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Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

# 2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type  See Specific Instructions	<b>C</b> Name of organization <b>AMIKIDS, INC.</b> <b>(GROUP)</b>		<b>D</b> Employer identification number  <b>59-2878383</b>
		Doing Business As		<b>E</b> Telephone number <b>(813) 887-3300</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>5915 BENJAMIN CENTER DRIVE</b>		
		City or town, state or country, and ZIP + 4 <b>TAMPA, FL 33634</b>		
<b>F</b> Name and address of principal officer: <b>OTIS B. STANDER</b> <b>5915 BENJAMIN CTR DR, TAMPA, FL 33634</b>				<b>G</b> Gross receipts \$ <b>71,989,211.</b> <b>H(a)</b> Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number <b>▶ 8529</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>L</b> Year of formation  <b>M</b> State of legal domicile
<b>J</b> Website: <b>▶ WWW.AMIKIDS.ORG</b>				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>THE ORGANIZATIONS ARE AN AFFILIATED GROUP OF 70 ASSOCIATED CHARITABLE ORGANIZATIONS LOCATED</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	753
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	752
	5	Total number of employees (Part V, line 2a)	5	1781
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	73,508,570.	66,815,526.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<109,982.>	23,501.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,574,585.	2,892,707.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	74,973,173.	69,731,734.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	49,097,547.	46,357,453.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>25,869.</b>		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	27,096,065.	23,607,220.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	76,193,612.	69,964,673.	
19	Revenue less expenses. Subtract line 18 from line 12	<1,220,439.>	<232,939.>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	37,972,273.	38,061,838.
	22	Net assets or fund balances. Subtract line 21 from line 20	21,387,633.	21,477,121.
			16,584,640.	16,584,717.

## Part II Signature Block

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

**Sign Here** ▶ *William L. Griffin* Signature of officer Date **5/4/11**  
**WILLIAM L. GRIFFIN, CFO** Type or print name and title

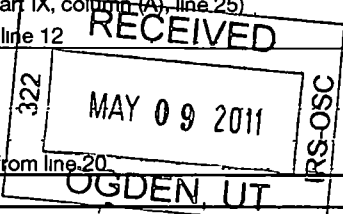
**Paid Preparer's Use Only** Preparer's signature ▶ *Melann Fung, CPA* Date **5/3/11** Check if self-employed  Preparer's identifying number (see instructions)  
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **CROSS, FERNANDEZ & RILEY, LLP**  
**201 S. ORANGE AVE., SUITE 800**  
**ORLANDO, FL 32801-3421** EIN ▶ Phone no ▶ **(407) 841-6930**

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

15 620

SCANNED MAY 23 2011



Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION THE AMIKIDS GROUP'S MISSION IS TO HELP TROUBLED YOUTH DEVELOP INTO RESPONSIBLE AND PRODUCTIVE CITIZENS. THE AMIKIDS GROUP STRIVES TO POSITIVELY IMPACT TROUBLED YOUTH THROUGH THE EFFORTS OF A DIVERSE AND INNOVATIVE STAFF AND LEADERS. THE AMIKIDS GROUP ORGANIZATIONS WORK IN

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 [X] 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 [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 31585724 . including grants of \$ ) (Revenue \$ ) RESIDENTIAL BOYS

AS AN ALTERNATIVE TO INSTITUTIONS, AMIKIDS' RESIDENTIAL PROGRAMS COMBINE EDUCATION, COUNSELING AND COMMUNITY SERVICE PROJECTS. BECAUSE JUVENILE OFFENDERS HAVE STRAYED BEYOND SCHOOL DISRUPTIVENESS INTO CRIMINAL BEHAVIOR, AMIKIDS STRIVES TO HELP THEM RECOVER THEIR LIVES AND FIND NEW DIRECTION, PROVIDING EFFECTIVE TREATMENT AS WELL AS COMMUNITY SAFETY. RESIDENTIAL PROGRAMS PROVIDE MORE INTENSIVE GUIDANCE AND ROUND-THE-CLOCK STAFF-SECURE SUPERVISION, ATTENTION AND CARE. THE AVERAGE LENGTH OF STAY IS SIX MONTHS, ALTHOUGH SOME STUDENTS STAY UP TO ONE YEAR, DEPENDING ON HIS OR HER SUCCESS.

