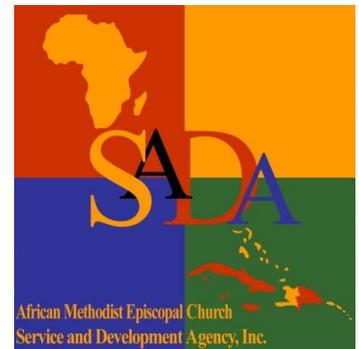


THE AFRICAN METHODIST EPISCOPAL CHURCH SERVICE AND DEVELOPMENT AGENCY, INC.



AME-SADA 2014 Annual Report





The African Methodist Episcopal Church Service and Development Agency (AME-SADA) is a non-profit organization dedicated to improving the quality of life in Africa and the Caribbean. AME-SADA grew out of the collective efforts of five unique and pioneering individuals: Bishop John H. Adams, Bishop Fredrick C. James, Ms. Wilburn Boddie, Reverend Lonnie Johnson and Dr. Joseph C. McKinney. We give special recognition to Bishop Donald G. K. Ming for his unbroken support and dedication to the vision of our Founders.

Since its founding more than three decades ago, AME-SADA has demonstrated the implementation of its mission of *“helping people help themselves”* by providing essential assistance to those in need through health, micro-enterprise, agriculture and education programs as well as emergency humanitarian aid in Africa and the Caribbean. AME-SADA is looking to expand its programs as resources allow.

AME-SADA’s financial support comes from the AME Church, government and international agencies, foreign institutions, non-profit organizations, foundations and thousands of persons committed to our vision of a better world. AME-SADA is headquartered in Washington, DC.

**MESSAGE FROM THE CHAIRMAN OF THE BOARD
AND EXECUTIVE DIRECTOR**

This past year AME-SADA has endeavored to stabilize its financial resources in light of the continued challenges that its mission demands. As we celebrate the completion of 38 years of service, the organization has engaged its field and headquarters staff in a series of strategic reflections to address its needs and objectives. As a result, while maintaining focus on our core sectors of Education and Health we now seek to emphasize agriculture and add alternative energy to our project portfolio thereby providing a more integrated program implementation approach to insure a more effective and efficient use of our human, material and financial resources. In the Health Sector we endeavor to respond to the growing needs of the population we serve in Haiti. While emphasizing child and maternal health services, AME-SADA is finding new ways to respond as a full service provider for patients seeking treatment for HIV/AIDS. As we continue the implementation of our current USAID-funded health sub-contracts, we have secured additional funds for these programs to insure their expansion and strengthening. This expansion includes beginning the work on the Bercy Transition Center for At-risk Pregnant Women made possible with funding from the 11th Episcopal District Women's Missionary Society's Dorothy Adams Peck Leadership Institute, Bishop McKinley Young, Supervisor Dorothy Jackson Young, the W. K. Kellogg Foundation and other grants and donations. In Education, in Haiti, we are now emphasizing school health thereby allowing us to reach a new target group consisting of young people who are more than five years old. In Haiti we will be involving our constituents in areas of agricultural production and rudimentary agricultural processing aimed at increasing their sources and margins of profit. Through a Grant from W. K. Kellogg Foundation AME-SADA has begun a study to Identify Approaches to Increase Family Economic security and Improve Agricultural development in Haiti. We are also seeking new sources of funding to develop the Agricultural sector generally. While seeking new and more diverse sources of funding for its programs, AME-SADA is now developing closer ties with partners working in the same sectors in order to increase our outreach, especially on the Continent of Africa. In South Africa, AME-SADA has completed its USAID/ASHA grants to support the development of the infrastructure of the Wilberforce Community College (WCC) campus. The search for additional support for the campus' existing and developing academic programs and community outreach is being broadened to include the investigation of the feasibility of solar energy training and a trial solar farm for the WCC campus. The opening of a West Africa Regional Office in Monrovia Liberia was delayed with by the Ebola Crisis. The reassessment of the situation will proceed with Ghana as a possible alternative site.

AME-SADA is very grateful to USAID, the AME Church, the W.K Kellogg Foundation, other non-government organizations and the many individuals and churches who continue to support our activities and show great confidence in our programs. In the coming year, AME-SADA anticipates diversifying its funding sources and geographical outreach as it initiates operations in new countries in Africa and the Caribbean. After thirty-eight years of operation, as we look to the future, we are grateful to the many organizations and individuals who have supported and believe in our entrenched commitment of improving the quality of life for all people. We appreciate the dedication of our staff who devote themselves, under difficult conditions, to the underserved populations we support. We are challenged by the ever-increasing need for our assistance and remain steadfast to our mission of "Helping People Help Themselves". We thank you and ask again for your continued support.

