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Form 990

Return of Organization Exempt From Income Tax

2013

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

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable	C Name of organization AMITY FELLOWSERVE INC		D Employer identification number 36-3666533	
<input type="checkbox"/> Address change	Doing Business As KISSITO HEALTHCARE		E Telephone number (540) 265-0322	
<input type="checkbox"/> Name change	F Number and street (or P O box if mail is not delivered to street address) 5228 VALLEYPOINTE PKWY BLDG B 1		Room/suite	G Gross receipts \$ 2,419,675
<input type="checkbox"/> Initial return	H (a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Terminated	H (b) Are all subordinates included? If "No," attach a list (see instructions)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Amended return	H (c) Group exemption number ►			
<input type="checkbox"/> Application pending	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			
J Website: ► WWW.KISSITOACUTE.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 1988		M State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities KISSITO HEALTHCARE AND KISSITO HEALTHCARE INTERNATIONAL EXIST FOR THE BETTERMENT AND CARE OF HUMAN LIFE. THE ORGANIZATION SEEKS TO IMPROVE PATIENT OUTCOMES IN OUR DOMESTIC AND GLOBAL SERVICES THROUGH A BALANCED ENGAGEMENT IN ACADEMICS, RESEARCH AND HEALTH CARE DELIVERY		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	53
6 Total number of volunteers (estimate if necessary)	6	0
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	-28,851

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,304,903	2,304,515
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,101	115,160
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-31,586	0
	2,447,418	2,419,675

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	350	1,136
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)	2,051,718	1,990,076
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)	1,483,518	999,593
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,535,586	2,990,805
19 Revenue less expenses Subtract line 18 from line 12	-1,088,168	-571,130

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	4,298,697	1,250,703
22 Net assets or fund balances Subtract line 21 from line 20	6,330,563	4,814,445
	-2,031,866	-3,563,742

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 CHERIE HICKS CFO Type or print name and title	2014-11-17 Date
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Paid Preparer Use Only	Print/Type preparer's name JOHN NORMAN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01506766
	Firm's name ► CLIFTONLARSONALLEN LLP		Firm's EIN ► 41-0746749		
	Firm's address ► 101 NORTH TRYON STREET SUITE 1000 CHARLOTTE, NC 28246		Phone no (704) 998-5200		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 C.

3 Did the organization cease conducting, or make significant changes in how it conducts, any programs or services?

If "Yes," describe these changes on Schedule C.

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 \$ 2,014,215 including grants of \$ 1,136) (Revenue \$ 2,268,733)

CENTRAL MANAGEMENT OF RELATED ORGANIZATIONS PROVIDING LONG-TERM CARE FOR THE ELDERLY AND HANDICAPPED IN THE FORM OF HOUSING AND MEDICAL SERVICES

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ► 2,014,215

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2		No
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	37	
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	1c	Yes	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . .	2a	53	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	3b	No	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	4a	No	
b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	5c	No	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	6b	No	
7 Organizations that may receive deductible contributions under section 170(c).	7a	No	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7b	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	7c	No	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7d	No	
d If "Yes," indicate the number of Forms 8282 filed during the year . . .			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g	No	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h	No	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .	8	No	
9 Sponsoring organizations maintaining donor advised funds.	9a	No	
a Did the organization make any taxable distributions under section 4966? . . .	9b	No	
10 Section 501(c)(7) organizations. Enter	10a	No	
a Initiation fees and capital contributions included on Part VIII, line 12 . . .	10b	No	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter	11a	No	
a Gross income from members or shareholders . . .	11b	No	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .	12a	No	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	12b	No	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	No	
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13b	No	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	13c	No	
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b	No	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ALEX SMITH 5228 VALLEYPOINTE PARKWAY BLDG B
ROANOKE, VA 24019 (540) 265-0322