4b (Code: ) (Expenses \$ 3,117,694 . including grants of \$ ) (Revenue \$ ) RESIDENTIAL GIRLS-WINGS (WOMEN IN NEED OF GREATER STRENGTH)

TROUBLED TEENAGE GIRLS FACE DESPERATE, LIFELONG CONSEQUENCES WHEN POOR CHOICES ARE MADE AND THEY FACE ADJUDICATION. A PREGNANT TEENAGE GIRL WHO FACES INCARCERATION ALSO FACES THE POSSIBILITY THAT HER CHILD WILL BE PLACED IN CARE OUTSIDE THE FAMILY THROUGH THE FOSTER SYSTEM - NOT A PROMISING START FOR AN INNOCENT YOUNGSTER. AMIKIDS IS ONE OF ONLY A FEW PROGRAMS NATIONWIDE THAT PROVIDE PROGRAMS FOR GIRLS, EXPECTANT GIRLS, AND TEEN MOTHERS AND THEIR BABIES.

4c (Code: ) (Expenses \$ 32654357 . including grants of \$ ) (Revenue \$ ) CO-ED DAY TREATMENT

STUDENTS ARE REFERRED TO THE PROGRAM THROUGH SCHOOL DISTRICTS, JUVENILE JUSTICE OR DIRECTLY BY THE COURTS. KIDS RESIDE AT HOME WHILE IN THE PROGRAM, ALLOWING STAFF TO ADDRESS CURRENT ISSUES IN BOTH THEIR RESIDENCE AND NEIGHBORHOOD.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 67,357,775 .

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

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

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a		490
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b		0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		1781
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	X	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		11
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? N/A		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders N/A	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body		
<b>1b</b> Enter the number of voting members that are independent		
<b>2</b> 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?	X	
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?	X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b> The governing body?	X	
<b>8b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?	X	
<b>10b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>15a</b> The organization's CEO, Executive Director, or top management official	X	
<b>15b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL, GA, SC, IL, VA, PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BILL GRIFFIN - 813-887-3300**  
**5915 BENJAMIN CENTER DRIVE, , TAMPA, FL 33634**

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

**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRENDON BARBER FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
W. BRANTLEY HARVEY FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID J. HULL FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
LIZ MANGHAM FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID B. MITCHELL FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
PAMELA JO MOONEY FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
FRANK A. ORLANDO FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
N. LARON PHILLIPS FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
OTIS B. STANDER FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
NEWTON B. THOMAS FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
DANIEL J. THOMPSON FOUNDATION, CHAIRMAN	5.00	X					0.	0.	0.	
ROBERT S. WEAVER FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
CHARLES WEBSTER FOUNDATION, BOARD MEMBER	1.00	X					0.	0.	0.	
MARK CODD POLK, PRESIDENT	1.00	X					0.	0.	0.	
TIM HARRIS POLK, CHAIRMAN	5.00	X					0.	0.	0.	
CRAIG HILL POLK, BOARD MEMBER	1.00	X					0.	0.	0.	
FRANK KENDRICK POLK, BOARD MEMBER	1.00	X					0.	0.	0.	

AMIKIDS, INC.  
(GROUP)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DON LEWIS POLK, BOARD MEMBER	1.00	X						0.	0.	0.
ANNIE SULLIVAN POLK, BOARD MEMBER	1.00	X						0.	0.	0.
CYNDI TERRI POLK, BOARD MEMBER	1.00	X						0.	0.	0.
CLAIRE TWOMEY POLK, BOARD MEMBER	1.00	X						0.	0.	0.
CADE BENOIT ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
A.J. CREDEUR ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
GLENN DECOU ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS DUPLANTIER ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
GREGORY ELLISON ACADIANA, PRESIDENT	1.00	X						0.	0.	0.
MIKE HARSON ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Total</b>								104,667.	0.	15,700.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PSYCARE 10308 CLUBHOUSE DRIVE, BRADENTON, FL 34202	MEDICAL OVERSIGHT	417,857.
RICHARD PASCENTE, 7831 S. LAWDALE STREET AVE, CHICAGO, IL 60652	FACILITY LEASE	108,000.