With warm regards,

McKinley Young

Bishop McKinley Young
Chairman of the Board of Directors

Robert Nicolas

Robert Nicolas
Executive Director

I. HAITI

The Republic of Haiti is located in the western third of the island of Hispaniola. The island is shared with the Dominican Republic. Haiti gained its independence from France in 1804. French and Creole are the two official languages. Haiti's territory consists of 28,000 square kilometers with five mountain ranges occupying 75% of the landmass. The country is divided into ten departments, 140 municipalities ("communes") and 561 districts ("sections communales").

By 2014 Haiti's population was 9,996,731. The female population is greater, with 5,035,655 women, representing 50.3% of the total, compared to 4,961,076 or 49.7% men.

AME-SADA works within the Western Department whose overall population is estimated at over 3,400,000 people. The Western Department includes mountainous and very isolated rural areas, coastal regions, as well as several urban and peri-urban zones including the capital city of Port-au-Prince. The portions of the Chaîne des Matheux, Cabaret and Arcahaie where AME-SADA carries out its assistance, has a population of approximately 350,000 people. Despite some improvements in the last few years, there is still an insufficient road network and most of the rural communities served by AME-SADA remain isolated and suffer from environmental degradation caused by erosion and deforestation.



January 2014 marked four years since the devastating earthquake which struck Haiti, killing an estimated 220,000 people, injuring over 350,000 and leaving close to a million people homeless. Since that time, the country has faced numerous other challenges, including a cholera outbreak in October 2010 which killed approximately 8400 people and sickened over 685,000 people, the impact of subsequent disasters (most notably Hurricane Sandy in October 2012), the food crisis in November 2012 and political unrest. While some positive progress has been made over the past four years, daily life for many of those affected by the several disasters remains a struggle. An estimated 150,000 people are still living in "temporary" camps and an additional 150,000 – 200,000 living in informal camps and settlements with little hope for permanent housing in the near future. (International Organization for Migration) Through various resettlement programs some people moved out of the camps in the more visible parts of Port-au-Prince and re-settled elsewhere under equally precarious conditions. Many have relocated in close proximity to the areas served by AME-SADA. More than 80% of the population of Haiti live below the poverty line and 54% live in abject

poverty. Thousands still lack access to basic services such as clean water, sanitation and basic medical care. Unemployment continues to be in the 40% range and even higher for youth groups.

A. AME-SADA IN HAITI

For over 28 years AME-SADA has been working with the people of Haiti in the sectors of Health, Education, Micro-Credit, Agriculture and Humanitarian Aid. The staff of AME-SADA, despite nearly overwhelming challenges, remains committed to positively impacting the lives of the Haitian people, particularly those in need. Our ongoing programs are described below.

1. HEALTH

Access to basic medical care remains difficult to achieve for the people of Haiti, especially those living in the rural areas. The latest statistics available show that there are approximately 0.25 medical doctors (including general practitioners and specialists) per 1,000 of the population. There are 1.3 hospital beds/1,000-population.

Four years after the earthquake, Haiti's health care system remains in disarray. Hundreds of thousands (especially those living in the remote areas) remain without basic health care, proper sanitation and clean water.

Despite many hurdles faced in the year 2013, the AME-SADA staff managed to achieve the following outcomes:

