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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 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 \$ 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 \$)

4c

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

4d

Other program services (Describe in Schedule O)

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















4e

Total program service expenses

2,014,215

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
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 	10	No
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 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
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 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
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 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
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	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
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	18	No
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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	37	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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.	53	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.			
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)?			No
4b 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?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
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?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
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?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b 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?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

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	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		
1b	Enter the number of voting members included in line 1a, above, who are independent	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
7b	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	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(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) EMILO ZAGA ADMINISTRATOR	0 00 40 00					X		0	126,198	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	995,644	684,927	66,685

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.

(A)	(B)	(C)
Name and business address	Description of services	Compensation

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 0

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	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			
	Other Revenue	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			(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
d		Net rental income or (loss)					
7a			(i) Securities	(ii) Other			
			73,307				
		b	Less cost or other basis and sales expenses	0			
		c	Gain or (loss)	73,307			
d		Net gain or (loss)	73,307	73,307			
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					
9a			Gross income from gaming activities See Part IV, line 19				
		a					
		b	Less direct expenses b				
c	Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances					
	a						
	b	Less cost of goods sold b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		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	237,325	10c	46,168
	b	Less accumulated depreciation	10b	98,179			
	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 checked="" 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 Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	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 Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

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.

▶ 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.

OMB No 1545-0047

2013

Open to Public
Inspection

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

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?

(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 IIISupport 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 <input type="checkbox"/>						

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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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	
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

OMB No 1545-0047

2013

Open to Public Inspection

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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 ▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	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 | b (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

	Yes	No
3a(i)		
3a(ii)		
3b		
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 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 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.

[illegible]

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMITY FELLOWSERVE INC

Employer identification number
36-3666533

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>		No
<div><div>2</div><div>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?</div></div>	Yes	
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>		No
<div><div>8</div><div>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</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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	0	0	0	251	175,251	0
	(ii)	0	0	0	0	0	0	0
(2)ANGELA MATTOCKS CNO	(i)	175,000	0	0	0	9,345	184,345	0
	(ii)	0	0	0	0	0	0	0
(3)ROBERT MCCLINTIC ADMINISTRATOR	(i)	0	0	0	0	0	0	0
	(ii)	154,177	0	0	0	0	154,177	0
(4)ADAM MERRELL ADMINISTRATOR	(i)	0	0	0	0	12,629	12,629	0
	(ii)	159,050	0	0	0	0	159,050	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)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ 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.

OMB No 1545-0047
2013
Open to Public Inspection

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) THOMAS M CLARKE	OFFICER	BUSINESS		X	656,215	758,701		No	Yes		Yes	
Total ▶ \$						758,701						