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

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**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b> 44,794,456.				
	<b>e</b> Government grants (contributions)	<b>1e</b> 19,603,215.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 241,785.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$	113,889.				
	<b>h Total.</b> Add lines 1a-1f	▶ 66,815,526.				
	Program Service Revenue	<b>2 a</b> _____	Business Code			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		▶				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶ 174,669.			174,669.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross Rents	(i) Real	1,136,126.			
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)	1,136,126.			
	<b>d</b> Net rental income or (loss)	▶ 1,136,126.			1,136,126.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	1,961,589.			
		(ii) Other	24,466.			
		<b>b</b> Less: cost or other basis and sales expenses	2,055,136.	82,087.		
		<b>c</b> Gain or (loss)	<93547.>	<57621.>		
	<b>d</b> Net gain or (loss)	▶ <151,168.>			<151,168.>	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 671,054.				
		<b>b</b> Less: direct expenses	<b>b</b> 120,254.			
<b>c</b> Net income or (loss) from fundraising events		▶ 550,800.			550,800.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
<b>11 a</b> INTERCO CLOSURE DEBT	900099	116,281.			1,162,812.	
<b>b</b> MISCELLANEOUS INCOME	900099	42,969.			42,969.	
<b>c</b> _____						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d	▶ 120,578.					
<b>12 Total revenue.</b> See instructions	▶ 69,731,734.		0.	0.	2,916,208.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	36,298,783.	36,298,783.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,721,968.	1,721,968.		
9 Other employee benefits	4,931,046.	4,931,046.		
10 Payroll taxes	3,405,656.	3,405,656.		
11 Fees for services (non-employees):				
a Management				
b Legal	8,283.	8,283.		
c Accounting	128,761.	128,761.		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	1,589,816.	1,064,885.	523,278.	1,653.
12 Advertising and promotion	197,619.	179,568.		18,051.
13 Office expenses	1,013,254.	869,345.	143,909.	
14 Information technology				
15 Royalties				
16 Occupancy	3,190,786.	3,162,570.	28,216.	
17 Travel	813,413.	813,413.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	858,545.	858,545.		
20 Interest	491,419.	488,754.		2,665.
21 Payments to affiliates	827,323.		827,323.	
22 Depreciation, depletion, and amortization	2,894,541.	2,894,541.		
23 Insurance	2,190,740.	2,190,740.		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>STDNT SPPLS &amp; TRAINING</u>	4,937,140.	4,547,707.	388,933.	500.
b <u>EQUIPMENT &amp; MAINTENANCE</u>	3,032,087.	2,496,238.	535,849.	
c <u>DISTRIBUTIONS TO SCHLS</u>	1,220,883.	1,220,883.		
d <u>OTHER</u>	212,610.	76,089.	133,521.	3,000.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	69,964,673.	67,357,775.	2,581,029.	25,869.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	2,418,106.	1	2,295,386.
	2	Savings and temporary cash investments	8,049,593.	2	8,368,890.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	7,469,320.	4	8,774,244.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,708,153.	9	1,528,375.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 42,346,256.		
	b	Less: accumulated depreciation	10b 25,251,313.	10c	17,094,943.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	107,090.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	37,972,273.	16	38,061,838.	
Liabilities	17	Accounts payable and accrued expenses	16,632,240.	17	17,383,553.
	18	Grants payable		18	
	19	Deferred revenue	800,798.	19	531,453.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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	3,954,595.	23	3,562,115.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	21,387,633.	26	21,477,121.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	13,991,199.	27	14,287,749.
	28	Temporarily restricted net assets	2,486,351.	28	2,189,878.
	29	Permanently restricted net assets	107,090.	29	107,090.
	Organizations that do not follow SFAS 117, 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	<b>Total net assets or fund balances</b>	16,584,640.	33	16,584,717.
	34	<b>Total liabilities and net assets/fund balances</b>	37,972,273.	34	38,061,838.