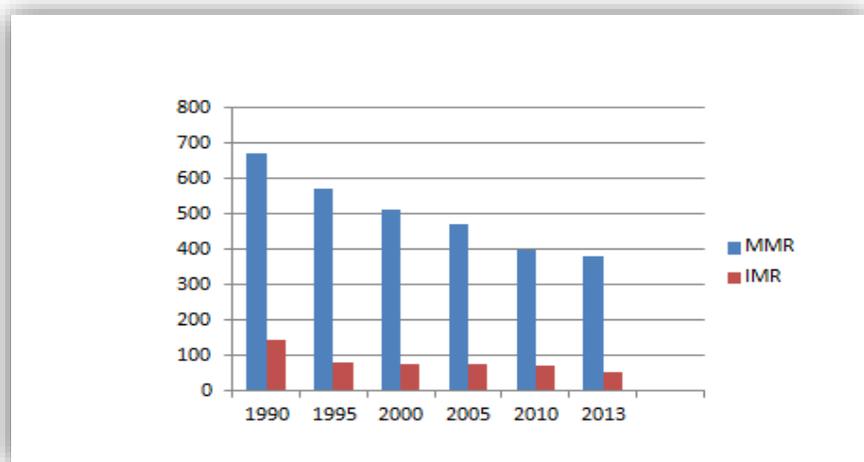
- A total of 146,398 patients were seen in six AME-SADA clinics. Approximately 4,500 patients attended the mobile clinics (most in the area of Delices I and Delices II;
- 2,242 women received pre-natal consultation during their first trimester of pregnancy;
- 9,949 women received all of their recommended pre-natal visits;
- 3,698 pregnant women received all recommended vaccinations during their pregnancy;
- 2,628 home deliveries were attended by a trained, equipped and supervised TBA;
- 1,770 women received a home visit by an AME-SADA medical staffer within 3 days of delivery and 1,566 received such visits more than 3 days after delivery. Delivery at Pont Matheux was suspended temporarily in 2013 for administrative reasons and re-started in late 2014.
- 4,420 women were tested for HIV; 64 were tested positive and received preventive (PMTCT) treatment;
- 9,795 new participants enrolled in the family planning program, helping to achieve a total of 203,479 women currently practicing some form of effective family planning;
- 18,342 children under 5 years of age received their first dose of vitamin A and 12,058 have received their second dose;
- 8,408 children less than 5-years old received all of the recommended vaccinations; larger numbers could have been reached, but for the shortage of vaccination and distribution problems experienced by the Ministry of Health (MSPP).

a. Child and Maternal Health

Maternal and infant mortality rates have improved tremendously. However, much more remains to be done. The maternal mortality rate has declined from 670 deaths/ 100, 000 live births in 1990 to 380 deaths/100,000 live births in 2013. The infant mortality rate also decreased tremendously from

143 deaths/1,000 live births to approximately 51 deaths/1,000 live births in 2013. This remarkable decline in both maternal and infant mortality rates can be credited to the effort and hard work from the non-profit organizations, a national vaccination campaign and the fact that more and more women are being seen during pregnancy.

Year	Maternal mortality ratio (MMR)	Maternal deaths	Number of AIDS-related indirect maternal deaths
2013	380	1,000	30
2005	470	1,300	59
2000	510	1,400	76
1995	580	1,600	70
1990	670	1,800	31



Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) in Haiti 1990 to 2013

1. USAID Sub-Contract

AME-SADA has continued to expand its child and maternal health services through a **local USAID-funded sub-contract**. This project serves a population of over 350,000 people and provides direct services for over 65,000 children (age 0 to 5 years), and over 95,000 women (15 to 49 years) in the Arcahaie/Cabaret regions and sections of Port-au-Prince. To-date the program also employs 72 AME-SADA physicians, nurses, nurses' assistants, laboratory and pharmacy technicians, social workers and a psychologist along with 111 Health Agents and 388 Traditional Birth Attendants (TBA) who provided medical services and promote health care awareness in their respective communities. The project's main objectives are to reduce morbidity and mortality of children less than 5 years of age and women of childbearing age with the following interventions:



WMS contributions to maternal and child Care



3rd Episcopal District Donated Vitamins



Newborn Clinic receiving donations from 3rd Episcopal District

- 1) Improving access to maternal and newborn health care services
- 2) increases access to vaccination for infants and children under 5 years
- and 3) increasing the quality of assessment and the management of Diarrhea and Pneumonia.

Additional Support: AME-SADA Haiti has received substantial support (valued at US\$12,000.00) for the maternal and child health programs through donation of baby clothes, essential vitamins and new-born packets from the generous donations of the Third Episcopal District's WMS and Lay Organization, under the leadership of Bishop McKinley Young and Supervisor Dr. Dorothy Jackson Young and the International President of the Women's Missionary Society, under the leadership of Dr. Shirley Cason-Reed. The vitamins are essential for pregnant and lactating women and children under 5 years old while the new-born comfort packets are used as an incentive to encourage new mothers to visit the clinics for medical follow-up.

2. W.K. Kellogg Foundation Grant

AME-SADA has begun a project to improve child and maternal health in Arcahaie (Akayè in Creole), Haiti, through increased access to clinical services, pre- and post-delivery care to women and school health programs. The project is funded by a grant from the W.K. Kellogg Foundation of Battle Creek, Michigan (WKKF). This grant supports a child centered program in Haiti that links children and their

