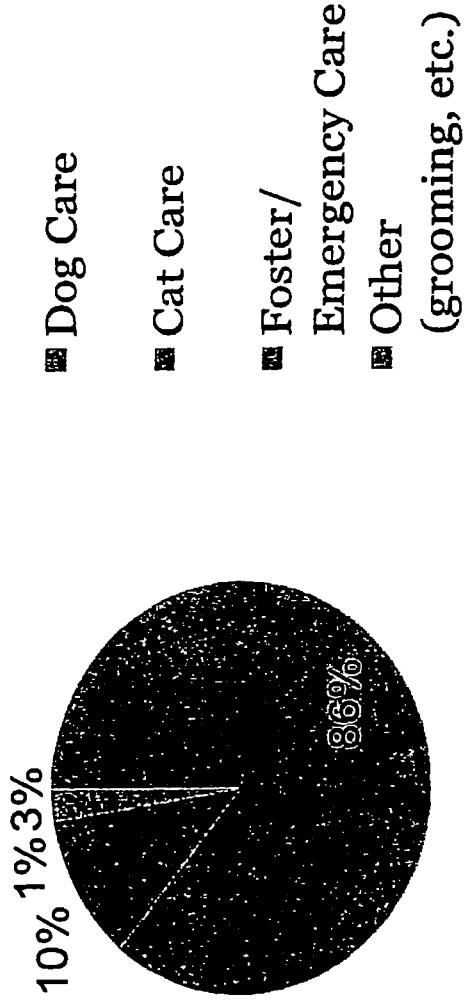


EXPENDITURES	
Housecall	
Orientation	\$482.52
Insurance	\$1,386.00
Background Checks	\$111.20
Emergency/Foster Care	\$598.46
<i>Total Housecall</i>	<i>\$2,578.18</i>
Administrative	
Salary	\$9,198.03
Benefits	\$3,051.27
Other	\$1,923.18
<i>Total Administrative</i>	<i>\$14,172.48</i>
Total Expenditures	\$16,750.66
SOURCES OF INCOME	
Individuals	\$2,420.00
Corporate	\$279.44
Foundation (Amie's Place)	\$18,750.00
Total Income	\$21,449.44

Housecall Program in Q1

PAWS NY volunteers **donated nearly 500 hours and made more than 800 client visits!** Dog care is the most requested service. A breakdown of services by number of visits is outlined below.

Breakdown of Services



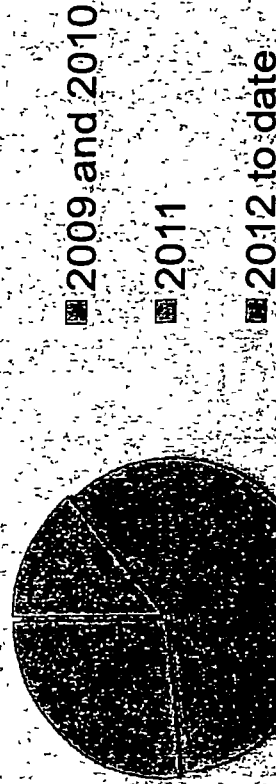
Housecall Program in Q1



PAWS NY volunteers have visited clients over 3,000 times since the organization became operational in 2009. In 2011, we averaged 445 visits per quarter. ***During the first quarter of 2012, we made over 800 visits.***

At our current rate of 92 visits per week, we are on pace to make another 3,588 visits this year. However, based on our expansion plan, ***we project total visits for 2012 to surpass 5,000. That's a 181% increase over 2011.***

Total Visits Since Founding



Housecall Program in Q1



Equivalent Retail Value of PAWS NY Services

The cost in New York City for pet sitting services can run as high as \$35 for a 30-minute visit.

Assuming a conservative \$25 per visit, PAWS NY delivered over \$20,000 of services through its Housecall Program in its first quarter. ⁽¹⁾

At our current rate of 92 visits per week, the Amie's place grant works out to \$15.68 per visit. ⁽²⁾

PAWS NY is at least 37% more cost efficient than the market. ⁽³⁾

As we continue to increase weekly visits, we will see further increases in our cost efficiency.

(1) \$25 per visit x 800 visits = \$20,000

(2) \$75,000 grant / 52 weeks = \$1,442 per week / 92 visits per week = \$15.68 per visit

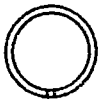
(3) \$15.68 per PAWS NY visit / \$25.00 per market visit = 37.3% lower cost

Housecall Program in Q1

- Criminal Background checks now run on **every** prospective volunteer
- Volunteer Liability and Accident Insurance: transitioned to new coverage that is more comprehensive, less expensive and more efficient; cost per volunteer cut from \$80 to \$32, and no longer necessary to send payment and paperwork each time a new volunteer is added



New Program Development in Q1 Emergency and Foster Care



Emergency Care

With an Executive Director in place, PAWS NY can now respond to emergencies, offering clients the added comfort that they can depend on us in times of crisis.