**Part XI Financial Statements and Reporting**

	Yes	No
<p><b>1</b> 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.</p>		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
<b>b</b> Were the organization's financial statements audited by an independent accountant?	X	
<p><b>c</b> 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.</p>	X	
<p><b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p>		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2009)

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

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.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization **AMIKIDS, INC.**  
**(GROUP)** Employer identification number **59-2878383**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

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

  - (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).

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

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61,773,741.	69,089,823.	71,727,772.	73,508,570.	66,815,526.	342,915,432.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	61,773,741.	69,089,823.	71,727,772.	73,508,570.	66,815,526.	342,915,432.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,097,743.
<b>6 Public support.</b> Subtract line 5 from line 4						332,817,689.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	61,773,741.	69,089,823.	71,727,772.	73,508,570.	66,815,526.	342,915,432.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	177,224.	275,246.	322,991.	931,500.	1,235,357.	2,942,318.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	846,688.	1,075,751.	1,541,923.	414,718.	1,281,219.	5,160,299.
<b>11 Total support.</b> Add lines 7 through 10						351,018,049.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	1,187,327.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.81	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	15	97.84	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

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

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **AMIKIDS, INC.** Employer identification number **59-2878383**  
**(GROUP)**

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

**PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:**

PERIODICALLY THE AMIKIDS GROUP MEMBER ORGANIZATIONS WILL SEND STUDENTS, STAFF AND BOARD MEMBERS TO VISIT THEIR RESPECTIVE STATE LEGISLATURES, INDIVIDUAL LEGISLATORS AND THEIR STAFF IN ORDER TO GIVE PRESENTATIONS AND GENERALLY EDUCATE THE STATE LEGISLATURE ON AMIKIDS' PROGRAMS AND SERVICES.

**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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **AMIKIDS, INC.**  
(GROUP)

Employer identification number  
**59-2878383**

**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).
- |   |  |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space   |  |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06            | 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 XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  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 XIV.
- 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 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 XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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 XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	107,090.	107,090.			
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	107,090.	107,090.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %

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)		X
3a(ii)		X
3b		

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	57,511.	3,718,315.		3,775,826.
b Buildings	296,971.	24,129,873.	14,355,219.	10,071,625.
c Leasehold improvements		1,314,446.	940,010.	374,436.
d Equipment		12,829,140.	9,956,084.	2,873,056.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				17,094,943.



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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 XIV.)	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 XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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 XIV.)	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 XIV.)	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 XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X: THE ORGANIZATION ADOPTED THE ACCOUNTING STANDARD**

UNCERTAINTY IN INCOME TAXES ON JULY 1, 2009, WHICH PROVIDES GUIDANCE ON THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE ORGANIZATION HAS NOT RECOGNIZED A LIABILITY AS A RESULT OF THE IMPLEMENTATION OF THIS NEW STANDARD. A RECONCILIATION OF THE BEGINNING AND ENDING AMOUNT OF UNRECOGNIZED TAX BENEFITS HAS NOT BEEN PROVIDED SINCE THERE IS NO UNRECOGNIZED BENEFIT AS OF THE DATE OF ADOPTION. THE ORGANIZATION HAS NOT

**Part XIV** Supplemental Information *(continued)*

RECOGNIZED INTEREST EXPENSE OR PENALTIES AS A RESULT OF THE IMPLEMENTATION OF THIS NEW STANDARD. IF THERE WERE AN UNRECOGNIZED TAX BENEFIT, THE ORGANIZATION WOULD RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES.

Lined area for supplemental information.