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key Employee	Highest Compensated	Former			
(1) THOMAS M CLARKE PRESIDENT & CEO	30 00 10 00	X		X				104,250	0	17,399
(2) ANA CLARKE DIRECTOR	30 00 10 00	X						94,182	0	1,118
(3) REV DAVID ERICKSON DIRECTOR	4 00 1 00	X						0	0	0
(4) WAYNE FUQUAY DIRECTOR	4 00 1 00	X						11,310	0	12,713
(5) LYNN HODGE CHAIRMAN	4 00 1 00	X						44,231	0	0
(6) THOMAS KEEFE DIRECTOR	4 00 1 00	X						0	0	0
(7) KERMIT WASHINGTON DIRECTOR	1 00 1 00	X						0	0	0
(8) SEAN PRESSMAN COO	30 00 10 00			X				175,000	0	251
(9) SALAM RASOUL COO KHI	10 00 30 00			X				86,863	0	3,547
(10) LORI HUFFMAN CONTROLLER	30 00 10 00			X				100,000	0	495
(11) ANGELA MATTOCKS CNO	0 00 40 00			X				175,000	0	9,345
(12) CHERIE HICKS CFO	30 00 10 00			X				43,846	0	0
(13) CARLAN MYERS CHIEF HUMAN RESOURCES OFFICER	4 00 36 00			X				35,962	0	0
(14) ROBERT MCCLINTIC ADMINISTRATOR	0 00 40 00				X			0	154,177	0
(15) JACKOLYN HENDRICK ADMINISTRATOR	0 00 40 00				X			0	114,006	0
(16) DOUGLAS WRIGHT ADMINISTRATOR	0 00 40 00				X			0	131,496	0
(17) EMILIO ZAGA ADMINISTRATOR	0 00 40 00				X			0	126,198	0

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

1b Sub-Total	►			
c Total from continuation sheets to Part VII, Section A . . .	►			
d Total (add lines 1b and 1c)	►	995,644	684,927	66,689

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶5

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

Section B. Independent Contractors

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue	2a MANAGEMENT FEE REVENUE	Business Code 551112	2,218,504	2,218,504	
	b				
	c				
	d				
	e				
	f All other program service revenue		86,011	86,011	
	g Total. Add lines 2a-2f		2,304,515		
	3 Investment income (including dividends, interest, and other similar amounts)		41,853		41,853
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(I) Real	(II) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses	73,307				
c Gain or (loss)	0				
d Net gain or (loss)	73,307		73,307	73,307	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b Less direct expenses	a				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	a				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	a				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions		2,419,675	2,377,822	0	41,853

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	950	950		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	186	186		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	540,739		540,739	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,162,093	1,162,093		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,975	1,975		
9 Other employee benefits	140,711	140,711		
10 Payroll taxes	144,558	144,558		
11 Fees for services (non-employees)				
a Management				
b Legal	53,558		53,558	
c Accounting	23,746		23,746	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	50,694	50,694		
12 Advertising and promotion	22,206	22,206		
13 Office expenses	113,595	113,595		
14 Information technology	59,612	59,612		
15 Royalties				
16 Occupancy	88,656	88,656		
17 Travel	113,816	113,816		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,898	3,898		
20 Interest	358,547		358,547	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,037	14,037		
23 Insurance				
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 EQUIPMENT RENTAL	35,297	35,297		
b CONTRACT SERVICES	31,916	31,916		
c DUES & SUBSCRIPTIONS	4,781	4,781		
d				
e All other expenses	25,234	25,234		
25 Total functional expenses. Add lines 1 through 24e	2,990,805	2,014,215	976,590	0
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 ► if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year	(B) End of year	
Assets	1 Cash—non-interest-bearing	1,262	1 0	
	2 Savings and temporary cash investments	3,118,342	2 103,168	
	3 Pledges and grants receivable, net	3		
	4 Accounts receivable, net	164,910	4 0	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	583,659	5 758,701	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6		
	7 Notes and loans receivable, net	0	7 160,372	
	8 Inventories for sale or use	8		
	9 Prepaid expenses and deferred charges	50,702	9 120,224	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 144,347		
	b Less accumulated depreciation	10b 98,179	237,325	10c 46,168
	11 Investments—publicly traded securities	11		
	12 Investments—other securities See Part IV, line 11	12		
	13 Investments—program-related See Part IV, line 11	13		
	14 Intangible assets	15,543	14 0	
	15 Other assets See Part IV, line 11	126,954	15 62,070	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,298,697	16 1,250,703		
Liabilities	17 Accounts payable and accrued expenses	637,050	17 703,065	
	18 Grants payable	18		
	19 Deferred revenue	19		
	20 Tax-exempt bond liabilities	20		
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22		
	23 Secured mortgages and notes payable to unrelated third parties	5,679,726	23 4,066,551	
	24 Unsecured notes and loans payable to unrelated third parties	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	13,787	25 44,829	
	26 Total liabilities. Add lines 17 through 25	6,330,563	26 4,814,445	
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	-2,031,866	27 -3,563,742	
	28 Temporarily restricted net assets	28		
	29 Permanently restricted net assets	29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	30		
	31 Paid-in or capital surplus, or land, building or equipment fund	31		
	32 Retained earnings, endowment, accumulated income, or other funds	32		
	33 Total net assets or fund balances	-2,031,866	33 -3,563,742	
	34 Total liabilities and net assets/fund balances	4,298,697	34 1,250,703	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,419,675
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,990,805
3	Revenue less expenses Subtract line 2 from line 1	3	-571,130
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,031,866
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-851,657
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-109,089
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-3,563,742