families to community activities, clinical services and school based interventions that can improve their health. According to The World Health Organization, healthy early childhood development strongly influences well-being, obesity/stunting, mental health, heart disease, competence in literacy, numeracy, criminality, and economic participation throughout life. This project takes clear aim at helping communities, families and individuals improve early childhood development in the region. Efforts focus on provision of preventive and clinical services for early childhood including vaccination and nutrition as a child survival program, providing access to health services for children enrolled in primary school including: de-worming, micronutrient supplementation, control of malaria, as well as vision and hearing screening, while strengthening the link between schools, parents, communities and local health services as a school based program. Maternal health care is being improved through provision of clinical services throughout pregnancy with special attention to the prevention of mother to child transmission of HIV. Assistance to orphaned children affected by HIV is also being addressed. The project promotes lifelong health behaviors through skills-based community health education. Improvements to the infrastructure of schools and clinics are designed to increase access to clean water and sanitation and improve the child, and community environment. The resources provided by WKKF have allowed AME-SADA to increase substantially the populations receiving services, especially in the areas of Leger, Delice I and Delice II.



School Health Site



Pupils at School Health Site

These efforts go across the entire community and help people know and participate in what it takes to have a healthy environment for themselves and for the future of their children. The project relies on AME-SADA's long and positive relationship with the community and with local leadership and follows our vision of integrated programs that tie health, education, agriculture and economy.

3. HIV/AIDS

The prevalence of HIV/AIDS in the AME-SADA target area is over 8%. This rate is much higher than the national average of 2.26% reported in most publications. AME-SADA provides Voluntary Testing, Pre and Post Testing Counseling for HIV at all of its 8 health centers (Bellanger, Delice I and II, CRAH/Port-au-Prince, Fond Baptiste, Pont Matheux, Source Mattelas, Leger. Full Anti Retro-viral (ARV) treatment is currently provided only in two clinics (CRAH in Port-au-Prince) and Pont Matheux Clinic (Arcahaie). From January to December 2014, more than 6,813 people were tested for HIV. 184 were tested positive and 127 of them are currently receiving treatment. In the last 12 months, approximately 42 women received the initial prevention of transmission and treatment from mother to child (PMTCT), and their babies were born without being infected with the HIV virus.

AME-SADA's goal is to be able to provide full treatment as well as nutritional and other support for all HIV/AIDS patients at all of its clinics. At this time, this goal remains a challenge because AME-SADA can only offer the test for the CD4 count (control of how well an HIV/AIDS patient's immune system is

doing) at the Pont Matheux clinic. No funds are yet available to provide nutritional support for the HIV/AIDS patients. AME-SADA is continuing to seek additional funding to expand this level of service for all of its clinics.

4. Malnutrition Program

For the last decade AME-SADA has received funding from a USAID-financed sub-grant to implement a malnutrition program. This program enables AME-SADA staff to identify and treat severely malnourished children at the Pont Matheux clinic. In 2014, the program identified and treated approximately 2500 children in the Arcahaie region alone. Through the mothers' clubs (groups organized by AME-SADA to empower women in their communities) women learn to use local foods to maximize the nutritional intake of their babies upon weaning. This program is working well and received positive feedback from the community at large. It is also now being expanded with new funds received from WKKF.

b. Cholera Treatment and Prevention

The cholera outbreak in Haiti was classified as one of the worst cholera epidemics in the world. Cholera killed 5,000 Haitians in its first year. In the four years since the outbreak, more than 8500 Haitians died from cholera and more than 685,000 have become sick—approximately one in 15 people. The number of cases has dropped significantly as a result of a massive public education campaign by the Ministry of Health and organizations like AME-SADA. Cholera, however, still persists in Haiti—hundreds of cases are encountered yearly, especially during the rainy season. In 2012, the Ministry of Health (MSPP) established treatment centers in the regions covered by the AME-SADA clinics, thereby eliminating the need for AME-SADA to treat cholera patients. It is, however, almost impossible to eradicate Cholera in Haiti until the core problems of accessibility to clean water and sanitation are addressed.

One of AME-SADA's goals is to train local mothers' clubs (organized in the last few years) in the use of spring cap construction and other more permanent systems to provide isolated communities with access to potable water. AME-SADA anticipates working in collaboration with Howard University (School of Engineering) to build safe water sources once funding is secured. Funding is being sought to undertake this activity. Some funding has already been received from the YPD to field test this project.

c. New Initiatives:

1. Transitional and Treatment Facility for at risk pregnant women in Bercy

In Haiti, maternal mortality, although improved, remains the highest in the Western Hemisphere. The primary objective of this project is to ensure that at risk pregnant women in the communities where AME-SADA provides services, have access to adequate medical care. This work is currently conducted on a limited basis, in existent clinics, a Transitional Facility will be constructed (Phase I to be completed by the end of 2016) in Bercy (on the border between Arcahaie and Cabaret) that will house these women, provide the special care needed during pregnancy and near the time of their delivery or transfer them to the regional hospitals if surgery or other more specialized treatment is required. This additional access to care will in turn contribute to the decrease of child and maternal morbidity and mortality. The Bercy Transition Center for At-risk Pregnant Women, so far has received funding from the 11th Episcopal District Women's Missionary Society's Dorothy Adams Peck Leadership Institute, Bishop McKinley Young, Supervisor Dorothy Jackson Young, a grant from the United Way of St. Thomas and St. John, the W.K. Kellogg Foundation and several individual private donors.