AMIKIDS, INC.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF TOURNAMENT (event type)	KINGFISH TOURNAMENT (event type)	55 (total number)		
Revenue	1	Gross receipts	72,451.	69,704.	529,399.	671,554.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	72,451.	69,704.	529,399.	671,554.
Direct Expenses	4	Cash prizes		33,939.	16,627.	50,566.
	5	Noncash prizes			2,630.	2,630.
	6	Rent/facility costs		12,631.	37,386.	50,017.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	18,424.	6,833.	94,997.	120,254.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 223,467.)
	11	Net income summary. Combine line 3, column (d), and line 10				448,087.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," explain:  
\_\_\_\_\_  
\_\_\_\_\_  
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
b If "Yes," explain:  
\_\_\_\_\_  
\_\_\_\_\_  
11 Does the organization operate gaming activities with nonmembers?  
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

AMIKIDS, INC.

**13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility

**b** An outside facility

<b>13a</b>		%
<b>13b</b>		%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**15a**

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer

Employee

Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**17a**

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**  
Open to Public Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)** Employer Identification number **59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN J. HOTALING ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
LENNY LEMOINE ACADIANA, CHAIRMAN	5.00	X						0.	0.	0.
KYLE LOVE ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
DRU MILKE ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
LUCILLE MOORE ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
MIKE NEUSTROM ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
KENNETH ODINET ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
HENRY "HANK" PERRET ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
JERRY PREJEAN ACADIANA, BOARD MEMBER	1.00	X						0.	0.	0.
BRENDA S. BIRKETT BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
BRETT N. BRINSON BATON ROUGE, PRESIDENT	1.00	X						0.	0.	0.
WALTER S. BROCK BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
CURTIS A. CALLOWAY BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
ROBERT DOWNING BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
DAVID ENGLAND BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
TERRY EVANS BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
TROY D. HEBERT BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
ERIC LANE BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
DONNA M. MAYEUX BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
MIKE MORAN BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS MOREAU BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
JOHN PASTOREK BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
BART PHILLIPS BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
N. LARON PHILLIPS BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
NANCY ROBERTS BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
NEWTON B. THOMAS BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
RALPH E. TYSON BATON ROUGE, BOARD MMBR	1.00	X						0.	0.	0.
LEONARD C. WYATT BATON ROUGE, CHAIRMAN	5.00	X						0.	0.	0.
SARAH BOATRIGHT BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
DAWN BRANCH BAXLEY, PRESIDENT	1.00	X						0.	0.	0.
BENNY DELOACH BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
SHIELA ELLIOTT BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
JAMIE GARDNER BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
FREDDIE HUTTO BAXLEY, CHAIRMAN	5.00	X						0.	0.	0.
JACK KINGSTON BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
PEGGY C. MILES BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
LEWIS PARKER BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
TOMMY SMITH BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
DALE SPELL BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES G. STUCKEY BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN TILLMAN BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
PAT WEBSTER BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
DUANE WHITLEY BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT L. WIGGINS BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
TOMMIE WILLIAMS BAXLEY, BOARD MEMBER	1.00	X						0.	0.	0.
KAYE BERGERON BAYOU REGION, PRESIDENT	1.00	X						0.	0.	0.
ELLIS BONAVENTURE BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
CARL T. DETIVEAUX BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
EUGENE A. DIAL BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
JUDE THADDEUS FANGUY BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
B.J. FRANCIS BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
MALIK HOSSELL BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
BRENDA ELLENDER JOHNSON BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
JEFF LANDRY BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
BERNARD LEVY BAYOU REGION, CHAIRMAN	5.00	X						0.	0.	0.
ANTHONY LEWIS BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
MICHELE R. MOREL BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
PAT PIERRON BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
CLORIS VERDIN BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
JOE WAITZ BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)** Employer Identification number **59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG WEBRE BAYOU REGION, BOARD MMBR	1.00	X						0.	0.	0.
BILL ANTLEY BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
JIMMY BOOZER BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
TOM DAVIS BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
PATRICIA DENKLER BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
SHANNON ERICSON BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
MALCOLM GOODRIDGE BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
REUBEN GREENE BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
MIKE HARRIS BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
NATHAN HARRIS BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
W. BRANTLEY HARVEY BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
HAROLD HIRSCHMANN BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
DAVID HOUSE BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
JOHN HUNTLEY BEAUFORT, PRESIDENT	1.00	X						0.	0.	0.
MIKE INGRAM BEAUFORT, CHAIRMAN	5.00	X						0.	0.	0.
VAN IRWIN BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
BILLY KEYSERLING BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
PAT MCGARITY BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
STEVE MENDOZA BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
CHER MILNER BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL O'FARRELL BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
JIM PALMER BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
DOWARD SANDERS BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
FANNIE SIMMONS BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA WARLEY BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
TOM WILSON BEAUFORT, BOARD MEMBER	1.00	X						0.	0.	0.
NYDIA ABREU BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
WALTER CRAWFORD BIG CYPRESS, CHAIRMAN	5.00	X						0.	0.	0.
KENNETH ENGLER BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
DOUGLAS E. FOWLER BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
SHEILA HARRIS-SCHUTZ BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
SCOTT HENNELLS BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
JAY JOHNSTON BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
EDWARD M. KOLESAR BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
ROBIN MCDONALD BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
JIM MEERPOHL BIG CYPRESS, PRESIDENT	1.00	X						0.	0.	0.
JEFF MILLER BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
JOSEPH PATERNO BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
TAMIKA SEATON BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.
DICK TULLY BIG CYPRESS, BOARD MMBR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN VANDERBURG BIG CYPRESS, BOARD MMR	1.00	X						0.	0.	0.
CHARLES VOGT BIG CYPRESS, BOARD MMR	1.00	X						0.	0.	0.
TRUDI WILLIAMS BIG CYPRESS, BOARD MMR	1.00	X						0.	0.	0.
JUSTIN F. BLUM BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
NICOLE COGDELL-QUICK BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
WILLIE GLADDEN BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
WILLIAM MORRIS HARRINGTON BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
JOHN TROY HENEGAN BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
RONALD HENEGAN BENNETTSVILLE, CHAIRMAN	5.00	X						0.	0.	0.
FREDDIE HODGES BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
CHRISTY HYATT OVERSTREET BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
STUART LINER BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
LARRY MCNEIL BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
GREG OHANESIAN BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
WILHELMINA PEGUES BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
PAT SCOLES BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
JOHNNY SELLERS BENNETTSVILLE, PRESIDENT	1.00	X						0.	0.	0.
ARTEMUS WOODS BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
DEBRA YOUNG BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.
LARRY ZAKY BENNETTSVILLE, BD MMR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