- Volunteers cared for 6 pets belonging to 4 clients who were unexpectedly hospitalized
- Volunteers logged over 20 hours of emergency in-home care



New Program Development in Q1 Emergency and Foster Care

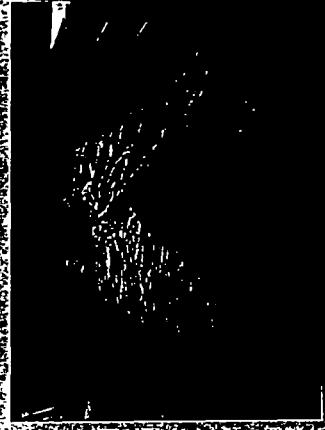


Foster Care

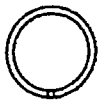
PAWS NY implemented our Foster Care program. In the first quarter of 2012, volunteers provided a total of 21 days of foster care for 2 cats. ⁽¹⁾

- PAWS NY received a referral through Amie's Place on February 13th
- 82 year old woman at hospital notified social worker of two cats at home who had been alone for 10 days; after intake, Rachel Herman and Veterinary Medical Advisor went to client's home; cats not only alive, but had torn hole in cat food bag and accessed water from toilet; cats received clean bill of health from vet, and were transferred to foster home
- After three weeks, client was reunited with her cats
- Volunteer assigned to check-in on client on weekly basis

(1) At \$30 per cat per night, this would have an equivalent retail value of \$1,260



New Program Development in Q1 Veterinary Care and Grooming Network



Veterinary Care

- Dr. Andrea Tu - PAWS NY's first Veterinary Medical Advisor; assisting in development of veterinary care program strategy and consults as needed
- Dr. Kenya Crawford - offered to perform wellness exams for clients' pets in their homes for discounted rates
- Goal is to expand network of partner veterinarians and increase access to low-cost vet care for all clients

Grooming Network

- Jackie Peele – professional groomer donating services to clients' pets



Organizational Growth in Q1 Partnership Development



Collaboration is a priority for PAWS NY, and we have made significant progress developing relationships in the first quarter of 2012. Below is a list of new partnerships and updates on existing partnerships.

ASPCA Mobile Spay/Neuter Clinic

- Met to discuss client access to low-cost spay neuter
- Will allow us to schedule appointments so clients don't have to wait in line
- Will make referrals when they meet individuals who could benefit from our services
- Will distribute information on our program at their events

Baking for Good

- Featured charity for March for online bakery that donates 15% of proceeds to consumer's charity of choice

Beth Israel Hospital

- Meeting to present PAWS NY to staff and discuss how patient referrals can be made

FIDO

- Introduced PAWS NY to organization serving Park Slope's off-leash dog community
- Invited to set up an information table at their next event

Heights and Hills

- Met with organization that provides supportive services to seniors in Brooklyn, presented PAWS NY program to case management and discussed client referral process

New York City Housing Authority (NYCHA)

- Meeting to present PAWS NY program and discuss client referral process

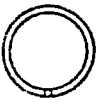
Rover.com

- Launched partnership with matchmaking service for dog care providers and owners
- Set up a system to allow dog sitters opportunity to donate proceeds to PAWS NY

Senior Umbrella Network of Brooklyn

- Presented PAWS NY to this organization that improves the quality of services

Organizational Growth in Q1 Communications and Press



Social Media

We have significantly increased our online presence.



Increased Facebook "likes" 15.5% from 716 to 827



Increased Twitter followers 33% from 383 to 511



Created profile on Pinterest, a new social media site for organizing and sharing information on the web

Website

Re-launched PAWS NY website after it crashed in February.

- PES Group provided pro bono web design services and helped us create a better site

Organizational Growth in Q1 Communications and Press

Press

- Rachel Herman and client Arnold J. interviewed for radio show on the subject of seniors and pets

To listen (skip to minute 23 for Rachel and minute 37 for Arnold), please visit <http://webtalkradio.net/Shows/RadioBeastro/rb031912.mp3>

- PAWS NY referenced in a *New York Times* blog on seniors and pets
- Partner Baking for Good posted blog article to raise awareness for our work

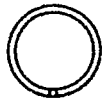
“PAWS has really made a difference.”
- Arnold J.