Setting the Cornerstone in Bercy



Bishop Young and Supervisor Young and their delegation visiting Bercy

2. Study to Identify Approaches to Increase Family Economic Security and Improve Agricultural development in Haiti.

The project is funded by a grant from the **W.K. Kellogg Foundation** of Battle Creek, Mich. It is based on the idea that integrated development is the key to improvement of any community. Locally driven development must be based on economic security which in rural areas is firmly tied to the land. If support for agricultural development can be provided, a community can move forward in other areas of development. AME-SADA has a long history of assistance in health and education in the region and these and other critical development thrusts can continue into the future if there is an increase in family economic security based on agricultural development in the region. Project efforts will focus on preparation of a diagnostic study leading to an assessment of the feasibility of integrating moringa and congo pea cultivation and the development of goat farming in the Archaie region. By integrating rural planning compatible with the biodiversity of the region and the development of sectors which increase the income of small farmers/producers in the region, we will improve food security in the

area and help participants (the local population) to afford improved access to health care and the other basic needs of life.



Focus Group for WKKF Agricultural study

The study will provide the data to develop a strategy for the environmental planning and technical support for the producers and the creation of economic infrastructures that will contribute to the improvement of the quality of life of the population and especially that of the most vulnerable--children. It is anticipated that the study will lead to development of moringa farming on 220 hectares, pigeon pea farming on 400 hectares, improved fodder availability and quality and introduction of a population of more productive goats, thereby tripling meat production and introducing related products. It should promote additional support for agricultural transformation and marketing. In short, the region should begin to be much more productive and thereby able to sustain many more of the vital needs of its population.

II. SOUTH AFRICA



The Republic of South Africa is located on the Southern tip of the continent of Africa and at 471,010 square miles is approximately twice the size of the State of Texas. It has a population of approximately 48,375,645. This estimate takes into account the effects of excess mortality due to AIDS, which can result in lower life expectancy, higher infant mortality and death rates, lower population growth rates and changes in the distribution of population than would otherwise be expected. Per the 20011 census, the population is 80% Black African, 8.4% White, 8.8% Colored (SIC) and 2.5% Indian /Asian. It is estimated that 6,274,100 South Africans (ranked number 2 in the world), including 19.5% of all adults (country comparison to the world #4) have HIV/AIDS. The average life expectancy of males is 50.52 years and of females is 48.58 years. The mortality rate for South Africa is ranked number 1 in the world. Approximately 50% of South Africans live below the poverty line (World Bank 2011 est.); the unemployment rate is in excess of 25% overall and much higher for youth 15-24 years (51.5%)¹ and in the townships.

South Africa's recent history was filled with strife which included pass laws and informal and later legally institutionalized segregation. In 1961 South Africa achieved political independence and declared itself a republic. Despite opposition both in and outside of the country, the government legislated for a continuation of apartheid. The laws that defined apartheid finally began to be repealed or abolished by the National Party in 1990 after a long and sometimes violent struggle (including economic sanctions from the international community) by the Black majority as well as many White, Colored, and Indian South Africans. Regular elections had been held for almost a century; but the majority of South Africans were not enfranchised until 1994 when the end of apartheid ushered in Black majority rule. South Africa is currently known for diversity in cultures, languages and religious beliefs. Several philosophies and ideologies have developed in South Africa, including *ubuntu* (the belief in a universal bond of sharing that connects all humanity). Eleven Official languages are recognized in the constitution. English is the most commonly spoken language in official and commercial public life; however, it is only the fifth most-spoken home language. South Africa is ethnically diverse, with the largest European, Indian and racially mixed communities in Africa. Although 79% of the South African population is Black, the people are from a variety of ethnic groups speaking different Bantu languages, nine of which have official status.

The "Rainbow Nation", a term coined by Archbishop Desmond Tutu and later adopted by then President Nelson Mandela as a metaphor to describe the country's newly developing multicultural diversity after segregationist apartheid ideology, continues to move to equalize the opportunities of all South Africans and to reduce the devastating impact of AIDS on the population.