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMITY FELLOWSERVE INC

Employer identification number
36-3666533

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	
FORM 990, PART VI, SECTION A, LINE 2	THOMAS M CLARKE, PRESIDENT/CEO AND DIRECTOR, IS RELATED BY MARRIAGE TO ANA CLARKE, DIRECTOR
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS BEFORE IT IS FILED
FORM 990, PART VI, SECTION B, LINE 12C	OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY COMPLETE A WRITTEN CONFLICT OF INTEREST DISCLOSURE
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS DETERMINED BY REFERENCE TO COMPARABILITY DATA AND IS SUBJECT TO REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF THE BOARD, AS WELL AS TOP MANAGEMENT OF THE COMPANY
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL 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 SENIORS AGE 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 ELDERLY IN NURSING HOMES AT A FAR GREATER RATE THAN ANYWHERE ELSE IN THE WORLD. ARIZONA AND OREGON OFFER UP STUNNING EXCEPTIONS. 1/6/17 PERCENT OF THE OVER 65 POPULATION IS INSTITUTIONALIZED COMPARED TO A NATIONAL AVERAGE THAT IS DOUBLED. THAT WHEN THE COUNTRY'S DEFICIT SPENDING HAS RUN ITS COURSE, AND AS HEALTHCARE SERVICES BECOME MORE HOLISTIC AND INTEGRATED, KISSITO BELIEVES OUR ELDERLY POPULATION WILL ONCE AGAIN BE CARED 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 PROGRAMS KISSITO HAS IMPLEMENTED TO KEEP OR BRING OUR ELDERLY 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 ELDERLY 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, SAFETY AND PROPER CARE ARE SERIOUS CONCERNS. KISSITO PACE UNDERSTANDS THIS AND HELPS SENIORS TO 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 FRAIL AND 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 HOUSING - THE RIVERSIDE DEVELOPMENT IN COLLABORATION WITH HARRIS HEALTH SYSTEM, KISSITO IS DEVELOPING A LARGE MEDICAL SERVICES COMPLEX IN HOUSTON, TX TO SERVE THE DUALY ELIGIBLE POPULATION OF ELDERLY 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 DUALY 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 HOMES. USING 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 COLLABORATIVE PARTNERSHIP 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 MALARIA-FREE SOCIETY (JOINT PROGRAM WITH CCORDA-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 CCORDA, 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, MULTI-PHASE PROJECT COMBINING VARIOUS PUBLIC RELATIONS/EDUCATIONAL CAMPAIGNS TO IMPROVE TREATMENT-SEEKING AND PREVENTATIVE BEHAVIORS AMONG KAMASHI'S PEOPLE. 2. MORRIS CERULLO KAMASHI TEACHING HOSPITAL. CONSTRUCTION, OPERATION AND HEALTH DELIVERY INTEGRATION PROGRAM. THE GOAL IS TO PROVIDE QUALITY HEALTH SERVICES TO COMMUNITIES IN KAMASHI ZONE, WITH A SPECIAL FOCUS ON MATERNAL AND CHILD HEALTH. PROGRAM STRATEGIES INCLUDE: 1. CONSTRUCTION OF A 60-BED ACUTE CARE HOSPITAL OF INTERNATIONAL STANDARDS IN THE KAMASHI ZONE, OPERATION OF THE HOSPITAL TO INTERNATIONAL STANDARDS, HEALTHCARE DELIVERY SYSTEM INTEGRATION, HEALTH WORKERS' TRAINING, PLACEMENT AND RETENTION, HEALTH EXTENSION WORKERS' TRAINING, PLACEMENT AND RETENTION, IMPROVED MEDICAL EQUIPMENT AND SUPPLIES DELIVERY THROUGH UTILIZATION OF OR STRENGTHENING OF EXISTING NETWORKS AND PARTNERSHIPS AND/OR THE DEVELOPMENT OF NEW ONES AS APPROPRIATE. 3. ADDIS ABABA SIPARA MATERNAL, CHILD AND NEWBORN HEALTH HOSPITAL, A 60-BED KISSITO OWNED AND OPERATED CHARITABLE HOSPITAL WITH SOME OF THE BEST HEALTH OUTCOMES IN ALL OF EAST AFRICA, IN 2012, KHI TOTALED 2,275 BABIES DELIVERED WITH 911 CAESAREAN DELIVERIES. 