“He’s the greatest anti-depressant you could imagine.”
- Arnold J.

“I’m telling you, he’s my best friend. When they say best friend, that’s really true.” - Arnold J.

“PAWS is doing a great job, a great job. I really can’t say enough praise for them.” - Arnold J.

Organizational Growth in Q1 Fundraising



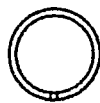
In the first quarter of 2012, we researched approximately 100 foundations and identified 40 prospects worth pursuing.

The following three are our highest priority, and we are currently working on next steps for each:

- Regina Bauer Frankenberg Foundation
- Banfield Charitable Trust
- Marty and Dorothy Silverman Foundation



Looking Ahead



We will leverage key successes from the first quarter in order to maximize impact in the second quarter.

- Use media and word of mouth tactics to increase awareness
- Dive deeper into local community and develop partnerships to foster relationships with key influencers in order to attract new donors
- Develop new partnerships to increase clients served. Target organizations serving similar demographics in neighborhoods in which we do not yet have traction
- Establish new partnerships to formalize and maximize impact of Veterinary Care and Grooming Network



Thank You!



From all of us here at PAWS NY,
we thank you, Amie's Place Foundation,
for your amazing generosity. Your support has truly
made a difference in the lives of our clients and their
pets. We look forward to our continued partnership!



Application for Change in Accounting Method

Name of filer (name of parent corporation if a consolidated group) (see instructions)		Identification number (see instructions) 20-3217151	
AMIE'S PLACE FOUNDATION		Principal business activity code number (see instructions)	
Number, street, and room or suite no. If a P O box, see the instructions		Tax year of change begins (MM/DD/YYYY) 01/01/2012	
PO BOX 1799		Tax year of change ends (MM/DD/YYYY) 12/31/2012	
City or town, state, and ZIP code		Name of contact person (see instructions)	
NEW YORK NY 10008		MARTIN H. LAGER CPA	
Name of applicant(s) (if different than filer) and identification number(s) (see instructions)		Contact person's telephone number 212-297-9111	

If the applicant is a member of a consolidated group, check this box

If Form 2848, Power of Attorney and Declaration of Representative, is attached (see instructions for when Form 2848 is required), check this box

Check the box to indicate the type of applicant. <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Controlled foreign corporation (Sec. 957) <input type="checkbox"/> 10/50 corporation (Sec. 904(d)(2)(E)) <input type="checkbox"/> Qualified personal service corporation (Sec. 448(d)(2)) <input checked="" type="checkbox"/> Exempt organization. Enter Code section ▶ 501(C)(3)		<input type="checkbox"/> Cooperative (Sec. 1381) <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Insurance Co. (Sec. 816(a)) <input type="checkbox"/> Insurance Co. (Sec. 831) <input type="checkbox"/> Other (specify) ▶ _____		Check the appropriate box to indicate the type of accounting method change being requested. (see instructions) <input type="checkbox"/> Depreciation or Amortization <input type="checkbox"/> Financial Products and/or Financial Activities of Financial Institutions <input checked="" type="checkbox"/> Other (specify) ▶ CASH TO ACCRUAL	
--	--	---	--	--	--

Caution: To be eligible for approval of the requested change in method of accounting, the taxpayer must provide all information that is relevant to the taxpayer or to the taxpayer's requested change in method of accounting. This includes all information requested on this Form 3115 (including its instructions), as well as any other information that is not specifically requested.

The taxpayer must attach all applicable supplemental statements requested throughout this form.

Part I Information For Automatic Change Request

	Yes	No
1 Enter the applicable designated automatic accounting method change number for the requested automatic change. Enter only one designated automatic accounting method change number, except as provided for in guidance published by the IRS. If the requested change has no designated automatic accounting method change number, check "Other," and provide both a description of the change and citation of the IRS guidance providing the automatic change. See instructions. ▶ (a) Change No. 122 (b) Other <input type="checkbox"/> Description ▶ CASH TO ACCRUAL		
2 Do any of the scope limitations described in section 4.02 of Rev. Proc. 2008-52 cause automatic consent to be unavailable for the applicant's requested change? If "Yes," attach an explanation.		X

Note: Complete Part II below and then Part IV, and also Schedules A through E of this form (if applicable)

Part II Information For All Requests

	Yes	No
3 Did or will the applicant cease to engage in the trade or business to which the requested change relates, or terminate its existence, in the tax year of change (see instructions)? If "Yes," the applicant is not eligible to make the change under automatic change request procedures.		X
4a Does the applicant (or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) have any Federal income tax return(s) under examination (see instructions)? If "No," go to line 5.		X
b Is the method of accounting the applicant is requesting to change an issue (with respect to either the applicant or any present or former consolidated group in which the applicant was a member during the applicable tax year(s)) either (i) under consideration or (ii) placed in suspense (see instructions)?		X