A. The AMEC IN SOUTH AFRICA AND THE BIRTH OF WILBERFORCE

The African Methodist Episcopal Church has had a strong presence in South Africa since the late 1800's through its churches and various community outreach programs. In 1908, the AMEC founded Wilberforce Institute in Evaton (Township outside of Johannesburg). The institution played an important part in the development of the town of Evaton. The school was the hub of social activity for the neighborhood, offering all manner of entertainment including choral competitions, cultural days, sporting events, to name a few. The school also had a reputation for academic excellence and molded many of Africa's leaders, such as Kenneth Kaunda, former President of Zambia and Dr. Hastings Kamuzu Banda, former President of Malawi, and others. At the time of its inception, Wilberforce and Lovedale (later to become Fort Hare), were literally the only sources of Black post-secondary education in South Africa. With the advent of the enforcement of the apartheid policies of

¹ The World Factbook, June 1, 2012

Bantu Education in 1953, the Church elected to close the school rather than cooperate with the new laws established by the regime at that time. When the barriers of the apartheid system began to be dismantled the AMEC decided to reopen Wilberforce. AME-SADA was called upon to spearhead the construction for this endeavor. Wilberforce re opened under the name of Wilberforce Community College (WCC), keeping the original campus, renovating its buildings and undertaking a modernization program to serve the future of South Africa.

CONSTRUCTION

In 1996, AME-SADA was awarded the a grant from the United States Agency for International Development/Office of American Schools and Hospitals Abroad (USAID/ASHA) for the design and construction of the Multipurpose Educational Facility with a library, classroom and administration facility. This was the first visible step in the rebuilding of the campus.

In 1998, AME-SADA was awarded another grant from USAID/ASHA for the construction of the Distance Learning Center (DLC) and faculty housing. In 1999, a third grant was awarded for the design and construction of the Dormitory Facilities. Construction was completed in December 2010 on the USAID/ASHA funded Dining Hall and the USAID/ASHA funded Student's Community Center construction was completed in June 2011. A total of five construction projects were completed in all.



The Maxeke / McKinney Renaissance Building housing administration and lecturers' offices, library, conference rooms, study rooms, classrooms, computer lab, science lab, and a main hall.

The newest campus construction, the Dining Hall and Students' Community Center provide more of the usual amenities of campus life as well as increasing the college's opportunity to be self contained. The Dining Hall will standardize the cost for student meals and assure adequate nourishment for all students who previously relied on a variety of individual sources of food. Positioned in proximity to the Students' Community Center as well as the Dormitories, the Dining Hall can also provide catering for events held at the Center thereby increasing the variety of its uses to the community and increasing its impact on the sustainability of the College.



Dining Hall

The Students'/ Community Center provides a campus venue for large events (300 – 500 seats) such as graduations, conferences, dramatic, musical and other artistic presentations, etc. and in addition can serve as a community outreach facility. The Distance Learning Center, Dormitories, Dining Hall and Students'/Community Center together place Wilberforce Community College in a unique position as a Convention Center in the heart of the Evaton Community and Gauteng Province. We anticipate that this will provide opportunities for community service as well as generate income for the College.



Students'/Community Center

AME-SADA has a multi-year commitment to the development of the Core Campus of the Wilberforce Community College. Upon approval by the WCC Board and campus leadership, additional proposals will be submitted to USAID/ASHA and other donors for assistance in financing the completion of its construction and development of its programs as the college grows in the future.



Students at Wilberforce Community College Distance Learning Center

WCC currently has more than 600 enrollees and offers academic programs mirroring a US community college in Business and Management Science with specialties in Accounting and Business Studies, Marketing and Human Resources. WCC recently engaged in the final steps of its accreditation with the Provincial Department of Education and receives support funds for eligible students as a Further Education and Training (FET) Institution. New guidelines from the Government of South Africa required WCC and all FET Institutions to focus on specific programs of study which the nation will need in the future. These include vocational training as well as higher levels of offerings in management and business than WCC had offered in the past. This change in programming occasioned a short term decrease in enrollment while WCC's public reacquainted itself with the college's offerings. The new curriculum has already commenced re-building enrollment as the nation moves toward the education goals it has set for itself. Wilberforce looks forward to operating as a Technikon (South African Community College) and following that, the College aims to establish three 4-year National Diploma and Degree programs of study. The long term vision for Wilberforce includes expanding the course offerings to support the educational needs of a growing Sub-Saharan Africa. These areas of growth potential include the practical needs of teacher enrichment, health care service delivery and administration, municipal management and community economic development. Such projects as the current investigation of the feasibility of solar farming on the College land, in concert with training programs in solar panel construction and repair would serve the needs of the college, the community and the nation.