4. HADIYA ZONE. KISSITO IMPLEMENTED A COMMUNITY-BASED MALNUTRITION INTERVENTION FOR CHILDREN AND PREGNANT AND/OR LACTATING MOTHERS. KISSITO HAS REHABILITATED OVER 3,000 CHILDREN AND PREGNANT AND/OR LACTATING MOTHERS WHO WERE SEVERELY MALNOURISHED IN HADIYA ZONE IN 2012. 5. DUNA AND HALABA SPECIAL WOREDAS IN THE SNNPR. KISSITO IMPLEMENTED EMERGENCY NUTRITION PROGRAM FUNDED BY THE UNOCHA-HRF. KISSITO TREATED 7,758 MALNOURISHED CHILDREN UNDER THIS PROGRAM IN 2011-2012. 6. HALABA SPECIAL WOREDA. KISSITO PROVIDED TRAINING TO 2019 HEALTH STAFF INCLUDING 1073 HEALTH EXTENSION WORKERS AND 906 COMMUNITY MEMBERS. IN THE HEALTH DEVELOPMENT ARMY IN 2012. UGANDA 1. OPERATION OF THE PEDIATRIC REHABILITATION CENTER IN PARTNERSHIP WITH SERVING HIS CHILDREN IN PARTNERSHIP WITH SERVING HIS CHILDREN (SHC), UGANDA'S MOST SUCCESSFUL REHABILITATION PROGRAM FOR SEVERELY MALNOURISHED CHILDREN, KISSITO/SHC HAVE OPENED A NEW MALNUTRITION REHABILITATION CENTER IN MANAFWA DISTRICT. THE CENTER HAS THE CAPACITY OF SERVING UP TO 20 PEDIATRIC PATIENTS AND THEIR FAMILY CAREGIVERS AT ANY ONE TIME. THE CENTER SPECIALIZES IN CASES RECOGNIZED AS SEVERELY 2. EMERGENCY OBSTETRICAL AND NEWBORN CARE TRAINING INITIATIVES IN MBALE AND MANAFWA DISTRICTS ADDRESSING UGANDA'S UNACCEPTABLY HIGH MATERNAL MORTALITY RATE AND INFANT MORTALITY RATIO. KISSITO IS TRAINING LOCAL CLINICIANS AND OTHER HEALTH WORKERS TO IDENTIFY HIGH-RISK MOTHERS AND HELP SAVE LIVES THROUGH AN INTENSIVE, MULTI-YEAR TRAINING PROGRAM INVOLVING UGANDA'S NURSES AND MIDWIVES. 3. OPERATIONAL, PUBLIC-PRIVATE PARTNERSHIP WITH BUGOBERO HEALTH CENTER IV, MANAFWA DISTRICT. KISSITO'S TRANSFORMATIVE PARTNERSHIP PLAN INCLUDES KISSITO COST-SHARING WITH THE MANAFWA DISTRICT GOVERNMENT ADMINISTRATION TO SPONSOR STAFF, ESSENTIAL DRUGS, EQUIPMENT, AND ONGOING TRAINING. PHYSICAL IMPROVEMENTS INCLUDE EXTENSIVE RENOVATIONS AND UPGRADES TO MEET AND EXCEED HEALTH CODES PUT IN PLACE BY THE MINISTRY OF HEALTH. IN RECOGNITION OF THE TRANSFORMATIVE WORK HAPPENING AT BUGOBERO, A RECOMMENDATION IS IN PLACE TO UPGRADE BUGOBERO FROM A HEALTH CENTER IV DESIGNATION TO A GENERAL HOSPITAL. 4. TRAINING AND EQUIPPING COMMUNITY HEALTH WORKERS (CHW) PROGRAM IN MANAFWA DISTRICT. MANAFWA DISTRICT HAS A LARGE POOL OF COMMUNITY HEALTH WORKERS, BUT FUNDING AND STAFF CONSTRAINTS LEAVE THEM UNDERTRAINED AND UNDERUTILIZED. KISSITO PARTNERS WITH THE ADMINISTRATION OF MANAFWA AND ITS HEALTH MINISTRY TO PROVIDE RESOURCES FOR ONGOING TRAINING, EQUIPPING AND DEPLOYMENT OF THESE INDIVIDUALS. 5. UNIVERSITY RESEARCH PARTNERSHIP. PEDIATRIC DIARRHEA IN UGANDA AND DEVELOPING SOCIETIES. THE MAJOR GOAL OF KISSITO/UNIVERSITY OF TEXAS SCHOOL OF PUBLIC HEALTH'S AMBITIOUS UNDERTAKING IS TO ESTABLISH THE ETIOLOGY OF DIARRHEA AMONG CHILDREN IN THE DEVELOPING WORLD, USING POPULATIONS IN ETHIOPIA, UGANDA AND MEXICO. 6. PUBLIC-PRIVATE PARTNERSHIP WITH MBALE DISTRICT ADMINISTRATION AND HEALTH OFFICE (32 FACILITIES, SERVING A DISTRICT OF 332,200 INDIVIDUALS). WORKING CLOSELY WITH MBALE DISTRICT GOVERNMENT TO STRENGTHEN ITS EXISTING HEALTH FACILITIES/PROGRAMS THROUGH PROVISION OF DRUGS, SUPPLIES, EQUIPMENT, TRAINING AND SKILLED PERSONNEL. 7. OPERATIONAL PARTNERSHIP OF FLAGSHIP FACILITY MBALE REGIONAL REFERRAL HOSPITAL PROVIDING EMERGENCY OBSTETRIC TRAINING, TECHNICAL SUPPORT, AND EQUIPPING THE HOSPITAL WITH ESSENTIAL DRUGS AND MEDICAL SUPPLIES. 