Signature (see instructions)

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

<p style="text-align: center;">Filer</p> <p style="text-align: center;">_____ Signature and date</p> <p style="text-align: center;">DOMENIC J. MIZIO, CHAIRMAN Name and title (print or type)</p>	<p style="text-align: center;">Preparer (other than filer/applicant)</p> <p style="text-align: right;">11/11/2013</p> <p style="text-align: center;">_____ Signature of individual preparing the application and date</p> <p style="text-align: center;">MARTIN H. LAGER Name of individual preparing the application (print or type)</p> <p style="text-align: center;">MARTIN H. LAGER CPA Name of firm preparing the application</p>
--	--

Part II Information For All Requests (continued)

		Yes	No																								
12	If the applicant is either (i) not changing its overall method of accounting, or (ii) is changing its overall method of accounting and also changing to a special method of accounting for one or more items, attach a detailed and complete description for each of the following: a The item(s) being changed b The applicant's present method for the item(s) being changed c The applicant's proposed method for the item(s) being changed. d The applicant's present overall method of accounting (cash, accrual, or hybrid)																										
13	Attach a detailed and complete description of the applicant's trade(s) or business(es), and the principal business activity code for each. If the applicant has more than one trade or business as defined in Regulations section 1.446-1(d), describe whether each trade or business is accounted for separately, the goods and services provided by each trade or business and any other types of activities engaged in that generate gross income; the overall method of accounting for each trade or business; and which trade or business is requesting to change its accounting method as part of this application or a separate application. ATTACHMENT 1																										
14	Will the proposed method of accounting be used for the applicant's books and records and financial statements? For insurance companies, see the instructions If "No," attach an explanation	X																									
15a	Has the applicant engaged, or will it engage, in a transaction to which section 381(a) applies (e.g., a reorganization, merger, or liquidation) during the proposed tax year of change determined without regard to any potential closing of the year under section 381(b)(1)?		X																								
b	If "Yes," for the items of income and expense that are the subject of this application, attach a statement identifying the methods of accounting used by the parties to the section 381(a) transaction immediately before the date of distribution or transfer and the method(s) that would be required by section 381(c)(4) or (c)(5) absent consent to the change(s) requested in this application																										
16	Does the applicant request a conference with the IRS National Office if the IRS proposes an adverse response?		X																								
17	If the applicant is changing to either the overall cash method, an overall accrual method, or is changing its method of accounting for any property subject to section 263A, any long-term contract subject to section 460, or inventories subject to section 474, enter the applicant's gross receipts for the 3 tax years preceding the tax year of change. <table border="1"> <tr> <td>1st preceding year ended mo</td> <td>12</td> <td>yr</td> <td>2011</td> <td>2nd preceding year ended mo</td> <td>12</td> <td>yr</td> <td>2010</td> <td>3rd preceding year ended mo</td> <td>12</td> <td>yr</td> <td>2009</td> </tr> <tr> <td>\$</td> <td colspan="2"></td> <td>57,739.</td> <td>\$</td> <td colspan="2"></td> <td>95,571.</td> <td>\$</td> <td colspan="2"></td> <td>55,647.</td> </tr> </table>	1st preceding year ended mo	12	yr	2011	2nd preceding year ended mo	12	yr	2010	3rd preceding year ended mo	12	yr	2009	\$			57,739.	\$			95,571.	\$			55,647.		
1st preceding year ended mo	12	yr	2011	2nd preceding year ended mo	12	yr	2010	3rd preceding year ended mo	12	yr	2009																
\$			57,739.	\$			95,571.	\$			55,647.																

Part III Information For Advance Consent Request

		Yes	No
18	Is the applicant's requested change described in any revenue procedure, revenue ruling, notice, regulation, or other published guidance as an automatic change request? If "Yes," attach an explanation describing why the applicant is submitting its request under advance consent request procedures		
19	Attach a full explanation of the legal basis supporting the proposed method for the item being changed. Include a detailed and complete description of the facts that explains how the law specifically applies to the applicant's situation and that demonstrates that the applicant is authorized to use the proposed method. Include all authority (statutes, regulations, published rulings, court cases, etc.) supporting the proposed method. Also, include either a discussion of the contrary authorities or a statement that no contrary authority exists		
20	Attach a copy of all documents related to the proposed change (see instructions).		
21	Attach a statement of the applicant's reasons for the proposed change		
22	If the applicant is a member of a consolidated group for the year of change, do all other members of the consolidated group use the proposed method of accounting for the item being changed? If "No," attach an explanation.		
23a	Enter the amount of user fee attached to this application (see instructions) ▶ \$ _____		
b	If the applicant qualifies for a reduced user fee, attach the required information or certification (see instructions).		