<b>Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>										
(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LEIGHTON BELL SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
H.P. BROOKS SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
REBECCA BURCH SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID CASSIDY SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES DIXON SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
JIM FOXWORTH SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
MARY BETH FREEMAN SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
ANDREA HAMPTON SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
JERRY D. HOLLEY SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
SARAH F. LIENBY SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
DONNA SHOEMAKE SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
JAMES SWEENEY SAND HILLS, CHAIRMAN	5.00	X					0.	0.	0.	
CHARLES E. WATFORD SAND HILLS, BOARD MEMBER	1.00	X					0.	0.	0.	
EARL ALEXANDER WHITE PINES, BOARD MMBR	1.00	X					0.	0.	0.	
CHARLES ATCHISON WHITE PINES, BOARD MMBR	1.00	X					0.	0.	0.	
LAURIE BALLENGER WHITE PINES, BOARD MMBR	1.00	X					0.	0.	0.	
LUMUS BYRD WHITE PINES, BOARD MMBR	1.00	X					0.	0.	0.	
RUDOLPH GORDON WHITE PINES, BOARD MMBR	1.00	X					0.	0.	0.	
LAWSON HAYES WHITE PINES, CHAIRMAN	5.00	X					0.	0.	0.	
RONALD JACKSON WHITE PINES, BOARD MMBR	1.00	X					0.	0.	0.	