B. FUTURE GROWTH

AME-SADA anticipates the development of programs in West Africa with the opening of an office in the region by late 2016. The emphasis, at first, will be on the development of child and maternal health programs, with a review of the agricultural and educational sectors for possible expansion.

AME-SADA BOARD OF DIRECTORS

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FOUNDERS OF AME-SADA

Bishop John H. Adams
Bishop Frederick C. James
Dr. Joseph C. McKinney
Mrs. Wilburn Boddie
Reverend Lonnie Johnson

AME - Service and Development Agency
Profit & Loss
 January through December 2014

	<u>US</u>	<u>HAITI</u>	<u>TOTAL</u>
Ordinary Income/Expense			
Income			
Grants/Contracts			
AME Church Grant	561,336.00	-	561,336.00
WK Kellogg Health Grant	450,500.00	-	450,500.00
WK Kellogg Agricultural Grant	50,000.00	-	50,000.00
Pathfinder SSQH Grant	-	794,083.79	794,083.79
Total Grants/Contracts	<u>1,061,836.00</u>	<u>794,083.79</u>	<u>1,855,919.79</u>
3500 - Interest Income	792.92	-	792.92
43400 - Direct Public Support			
3005 - AME-SADA SUNDAY DONATIONS	76,855.04	-	76,855.04
3007 - STOVES FOR HAITI	1,500.00	-	1,500.00
3030 - In Kind - Gifts, Goods			
3030.10 - Baby Supplies	9,000.00	-	9,000.00
3030.20 - Vitamins	3,000.00	-	3,000.00
Total 3030 - In Kind - Gifts, Goods	<u>12,000.00</u>	<u>-</u>	<u>12,000.00</u>
43400 - Direct Public Support - Other	7,836.92	-	7,836.92
Total 43400 - Direct Public Support	<u>98,191.96</u>	<u>-</u>	<u>98,191.96</u>
Total Income	<u>1,160,820.88</u>	<u>794,083.79</u>	<u>1,954,904.67</u>
Gross Profit	1,160,820.88	794,083.79	1,954,904.67
Expense			
5010 - Salaries	182,625.68	-	182,625.68
5025 - Staffing Fees	8,000.00	-	8,000.00
5110 - Health Insurance			
5112 - Dental	890.98	-	890.98
5110 - Health Insurance - Other	17,014.86	-	17,014.86
Total 5110 - Health Insurance	<u>17,905.84</u>	<u>-</u>	<u>17,905.84</u>
5120 - Employee Benefits	830.88	-	830.88
5130 - Social Security Expense	11,322.49	-	11,322.49
5135 - Medicare Expense	2,648.13	-	2,648.13
5140 - SUTA Expense	3,617.96	-	3,617.96
Overseas Programs Expense: Admin/CRAH/PPS	67,690.54	120,930.95	188,621.49
WK Kellogg Health Program Expense	199,041.93	-	199,041.93
WK Kellogg Agriculture Program Expense	37,945.00	-	37,945.00
Pathfinder SSQH Program Expense	-	554,023.37	554,023.37
6002 - Consultants			
6002.10 - U.S. Support	3,000.00	-	3,000.00
6002.20 - Haiti Support	55,000.00	-	55,000.00
Total 6002 - Consultants	<u>58,000.00</u>	<u>-</u>	<u>58,000.00</u>
6004 - Charitable Gifts	1,725.05	-	1,725.05
6006 - ADVERTISING	425.00	-	425.00
6010 - Rent	13,200.00	-	13,200.00
6040 - MEMBERSHIP AND DUES	3,080.00	-	3,080.00

AME - Service and Development Agency
Profit & Loss
 January through December 2014

	<u>US</u>	<u>HAITI</u>	<u>TOTAL</u>
6200 · TRAVEL & LODGING	56,743.24	-	56,743.24
6220 · TRAVEL & TRANSPORT LOCAL	3,943.57	-	3,943.57
6311 · OFFICE EXPENSE	5,693.55	-	5,693.55
6312 · EQUIPMENT & SUPPLIES	7,105.96	-	7,105.96
6320 · BANK SERVICE CHARGES	4,667.35	-	4,667.35
6322 · POSTAGE - DELIVERY	220.00	-	220.00
6323 · PAYROLL PROCESSING	2,654.49	-	2,654.49
6332 · TELEPHONE & ACCESSORIES	7,444.09	-	7,444.09
6336 · COMPUTER MAINTENANCE ACCESSORIE	800.00	-	800.00
6337 · EQUIPMENT RENTAL AND LEASE	203.66	-	203.66
6340 · MEETINGS, TRAINING, CONFERENCES	9,333.04	-	9,333.04
6501 · AUDIT FEES	50,000.00	-	50,000.00
6502 · ACCOUNTING FEES	18,000.00	-	18,000.00
6520 · INTEREST EXPENSE	8,945.62	-	8,945.62
7000 · Taxes	21.03	-	21.03
9000 · In-Kind Support	12,000.00	-	12,000.00
Total Expense	<u>795,834.10</u>	<u>674,954.32</u>	<u>1,470,788.42</u>
Net Ordinary Income	<u>364,986.78</u>	<u>119,129.47</u>	<u>484,116.25</u>
Net Income	<u>364,986.78</u>	<u>119,129.47</u>	<u>484,116.25</u>