Part IV Section 481(a) Adjustment

		Yes	No
24	Does the applicable revenue procedure, revenue ruling, notice, regulation, or other published guidance require the applicant to implement the requested change in method of accounting on a cut-off basis rather than a section 481(a) adjustment? If "Yes," do not complete lines 25, 26, and 27 below.		
25	Enter the section 481(a) adjustment. Indicate whether the adjustment is an increase (+) or a decrease (-) in income. ▶ \$ _____ Attach a summary of the computation and an explanation of the methodology used to determine the section 481(a) adjustment. If it is based on more than one component, show the computation for each component. If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions), and the amount of the section 481(a) adjustment attributable to each applicant.		

Part IV Section 481(a) Adjustment (continued)		Yes	No
26	If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take the entire amount of the adjustment into account in the year of change?	X	
27	Is any part of the section 481(a) adjustment attributable to transactions between members of an affiliated group, a consolidated group, a controlled group, or other related parties? If "Yes," attach an explanation.		X

Schedule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.)

Part I Change in Overall Method (see instructions)

1 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None." Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g

- a Income accrued but not received (such as accounts receivable)
- b Income received or reported before it was earned (such as advanced payments). Attach a description of the income and the legal basis for the proposed method
- c Expenses accrued but not paid (such as accounts payable)
- d Prepaid expenses previously deducted
- e Supplies on hand previously deducted and/or not previously reported
- f Inventory on hand previously deducted and/or not previously reported. Complete Schedule D, Part II *
- g Other amounts (specify). Attach a description of the item and the legal basis for its inclusion in the calculation of the section 481(a) adjustment ▶
- h **Net section 481(a) adjustment** (Combine lines 1a-1g.) Indicate whether the adjustment is an increase (+) or decrease (-) in income. Also enter the net amount of this section 481(a) adjustment amount on Part IV, line 25

Amount
\$
\$

- 2 Is the applicant also requesting the recurring item exception under section 461(h)(3)? Yes No
- 3 Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. Also attach a statement specifying the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, attach a statement explaining the differences

ATTACHMENT 2

Part II Change to the Cash Method For Advance Consent Request (see instructions)

Applicants requesting a change to the cash method must attach the following information

- 1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business.
- 2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations. **

Schedule B - Change to the Deferral Method for Advance Payments (see instructions)

- 1 If the applicant is requesting to change to the Deferral Method for advance payments described in section 5 02 of Rev. Proc. 2004-34, 2004-1 C.B. 991, attach the following information.
 - a A statement explaining how the advance payments meet the definition in section 4.01 of Rev. Proc. 2004-34
 - b If the applicant is filing under the automatic change procedures of Rev. Proc. 2008-52, the information required by section 8.02(3)(a)-(c) of Rev. Proc. 2004-34
 - c If the applicant is filing under the advance consent provisions of Rev. Proc. 97-27, the information required by section 8.03(2)(a)-(f) of Rev. Proc. 2004-34
- 2 If the applicant is requesting to change to the deferral method for advance payments described in Regulations section 1.451-5(b)(1)(ii), attach the following.
 - a A statement explaining how the advance payments meet the definition in Regulations section 1.451-5(a)(1)
 - b A statement explaining what portions of the advance payments, if any, are attributable to services, whether such services are integral to the provisions of goods or items, and whether any portions of the advance payments that are attributable to non-integral services are less than five percent of the total contract prices. See Regulations sections 1.451-5(a)(2)(i) and (3).
 - c A statement explaining that the advance payments will be included in income no later than when included in gross receipts for purposes of the applicant's financial reports. See Regulations section 1.451-5(b)(1)(ii).
 - d A statement explaining whether the inventoryable goods exception of Regulations section 1.451-5(c) applies and if so, when substantial advance payments will be received under the contracts, and how the exception will limit the deferral of income.