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013**Open to Public
Inspection**Department of the
Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**Name of the organization**

AMITY FELLOWSERVE INC

Employer identification number

36-3666533

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

e a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

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

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. 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 ►		
b 33 1/3% support test—2012. 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—2013. 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 ►		
b 10%-facts-and-circumstances test—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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	2,410,945	2,623,713	2,828,151	2,334,724	2,304,515	12,502,048
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	2,410,945	2,623,713	2,828,151	2,334,724	2,304,515	12,502,048
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6)						12,502,048

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	2,410,945	2,623,713	2,828,151	2,334,724	2,304,515	12,502,048
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	70,357	112,072	156,860	170,601	41,853	551,743
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	70,357	112,072	156,860	170,601	41,853	551,743
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)	2,481,302	2,735,785	2,985,011	2,505,325	2,346,368	13,053,791
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ►						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	95 770 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	94 010 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	4 230 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	3 800 %
19a 33 1/3% support tests—2013. 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—2012. 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. 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).**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE D
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

2013

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service**Name of the organization**
AMITY FELLOWSERVE INC**Employer identification number**
36-3666533**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	2d
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

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

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

(i) unrelated organizations

(ii) related organizations

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

Yes	No
3a(i)	
3a(ii)	
3b	

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements		8,349	2,992	5,357	
d Equipment		37,578	37,578	0	
e Other		98,420	57,609	40,811	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)					46,168

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total (Column (b) must equal Form 990, Part X, col. (B), line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See

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

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION FILES AS A TAX-EXEMPT ORGANIZATION SHOULD ANY STATUS BE CHALLENGED IN THE FUTURE, THE 2010, 2011, AND 2012 TAX YEARS ARE OPEN FOR EXAMINATION BY FEDERAL, STATE, AND LOCAL AUTHORITIES MANAGEMENT IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THE TAX-EXEMPT STATUS OF THE ORGANIZATION MANAGEMENT IS NOT AWARE OF ANY SIGNIFICANT ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME OR EXCISE OR OTHER TAXES FOR THE ORGANIZATION

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**2013****Open to Public Inspection**Name of the organization
AMITY FELLOWSERVE INC

Employer identification number

36-3666533

Part I Questions Regarding Compensation**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization**a** Receive a severance payment or change-of-control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SEAN PRESSMAN COO	(i) 175,000 (ii) 0	0 0	0 0	0 0	251 0	175,251 0	0 0
(2) ANGELA MATTOCKS CNO	(i) 175,000 (ii) 0	0 0	0 0	0 0	9,345 0	184,345 0	0 0
(3) ROBERT MCCLINTIC ADMINISTRATOR	(i) 0 (ii) 154,177	0 0	0 0	0 0	0 0	0 154,177	0 0
(4) ADAM MERRELL ADMINISTRATOR	(i) 0 (ii) 159,050	0 0	0 0	0 0	12,629 0	12,629 159,050	0 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 1A	THOMAS M CLARKE RECEIVES A HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization
AMITY FELLOWSERVE INC

Employer identification number

36-3666533

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Part III Grants or Assistance Benefitting Interested Persons.