AME - Service and Development Agency
Balance Sheet
As of December 31, 2014

	<u>US</u>	<u>HAITI</u>	<u>TOTAL</u>
ASSETS			
Current Assets			
Checking/Savings	449,033.27	17,575.05	466,608.32
Accounts Receivable	3,144.31	178,549.32	181,693.63
Total Current Assets	<u>452,177.58</u>	<u>196,124.37</u>	<u>648,301.95</u>
Fixed Assets			
Computers & Equipment	1,347.00	108,679.29	110,026.29
Materials	-	30,180.36	30,180.36
Vehicles	-	59,785.90	59,785.90
Land (Bercy)	-	52,933.39	52,933.39
Accumulated Depreciation	-	(162,640.78)	(162,640.78)
Total Fixed Assets	<u>1,347.00</u>	<u>88,938.16</u>	<u>90,285.16</u>
TOTAL ASSETS	<u>453,524.58</u>	<u>285,062.53</u>	<u>738,587.11</u>
LIABILITIES & EQUITY			
Liabilities			
Current Liabilities			
Accounts Payable	9,283.53	6,263.25	15,546.79
Payroll Liabilities	29,614.20	153,970.71	183,584.91
Total Current Liabilities	<u>38,897.73</u>	<u>160,233.97</u>	<u>199,131.70</u>
Long Term Liabilities			
2201 - DUE TO AME CHURCH BBT COLAT	150,000.00	-	150,000.00
2215 - BBT COMMERCIAL LOAN (Item Proc)	141,091.78	-	141,091.78
2260 - Subordinated - Loan (RN)	54,442.13	-	54,442.13
Total Long Term Liabilities	<u>345,533.91</u>	<u>-</u>	<u>345,533.91</u>
Total Liabilities	384,431.64	160,233.97	544,665.61
Equity			
30000 - Opening Balance Equity	(294,061.47)	188,458.31	(105,603.16)
32000 - Unrestricted Net Assets	(1,832.37)	(182,759.22)	(184,591.59)
Net Income	364,986.78	119,129.47	484,116.25
Total Equity	<u>69,092.94</u>	<u>124,828.56</u>	<u>193,921.50</u>
TOTAL LIABILITIES & EQUITY	<u>453,524.58</u>	<u>285,062.53</u>	<u>738,587.11</u>



Pont Matheux Clinic serving Archaie Arondissement (Population 150,000) 24 hours/day

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AME-SADA depends on contributions to carry out its essential work in Africa and the Caribbean.

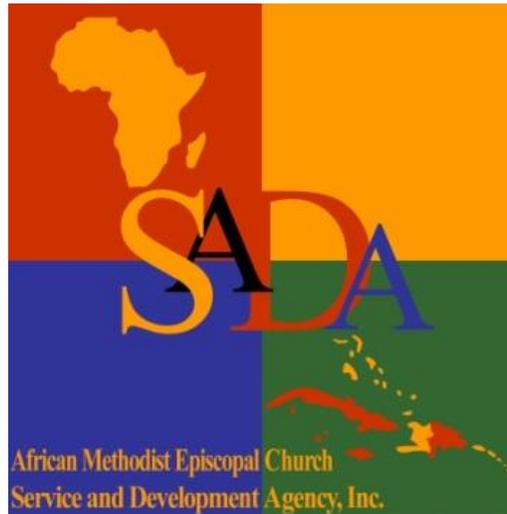
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Grounded in the African Methodist Episcopal Church's mission to seek out and save the lost and serve the needy, we affirm the worth, dignity, human rights of every person and the interdependence of all life. The African Methodist Episcopal Church Service and Development Agency (AME-SADA) is a voluntary, non-profit organization working to help people help themselves throughout the world by providing essential assistance to those in need through health, education and micro-enterprise programs.

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