*

**

JSA

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Schedule C - Changes Within the LIFO Inventory Method (see instructions)**Part I General LIFO Information**

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all **Forms 970, Application To Use LIFO Inventory Method**, filed to adopt or expand the use of the LIFO method

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items
 - a Valuing inventory (e.g., unit method or dollar-value method)
 - b Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, vehicle-pool method, etc.)
 - c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
 - d Determining the current-year cost of goods in the ending inventory (i.e., most recent acquisitions, earliest acquisitions during the current year, average cost of current-year acquisitions, or other permitted method)
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, attach a statement specifying the inventory to which the change is and is not applicable
- 4 If the proposed change is not requested for all of the LIFO pools, attach a statement specifying the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, identify which inventory items are valued under each method
- 6 If changing to the IPIC method, attach a completed Form 970

Part II Change in Pooling Inventories

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1.472-8(b)(1) and (2):
 - a A description of the types of products produced by the applicant. If possible, attach a brochure.
 - b A description of the types of processes and raw materials used to produce the products in each proposed pool.
 - c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, state the reasons for the separate facilities, the location of each facility, and a description of the products each facility produces.
 - d A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
 - e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool.
 - f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
 - g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- 3 If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- 4 If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1.472-8(c).

Form 3115 (Rev. 12-2009)

Schedule D - Change in the Treatment of Long-Term Contracts Under Section 460, Inventories, or Other Section 263A Assets (see instructions)

Part I Change in Reporting Income From Long-Term Contracts (Also complete Part III on pages 7 and 8.)

- 1 To the extent not already provided, attach a description of the applicant's present and proposed methods for reporting income and expenses from long-term contracts. Also, attach a representative actual contract (without any deletion) for the requested change. If the applicant is a construction contractor, attach a detailed description of its construction activities. ATCH 3
2 a Are the applicant's contracts long-term contracts as defined in section 460(f)(1) (see instructions)?
b If "Yes," do all the contracts qualify for the exception under section 460(e) (see instructions)?
c If line 2b is "Yes," is the applicant requesting to use the percentage-of-completion method using cost-to-cost under Regulations section 1.460-4(b)?
d If line 2c is "No," is the applicant requesting to use the exempt-contract percentage-of-completion method under Regulations section 1.460-4(c)(2)?
3 a Does the applicant have long-term manufacturing contracts as defined in section 460(f)(2)?
b If "Yes," attach an explanation of the applicant's present and proposed method(s) of accounting for long-term manufacturing contracts.
c Attach a description of the applicant's manufacturing activities, including any required installation of manufactured goods.
4 To determine a contract's completion factor using the percentage-of-completion method
a Will the applicant use the cost-to-cost method in Regulations section 1.460-4(b)?
b If line 4a is "No," is the applicant electing the simplified cost-to-cost method (see section 460(b)(3) and Regulations section 1.460-5(c))?
5 Attach a statement indicating whether any of the applicant's contracts are either cost-plus long-term contracts or Federal long-term contracts.

Part II Change in Valuing Inventories Including Cost Allocation Changes (Also complete Part III on pages 7 and 8)

- 1 Attach a description of the inventory goods being changed ATTACHMENT 4
2 Attach a description of the inventory goods (if any) NOT being changed
3 a Is the applicant subject to section 263A? If "No," go to line 4a
b Is the applicant's present inventory valuation method in compliance with section 263A (see instructions)? If "No," attach a detailed explanation

4 a Check the appropriate boxes below.

Identification methods:

- Specific identification
FIFO
LIFO
Other (attach explanation)

Valuation methods

- Cost
Cost or market, whichever is lower
Retail cost
Retail, lower of cost or market
Other (attach explanation)

Table with 3 columns: Inventory Being Changed (Present method, Proposed method), Inventory Not Being Changed (Present method). Rows correspond to identification and valuation methods.

- b Enter the value at the end of the tax year preceding the year of change
5 If the applicant is changing from the LIFO inventory method to a non-LIFO method, attach the following information (see instructions).
a Copies of Form(s) 970 filed to adopt or expand the use of the method
b Only for applicants requesting advance consent. A statement describing whether the applicant is changing to the method required by Regulations section 1.472-6(a) or (b), or whether the applicant is proposing a different method
c Only for applicants requesting an automatic change. The statement required by section 22.01(5) of the Appendix of Rev. Proc. 2008-52 (or its successor).

Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions)).

Section A - Allocation and Capitalization Methods

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method)
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method).

Section B - Direct and Indirect Costs Required To Be Allocated

Check the appropriate boxes showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.