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

Part IV Business Transactions Involving Interested Persons

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

Part V Supplemental Information

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

Return Reference	Explanation
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Department of the Treasury
Internal Revenue Service

1990 Schedule

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions
www.irs.gov/form990.

Supplemental Information		Explanation

N A. LINE THOMAS M. CLARKE, PRESIDENT/CEO A

N A, LINE 1 THOMAS M CLARKE, PRESIDENT/CEO AND DIRECTOR, IS RELATED DIRECTOR

N B, LINE 2 FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS

Inspection

—

FORM 990, PART VI,
12C

REQUIRED TO ANNUALLY COMPLETE A WORKABILITY DATA AND IS SUBJECT

BOARD, AS WELL AS TOP MA

	OF THE COMPANY
FORM 990, PART VI, SECTION C, LINE 12	THE ORGANIZATION STATEMENT

19	STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	TRANSFERS -109,089
FORM 990, PART XII, LINE 2C	NO CHANGE IN METHOD SINCE PRIOR YEAR
SUPPLEMENTAL INFORMATION	<p>NURSING & REHABILITATION SERVICES - 6 AWARD WINNING FACILITIES. KISSITO OPERATES SIX AWARD WINNING SKILLED NURSING AND REHABILITATION FACILITIES THAT DELIVER EXCEPTIONAL SPECIAL NEEDS SERVICES LIKE VENTILATOR DEPENDENT CARE, COMPLEX WOUND CARE, HEMODIALYSIS, ALZHEIMER/DEMENTIA CARE, POST-ACUTE REHABILITATION, ASSISTED LIVING, AND CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS. TWO-THIRDS OF THE PATIENTS KISSITO CARES FOR ARE SHORT-TERM REHABILITATION PATIENTS WITH A PLAN TO RETURN TO HOME. PATIENTS ARE GETTING OLDER, THEY'RE WAITING LONGER TO SEEK HELP, AND DISEASES CONTINUE TO EVOLVE. AS A FORWARD-LOOKING NURSING HOME OPERATOR, WE STRIVE TO MEET THE NEEDS OF TODAY WHILE EVOLVING WITH THE CHANGES SHAPING TOMORROW. HIGH ACUTY SKILLED NURSING - RESPIRATORY CARE CENTER OF EXCELLENCE. AS MORE AND MORE SENIOR SAGE IN PLACE, THE ROLE OF THE NURSING HOME IS CHANGING. KISSITO BELIEVES THAT THE ROLE OF A NURSING HOME WILL BE TO CARE FOR THOSE SENIORS WHO NEED EXTENSIVE HIGH-ACUTY SERVICES. BOTH SHORT-TERM AND LONG-TERM IN VIRGINIA, KISSITO HAS TRANSFORMED A TRADITIONAL NURSING HOME INTO A 60-BED HIGH-ACUTY RESPIRATORY CENTER OF EXCELLENCE. THE CENTER IS DESIGNED TO CARE FOR VENTILATOR AND TRACHEOTOMY DEPENDENT PATIENTS. AT THIS FACILITY WE BOTH WEAN PATIENTS OFF OF THE VENTILATOR SO THEY MAY RETURN TO THEIR COMMUNITY AND WE CARE FOR THOSE ON A VENTILATOR LONG TERM AND PROVIDE A HIGH QUALITY OF LIFE WHILE DOING SO NATIONALLY RECOGNIZED AND AWARDED BY THE AMERICAN ASSOCIATION OF RESPIRATORY CARE, KISSITO'S RESPIRATORY CENTER OF EXCELLENCE IS IN HIGH DEMAND AND RECEIVES PATIENTS FROM AS FAR AWAY AS THE U.S. VIRGIN ISLANDS AND HAWAII. MODEL OF CARE - CP2 (COLLABORATIVE PATIENT CARE PATHWAY) OVER 22 PERCENT OF MEDICARE PATIENTS RELEASED FROM THE HOSPITAL