8. PUBLIC-PRIVATE PARTNERSHIP WITH MANAFWA DISTRICT ADMINISTRATION AND DISTRICT HEALTH OFFICE (23 HEALTH UNITS, SERVING A DISTRICT OF 339,300 INDIVIDUALS). KISSITO IS WORKING HAND IN HAND WITH MANAFWA DISTRICT GOVERNMENT TO STRENGTHEN ITS EXISTING HEALTH FACILITIES/PROGRAMS THROUGH PROVISION OF DRUGS, SUPPLIES, EQUIPMENT, TRAINING AND SKILLED PERSONNEL. 9. ADDITIONAL FACILITIES RECEIVING KISSITO TECHNICAL/OPERATIONAL SUPPORT INCLUDE WANALE HEALTH CENTER III, HEALTH CENTER IV, BUSIU HEALTH CENTER IV AND BUTURI/CHRISCO HEALTH CENTER IV, BUSHIKA HEALTH CENTER, BUSHIYA HEALTH CENTER, AND NAMANYONYI HEALTH CENTER. 10. PARTNERSHIP WITH MBALE CAP (COALITION AGAINST POVERTY) TO PROVIDE TRANSPORT SERVICES FOR EMERGENCY & OBSTETRICAL SERVICES IN RURAL DISTRICTS THROUGH MOTORCYCLE AMBULANCES. OTHER INTERVENTIONS (THROUGH THIS PARTNERSHIP) INCLUDE TRAINING OF CLINICAL STAFF, COMMUNITY HEALTH WORKERS AND ASSISTED VAGINAL DELIVERY UTILIZING KIVI OMNI EXTRACTION CUPS. SOUTH SUDAN. KISSITO'S PROJECT WAS ACCEPTED INTO THE CONSOLIDATED APPEAL OF THE UNITED NATIONS OFFICE OF COORDINATED HUMANITARIAN AFFAIRS (UNOCHA) TO PROVIDE LIFE-SAVING EMERGENCY NUTRITION SERVICES AND LOCAL HEALTHCARE CAPACITY STRENGTHENING FOR MALNOURISHED MOTHERS AND CHILDREN IN THE STATE OF JONGLEI. SOUTH SUDAN. THE PROJECT IS BEING FUNDED JOINTLY BY UNOCHA AND PLAN INTERNATIONAL IN COLLABORATION WITH PLAN INTERNATIONAL, KHI WILL DO THE FOLLOWING - RAPID ASSESSMENTS - ESTABLISHMENT OF STABILIZATION CENTERS FOR MOTHERS AND CHILDREN - ESTABLISHMENT OF OUTPATIENT THERAPEUTIC PROGRAMS - SUPPLEMENTARY FEEDING PROGRAMS - COMMUNITY OUTREACH AND EDUCATION - CAPACITY BUILDING OF LOCAL HEALTH WORKERS - IMPROVED HEALTH MANAGEMENT INFORMATION SYSTEMS - COORDINATION OF LOCAL PARTNERS AND GOVERNMENT HEALTH SERVICES. SOMALIA. HEALTH. KISSITO'S PROJECT WAS ACCEPTED INTO THE CONSOLIDATED APPEAL OF THE UNITED NATIONS OFFICE OF COORDINATED HUMANITARIAN AFFAIRS TO STRENGTHEN THE GAROWE GENERAL HOSPITAL IN THE STATE OF PUNJLAND THROUGH PROVISION OF ESSENTIAL HEALTH SERVICES PACKAGE. PROPOSED INTERVENTIONS INCLUDE: - EQUIPPING THE HOSPITAL WITH ESSENTIAL DRUGS AND MEDICAL SUPPLIES - PROCUREMENT OF MOTORCYCLE AMBULANCES TO PROVIDE ON-TIME TRANSPORT SERVICES - ENSURING SUFFICIENT STAFFING AT THE HOSPITAL - TREATMENT OF MALNOURISHED CHILDREN AND LACTATING MOTHERS - IMPROVEMENT OF SANITATION - ESTABLISHING CLINICAL PROTOCOLS, INFORMATION SYSTEMS, AND STAFFING. G. MODELS NUTRITION. KISSITO'S PROJECT WAS ACCEPTED INTO THE CONSOLIDATED APPEAL OF THE UNITED NATIONS OFFICE OF COORDINATED HUMANITARIAN AFFAIRS TO PROVIDE EMERGENCY NUTRITION SERVICES AMONG GAROWE AND BOSSASSO INTERNALLY DISPLACED PERSONS (IDPS).</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMITY FELLOWSERVE INC

Employer identification number
36-3666533

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) controlled 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) JMS BUILDERSDEVELOPERS INC 1481 LITTLE TIMBER RIDGE BUCHANAN, VA 24066 02-0548591	CONSTRUCTION	VA	AMITY FELLOWSERVE INC	S	-28,851	118,221	50 010 %		No
(2) KISSITO COLLABORATIVE CARE SERVICES INC 5228 VALLEYPOINTE PKWY BLDG B STE 1 ROANOKE, VA 24019 46-2226860	CONSULTATION	VA		S					No

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

Yes

No

No

No

Yes

No

No

Yes

No

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

Schedule R (Form 990) 2013

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.

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 LOW MOOR INC 5228 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE 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 VALLEYPOLNTE PKWY BLDG B STE 1 ROANOKE, VA 24019 46-1870152		VA	501(C)(3)	LINE 9	AMITY FELLOWSERVE INC	Yes	