	Present method	Proposed method
1 Direct material		
2 Direct labor		
3 Indirect labor		
4 Officers' compensation (not including selling activities)		
5 Pension and other related costs		
6 Employee benefits		
7 Indirect materials and supplies		
8 Purchasing costs		
9 Handling, processing, assembly, and repackaging costs		
10 Offsite storage and warehousing costs		
11 Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in service and not temporarily idle		
12 Depletion		
13 Rent		
14 Taxes other than state, local, and foreign income taxes		
15 Insurance		
16 Utilities		
17 Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18 Engineering and design costs (not including section 174 research and experimental expenses)		
19 Rework labor, scrap, and spoilage		
20 Tools and equipment		
21 Quality control and inspection		
22 Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23 Licensing and franchise costs		
24 Capitalizable service costs (including mixed service costs)		
25 Administrative costs (not including any costs of selling or any return on capital)		
26 Research and experimental expenses attributable to long-term contracts		
27 Interest		
28 Other costs (Attach a list of these costs.)		

Part III Method of Cost Allocation (see instructions) (continued)

Section C - Other Costs Not Required To Be Allocated (Complete Section C only if the applicant is requesting to change its method for these costs)

Table with 3 columns: Item number, Description, Present method, Proposed method. Rows include Marketing, selling, advertising, and distribution expenses; Research and experimental expenses; Bidding expenses; General and administrative costs; Income taxes; Cost of strikes; Warranty and product liability costs; Section 179 costs; On-site storage; Depreciation, amortization, and cost recovery allowance; Other costs.

Schedule E - Change in Depreciation or Amortization (see instructions)

Applicants requesting approval to change their method of accounting for depreciation or amortization complete this section. Applicants must provide this information for each item or class of property for which a change is requested.

Note. See the List of Automatic Accounting Method Changes in the instructions for information regarding automatic changes under sections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with respect to certain late elections and election revocations (see instructions).

- 1 Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?
2 Is any of the depreciation or amortization required to be capitalized under any Code section (e.g., section 263A)?
3 Has a depreciation, amortization, or expense election been made for the property (e.g., the election under sections 168(f)(1), 179, or 179C)?
4a To the extent not already provided, attach a statement describing the property being changed...
4b If the property is residential rental property, did the applicant live in the property before renting it?
4c Is the property public utility property?
5 To the extent not already provided in the applicant's description of its present method, attach a statement explaining how the property is treated...
6 If the property is not currently treated as depreciable or amortizable property, attach a statement of the facts supporting the proposed change...
7 If the property is currently treated and/or will be treated as depreciable or amortizable property, provide the following information for both the present (if applicable) and proposed methods:
a The Code section under which the property is or will be depreciated or amortized...
b The applicable asset class from Rev. Proc 87-56, 1987-2 C.B. 674...
c The facts to support the asset class for the proposed method...
d The depreciation or amortization method of the property...
e The useful life, recovery period, or amortization period of the property...
f The applicable convention of the property...
g A statement of whether or not the additional first-year special depreciation allowance... was or will be claimed for the property.

FORM 3115, PAGE 3 DETAIL

ATTACHMENT 1

LINE 13, DESCRIPTION OF TRADE OR BUSINESS

PUBLIC FOUNDATION, CHANGE FROM CASH METHOD TO ACCRUAL TO CONFORM
TO FINANCIAL STATEMENT PREPARED BY OUTSIDE ACCOUNTANT FOR NYS
ATTORNEY GENERAL ANNUAL FILING

FORM 3115, PAGE 4 DETAIL

ATTACHMENT 2

PART I, LINE 3, METHOD USED IN PREPARING BALANCE SHEET

ACCOUNTING METHOD USED TO PREPARE BALANCE SHEET:

ACCRUAL
SEE FINANCIAL STATEMENT ATTACHED

FORM 3115, PAGE 6 DETAIL

ATTACHMENT 3

PART I, LINE 1, REPORTING ON LONG-TERM CONTRACTS

NOT APPLICABLE

ATTACHMENT 4

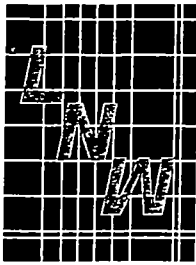
PART II, LINE 1, DESCRIPTION OF INVENTORY GOODS BEING CHANGED

NOT APPLICABLE

AMIE'S PLACE FOUNDATION

**FINANCIAL STATEMENTS
(unaudited)**

**FOR THE YEAR ENDED
DECEMBER 31, 2012**



Levine Neider Wohl, LLP
Certified Public Accountants & Business Consultants
708 Third Avenue, New York, New York 10017
Telephone (212) 949-0900
Fax (212) 983-6513
web site: www.lnwcpa.com
e-mail: cpa@lnwcpa.com

INDEPENDENT ACCOUNTANT'S REVIEW REPORT

To the Officers and Directors of Amie's Place Foundation

We have reviewed the accompanying statement of financial position of Amie's Place Foundation (a nonprofit organization) as of December 31, 2012, and the related statements of activities and changes in net assets and cash flows for the year then ended. A review includes primarily applying analytical procedures to management's financial data and making inquiries of Organization management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the review in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. Those standards require us to perform procedures to obtain limited assurance that there are no material modifications that should be made to the financial statements. We believe that the results of our procedures provide a reasonable basis for our report.

Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

Levine Neider Wohl, LLP

June 25, 2013



AMIE'S PLACE FOUNDATION
STATEMENT OF FINANCIAL POSITION (unaudited)
DECEMBER 31, 2012

ASSETS

Current Assets:	
Cash and cash equivalents	\$21,468
Sundry receivable	<u>6,114</u>
Total Current Assets	<u>27,582</u>
Total Assets	<u>\$27,582</u>

NET ASSETS

Net Assets:	
Unrestricted	<u>27,582</u>
Total Net Assets	<u>\$27,582</u>

The accompanying notes and accountant's review report should be read in conjunction with the financial statements.

AMIE'S PLACE FOUNDATION

STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS (unaudited)

DECEMBER 31, 2012

UNRESTRICTED REVENUES AND OTHER SUPPORT:

Contributions	\$150,000
Interest income	<u>13</u>
Total Unrestricted Revenues And Other Support	<u>150,013</u>

UNRESTRICTED EXPENSES:

Program service expenses - grants	160,500
Outside contract services	1,770
Liability insurance	1,577
Telephone	1,023
Internet/web	272
Bank charges	85
Filing fee	<u>35</u>
Total Unrestricted Expenses	<u>165,262</u>

Net Decrease In Net Assets	(15,249)
Net Assets At Beginning Of Year	<u>42,831</u>
Net Assets At End Of Year	<u>\$ 27,582</u>

The accompanying notes and accountant's review report should be read in conjunction with the financial statements.

AMIE'S PLACE FOUNDATION
STATEMENT OF CASH FLOWS (unaudited)
DECEMBER 31, 2012

Cash Flows From Operating Activities:	
Increase (Decrease) In Net Assets	\$(15,249)
Adjustments To Reconcile Increase (Decrease) In Net Assets To Net Cash Provided By (Used In) Operating Activities:	
Sundry receivable	<u>(6,114)</u>
Net Cash Provided By (Used In) Operating Activities	<u>(21,363)</u>
Decrease In Cash	(21,363)
Cash – Beginning	<u>42,831</u>
Cash – End	<u>\$ 21,468</u>

The accompanying notes and accountant's review report should be read in conjunction with the financial statements.

AMIE'S PLACE FOUNDATION
NOTES TO FINANCIAL STATEMENTS (unaudited)
FOR THE YEAR ENDED DECEMBER 31, 2012

Note 1 - Organization

The Organization in its capacity as a New York not-for-profit Foundation is dedicated to supporting people who are at risk of losing their pets at times of crisis by funding special programs that support people who become isolated, hospitalized, or physically or financially disabled.

Note 2: Summary Of Significant Accounting Policies

Basis Of Accounting

The financial statements of the Organization have been prepared on the accrual basis.

Cash and Cash Equivalents

The Organization considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

Estimates

The process of preparing financial statements in conformity with generally accepted accounting principles requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues, and expenses. Such estimates primarily relate to unsettled transactions and events as of the date of the financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

Contributions

Contributions received from direct public support are recorded as increases in unrestricted, temporarily restricted, or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions.

Income Taxes

The Organization is exempt from United States income taxes under section 501(c)(3) of the Internal Revenue Code.

See accompanying accountant's review report.

AMIE'S PLACE FOUNDATION

NOTES TO FINANCIAL STATEMENTS (unaudited) (continued)
FOR THE YEAR ENDED DECEMBER 31, 2012

Note 3: Cash

Cash at December 31, 2012 consisted of the following:

Checking	\$10,894
Money market	<u>10,574</u>
	<u>\$21,468</u>

The Organization maintains cash balances at a bank. Accounts at the bank are insured by the Federal Deposit Insurance Corporation to \$250,000 per depositor. At December 31, 2012, the Organization had no concentration of credit risk with respect to these accounts.

The Organization maintains an account with a stock brokerage firm. The account contains cash. Balances are insured up to \$500,000 (with a limit of \$100,000 for cash) by the Securities Investor Protection Corporation.

Note 4: Subsequent Events

The Organization evaluated for subsequent events through June 25, 2013, the date the financial statements were available to be issued. No material subsequent events were identified by the Organization.

See accompanying accountant's review report.

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