RETURN WITHIN 30 DAYS, AND THE LEADING CAUSE IS THEIR INABILITY TO MANAGE THEIR CONDITION. KISSITO RECOGNIZED THAT PATIENTS AND THEIR FAMILIES COULD BE EMPOWERED TO MAINTAIN THEIR HEALTH AND BREAK THE HOSPITALIZATION CYCLE. WORKING WITH DR. STEVEN R. HAHN, MD OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE, KISSITO DEVELOPED THE COLLABORATIVE PATIENT CARE PATHWAY OR CP2. THIS EVIDENCE-BASED MODEL OF CARE HAS ALREADY BEEN IMPLEMENTED IN MULTIPLE PROVIDER SETTINGS ACROSS THE COUNTRY. AND EARLY RESULTS SHOW DRAMATICALLY REDUCED READMISSION RATES WITH PATIENTS ENJOYING LONGER, HEALTHIER AND HAPPIER LIVES. KISSITO IS COMMITTED TO MAKING CP2 THE STANDARD MODEL OF CARE ACROSS MULTIPLE PROVIDER SETTINGS - HOME AND COMMUNITY BASED SERVICES - PACE AND MFP. IN AMERICA, WE INSTITUTIONALIZE OUR ELTERS IN NURSING HOMES AT A FAR GREATER RATE THAN ANY WHERE ELSE IN THE WORLD. ARIZONA AND OREGON OFFER UP STUNNING EXCEPTIONS. 16/17 PERCENT OF THE OVER 65 POPULATION IS INSTITUTIONALIZED COMPARED TO A NATIONAL AVERAGE THAT IS DOUBLE. LE THAT WHEN THE COUNTRY'S DEFICIT SPENDING HAS RUN ITS COURSE, AND AS HEALTHCARE SERVICE COSTS BECOME MORE HOLISTIC AND INTEGRATED, KISSITO BELIEVES OUR ELDERLY POPULATION WILL ONCE AGAIN BE CARE FOR AT HOME - WITH BETTER OUTCOMES AND AT LOWER COSTS. FEDERALLY-FUNDED PACE (PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY) AND MFP (MONEY FOLLOWS THE PERSON) ARE TWO OF OUR PROGRAMS KISSITO HAS IMPLEMENTED TO KEEP OR BRING OUR ELTERS HOME TO LIVE AMONGST FAMILY AND FRIENDS. KISSITO BELIEVES HIGH-QUALITY, HOME-CENTERED CARE IS THE WAY OF THE FUTURE. AND WE INTEND TO BE AT THE FOREFRONT OF IT. KISSITO AT HOME (MFP) RESEARCH SHOWS THERE ARE FAR TOO MANY ELTERS INSTITUTIONALIZED IN NURSING HOMES, MANY OF WHOM COULD LIVE INDEPENDENTLY IN THE COMMUNITY WITH THE RIGHT HOME AND COMMUNITY BASED SERVICES AVAILABLE TO THEM. KISSITO AT HOME IS A MONEY FOLLOWS THE PERSON PROGRAM DESIGNED TO ALLOW A PERSON LIVING IN A NURSING HOME TO TRANSITION BACK INTO THE COMMUNITY AND HAVE THEIR HOME AND COMMUNITY BASED SERVICES COORDINATED FOR THEM UNTIL THE TRANSITION IS COMPLETE. KISSITO PACE STAYING INDEPENDENT AND REMAINING AT HOME IS IMPORTANT FOR OUR COMMUNITY'S SENIORS. HOWEVER, SAFE TY AND PROPER CARE ARE SERIOUS CONCERN. KISSITO PACE UNDERSTANDS THIS AND HELPS SENIORS STAY HEALTHY AND LIVING AT HOME. SENIORS IN THE KISSITO PACE PROGRAM BENEFIT FROM A WIDE RANGE OF HEALTHCARE SERVICES PROVIDED IN OUR PACE CENTER AND AT HOME, 24 HOURS A DAY, 7 DAYS A WEEK, AND 365 DAYS A YEAR. KISSITO PACE RELIEVES THE BURDEN ON FAMILY CAREGIVERS BY PROVIDING WHEEL CHAIR ACCESSIBLE TRANSPORTATION, CARE COORDINATION, AND COMPLETE ACCESS TO HEALTHCARE SERVICES FOR THEIR PARTICIPANTS. ELDER HOUSING AFFORDABLE HOUSING FOR THE FRAGILE ELDERLY. KISSITO HAS TAKEN STEPS TO CREATE PARTNERSHIPS AND PROGRAMS THAT ADDRESS THE LACK OF AFFORDABLE ELDER HOUSING AND THE ACCESS OF HOME AND COMMUNITY BASED SERVICES IN OUR COMMUNITIES THROUGH ACQUISITION, NEW CONSTRUCTION, AND COLLABORATION. KISSITO IS INVOLVED IN MANY ELDER HOUSING DEVELOPMENT PROJECTS. PACE ALTERNATIVE HOUSTON THE RIVERSIDE DEVELOPMENT IN COLLABORATION WITH HARRIS HEALTH SYSTEM, KISSITO IS DEVELOPING A LARGE MEDICAL SERVICES COMPLEX IN HOUSTON, TX TO SERVE THE DUALLY ELIGIBLE POPULATION OF ELTERS LOCATED IN THE RIVERSIDE DISTRICT. THE COMPLEX WILL HOUSE ALL THE SERVICES OF A TRADITIONAL PACE CENTER IN ADDITION TO WOMEN'S HEALTH SERVICES, GERIATRIC DENTISTRY SERVICES, AND VARIOUS HOME AND COMMUNITY BASED SERVICE PROVIDERS. ELDER HOUSING WILL BE LOCATED ON THE SAME CAMPUS AS THE WELLNESS MEDICAL CENTER COMPLEX AND PROVIDE ONSITE AND OFFSITE ACCESS TO MEDICAL SERVICES ALLOWING THE TENANTS TO AGE IN PLACE. ELDER HOUSING ROANOKE, VIRGINIA DEVELOPMENT IN ROANOKE, VA WHERE KISSITO HEALTHCARE HAS BASED THEIR HOME OFFICE OPERATIONS. THERE ARE ESTIMATED TO BE ABOUT 800 DUALLY ELIGIBLE SENIORS UNNECESSARILY INSTITUTIONALIZED IN NURSING HOMES. IF HOUSING OPTIONS WERE MADE AVAILABLE THEY COULD RE-ENTER THE COMMUNITY AND LIVE INDEPENDENTLY. IN AN EFFORT TO CREATE SUCH OPPORTUNITIES, KISSITO IS IN THE PROCESS OF ACQUIRING SEVERAL MULTI-FAMILY PROPERTIES THAT WILL BE CONVERTED INTO ADA-COMPLIANT HOUSING FOR THE FRAIL AND ELDERLY. MEDICAL SERVICES WILL BE AVAILABLE ONSITE, WHERE POSSIBLE, TO ALLOW FOR THE SAFEST AND HEALTHIEST ENVIRONMENT FOR SENIORS TO AGE IN PLACE AT AN AFFORDABLE PRICE POINT. TECHNOLOGY AND CLINICAL ACCELERATORS. KISSITO RECOGNIZES THAT THE SAFETY AND WELL BEING OF ITS PATIENTS AND PARTICIPANTS MUST BE INSURED AROUND THE CLOCK TO PREVENT UNNECESSARY FALLS AND MEDICALLY-RELATED SETBACKS FROM OCCURRING BY INVESTING SIGNIFICANT TIME, MONEY, AND RESOURCES. KISSITO IS DEVELOPING AND IMPLEMENTING SEVERAL KEY PRODUCTS AND SYSTEMS THAT WILL WIRELESSLY MONITOR A PATIENT OR PARTICIPANT'S HEALTH AND SAFETY. RELATED INDICATORS. ONE OF SUCH PRODUCTS IS THE ISHOE. KISSITO HAS ENGAGED IN A COLLABORATION WITH NASA TO FURTHER DEVELOP NASA-BASED TECHNOLOGY THAT WILL ALLOW KISSITO TO MONITOR PATIENT ACTIVITY, BALANCE, GAIT, AND FUNCTIONAL PERFORMANCE WIRELESSLY IN THE HOME. WITH OVER 350,000 ELDERLY FALLS WITH INJURY REPORTED ANNUALLY, THE ISHOE REPRESENTS A SIGNIFICANT BREAKTHROUGH IN PATIENT SAFETY AND AN EXCITING OPPORTUNITY TO PREVENT NEEDLESS DEATH AND INJURY AMONG OUR GROWING SENIOR POPULATION.</p>
RESEARCH AND HEALTHCARE DELIVERY/EAST AFRICA	<p>KISSITO HEALTHCARE INTERNATIONAL SERVES THE WORLD'S MOST VULNERABLE PEOPLE WITH LOW-COST, HIGH IMPACT HEALTHCARE SOLUTIONS WITH A SPECIAL FOCUS ON IMPROVING HEALTH, NUTRITION, AND LIVELIHOOD. KHI CURRENTLY HAS ACTIVE PROGRAMS IN ETHIOPIA, SOMALIA, SOUTH SUDAN, AND UGANDA. SOME OF THE PROGRAMS ARE AS FOLLOWS: ETHIOPIA 1. MALARIA PREVENTION "BEGARA" FOR A MAJOR LARIA-FREE SOCIETY (JOINT PROGRAM WITH CCRDA-ETHIOPIA AND CORE GROUP-ETHIOPIA FUNDED BY THE GLOBAL FUND). WHILE KISSITO'S HOSPITAL IS UNDER CONSTRUCTION IN KAMASHI, THE ORGANIZATION IS COMMITTED TO FIGHTING THE ROOT CAUSES OF MALARIA'S DEADLY PERSISTENCE TOGETHER WITH CORE GROUP-ETHIOPIA AND CCRDA. KISSITO HAS JOINED FORCES WITH THE GOVERNMENT IN ITS COMMITMENT TO REDUCE MALARIA MORBIDITY AND MORTALITY BY 75% BY 2013, COMPARED TO 2001-2005 LEVELS. THE PROGRAM IS A 3-YEAR, MULTIPHASE PROJECT COMBINING VARIOUS PUBLIC RELATIONSHIP/EDUCATIONAL CAMPAIGNS TO IMPROVE TREATMENT-SEEKING AND PREVENTATIVE BEHAVIORS AMONG KAMASHI'S POOR. 2. MORRIS CERULLI KAMASHI TEACHING HOSPITAL CONSTRUCTION, OPERATION AND HEALTH DELIVERY. MORRIS CERULLI KAMASHI TEACHING HOSPITAL CONSTRUCTION, OPERATION AND HEALTH DELIVERY IN THE RIVERSIDE DISTRICT. THE COMPLEX WILL HOUSE ALL THE SERVICES OF A TRADITIONAL PACE CENTER IN ADDITION TO WOMEN'S HEALTH SERVICES, GERIATRIC DENTISTRY SERVICES, AND VARIOUS HOME AND COMMUNITY BASED SERVICE PROVIDERS. ELDER HOUSING WILL BE LOCATED ON THE SAME CAMPUS AS THE WELLNESS MEDICAL CENTER COMPLEX AND PROVIDE ONSITE AND OFFSITE ACCESS TO MEDICAL SERVICES ALLOWING THE TENANTS TO AGE IN PLACE. ELDER HOUSING ROANOKE, VIRGINIA DEVELOPMENT IN ROANOKE, VA WHERE KISSITO HEALTHCARE HAS BASED THEIR HOME OFFICE OPERATIONS. THERE ARE ESTIMATED TO BE ABOUT 800 DUALLY ELIGIBLE SENIORS UNNECESSARILY INSTITUTIONALIZED IN NURSING HOMES. IF HOUSING OPTIONS WERE MADE AVAILABLE THEY COULD RE-ENTER THE COMMUNITY AND LIVE INDEPENDENTLY. IN AN EFFORT TO CREATE SUCH OPPORTUNITIES, KISSITO IS IN THE PROCESS OF ACQUIRING SEVERAL MULTI-FAMILY PROPERTIES THAT WILL BE CONVERTED INTO ADA-COMPLIANT HOUSING FOR THE FRAIL AND ELDERLY. MEDICAL SERVICES WILL BE AVAILABLE ONSITE, WHERE POSSIBLE, TO ALLOW FOR THE SAFEST AND HEALTHIEST ENVIRONMENT FOR SENIORS TO AGE IN PLACE AT AN AFFORDABLE PRICE POINT. TECHNOLOGY AND CLINICAL ACCELERATORS. KISSITO RECOGNIZES THAT THE SAFETY AND WELL BEING OF ITS PATIENTS AND PARTICIPANTS MUST BE INSURED AROUND THE CLOCK TO PREVENT UNNECESSARY FALLS AND MEDICALLY-RELATED SETBACKS FROM OCCURRING BY INVESTING SIGNIFICANT TIME, MONEY, AND RESOURCES. KISSITO IS DEVELOPING AND IMPLEMENTING SEVERAL KEY PRODUCTS AND SYSTEMS THAT WILL WIRELESSLY MONITOR A PATIENT OR PARTICIPANT'S HEALTH AND SAFETY. RELATED INDICATORS. ONE OF SUCH PRODUCTS IS THE ISHOE. KISSITO HAS ENGAGED IN A COLLABORATION WITH NASA TO FURTHER DEVELOP NASA-BASED TECHNOLOGY THAT WILL ALLOW KISSITO TO MONITOR PATIENT ACTIVITY, BALANCE, GAIT, AND FUNCTIONAL PERFORMANCE WIRELESSLY IN THE HOME. WITH OVER 350,000 ELDERLY FALLS WITH INJURY REPORTED ANNUALLY, THE ISHOE REPRESENTS A SIGNIFICANT BREAKTHROUGH IN PATIENT SAFETY AND AN EXCITING OPPORTUNITY TO PREVENT NEEDLESS DEATH AND INJURY AMONG OUR GROWING SENIOR POPULATION.</p>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMITY FELLOWSERVE INC

Employer identification number

36-366653

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controll entity?	
						Yes	No
See Additional Data Table							

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

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b	Yes	
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g	Yes	
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m	Yes	
1n		No
1o		No
1p	Yes	
1q		No
1r		No
1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

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

Return Reference	Explanation
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Schedule R (Form 990) 2013

Additional Data

Software ID:
Software Version:
EIN: 36-3666533
Name: AMITY FELLOWSERVE INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) AFS OF YUMA INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 04-3541452	NURSING CARE	NV	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(1) AFS OF FINCASTLE INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 20-2200518	NURSING CARE	VA	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(2) AFS OF LOWMOOR INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 20-2200224	NURSING CARE	VA	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(3) AFS OF HOT SPRINGS INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 20-2200654	NURSING CARE	VA	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(4) AFS OF BASTIAN INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 20-2200573	NURSING CARE	VA	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(5) AFS OF LEBANON INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 82-0556614	NURSING CARE	NV	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(6) AMITY FELLOWSERVE OF CANE ISLAND INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 20-5234441	GENERAL PARTNER OF ENTITY PROVIDING NURSING CARE	DE	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(7) AMITY FELLOWSERVE OF HONDO INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 31-1594605	NURSING CARE	MD	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(8) MORRIS CERULLO KAMASHI TEACHING HOSPITAL 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 38-3781006	PROVIDE MEDICAL SERVICES IN ETHIOPIA	DE	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(9) KISSITO HEALTHCARE INTERNATIONAL INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 27-0900763	PROMOTION OF INTERNATIONAL HEALTHCARE AND EDUCATION	DE	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(10) BUGOBELO HOSPITAL AND MEDICAL UNIVERSITY 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 26-3522690	PROVIDE MEDICAL SERVICES IN UGANDA	DE	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(11) KISSITO PACE OF ROANOKE INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 27-2972573	ELDER HOME CARE	VA	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(12) KISSITO 1884 HOUSE INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 46-1553054	ELDER HOME CARE	VA	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(13) KISSITO PACE OF HOUSTON INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 45-2462039	ELDER HOME CARE	VA	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	
(14) KISSITO VILLAGE OF ROANOKE INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 46-1870152		VA	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	