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
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OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MITCH KENNEDY WHITE PINES, BOARD MMBR	1.00	X						0.	0.	0.
TONY LISTER WHITE PINES, BOARD MMBR	1.00	X						0.	0.	0.
THOMAS MCMEEKIN WHITE PINES, BOARD MMBR	1.00	X						0.	0.	0.
WADE SHEALY WHITE PINES, BOARD MMBR	1.00	X						0.	0.	0.
BENJAMIN SNODDY WHITE PINES, BOARD MMBR	1.00	X						0.	0.	0.
THOMAS WHITE WHITE PINES, BOARD MMBR	1.00	X						0.	0.	0.
JAMES WILSON WHITE PINES, BOARD MMBR	1.00	X						0.	0.	0.
HANK BRUSER ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.
DAVID BUTLER ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.
JAM DOWNS ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.
JEFF HALL ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.
LISA HARRIS ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.
BOBBI HESS ALEXANDRIA, PRESIDENT	1.00	X						0.	0.	0.
JEROME HOPEWELL ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.
MYRON LAWSON ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.
E.L. PAULK ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.
JIMMY REDFEARIN ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.
LAWRENCE SEARCY ALEXANDRIA, CHAIRMAN	5.00	X						0.	0.	0.
ANN BRAME SILVER ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.
JIM THEUS ALEXANDRIA, BOARD MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)** Employer Identification number **59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL ALESSANDRONI CROSSROADS, BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID FAXON CROSSROADS, BOARD MEMBER	1.00	X					0.	0.	0.	
KENTON HAYMANS CROSSROADS, BOARD MEMBER	1.00	X					0.	0.	0.	
CHRIS MCMILLAN CROSSROADS, PRESIDENT	1.00	X					0.	0.	0.	
ROBERT MCQUEEN CROSSROADS, CHAIRMAN	5.00	X					0.	0.	0.	
FRANK A. ORLANDO CROSSROADS, BOARD MEMBER	1.00	X					0.	0.	0.	
ARNIE SARLOW CROSSROADS, BOARD MEMBER	1.00	X					0.	0.	0.	
SCOTT SCHROEDER CROSSROADS, BOARD MEMBER	1.00	X					0.	0.	0.	
LEE SWIFT CROSSROADS, BOARD MEMBER	1.00	X					0.	0.	0.	
LOUIE WAINWRIGHT CROSSROADS, BOARD MEMBER	1.00	X					0.	0.	0.	
EDDIE WEBB CROSSROADS, BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT WENZEL CROSSROADS, BOARD MEMBER	1.00	X					0.	0.	0.	
RICHARD T. ADAMS MIAMI DADE, BOARD MEMBER	1.00	X					0.	0.	0.	
MITCH BLOOMBERG MIAMI DADE, BOARD MEMBER	1.00	X					0.	0.	0.	
JULIE BRACKEN MIAMI DADE, BOARD MEMBER	1.00	X					0.	0.	0.	
LUIS DE ARMAS MIAMI DADE, BOARD MEMBER	1.00	X					0.	0.	0.	
MARIO DE ARMAS MIAMI DADE, BOARD MEMBER	1.00	X					0.	0.	0.	
LORETTA FABRICANT MIAMI DADE, BOARD MEMBER	1.00	X					0.	0.	0.	
WILLIAM E. GLADSTONE MIAMI DADE, BOARD MEMBER	1.00	X					0.	0.	0.	
RAMSES HERRERA MIAMI DADE, BOARD MEMBER	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CRAIG MILAN MIAMI DADE, PRESIDENT	1.00	X						0.	0.	0.
MICHAEL MISIORSKI MIAMI DADE, BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM MYERS MIAMI DADE, BOARD MEMBER	1.00	X						0.	0.	0.
MARLENE NIEMEIER MIAMI DADE, BOARD MEMBER	1.00	X						0.	0.	0.
ALFREDO PEDROSO MIAMI DADE, BOARD MEMBER	1.00	X						0.	0.	0.
SCOTT PERDIGON MIAMI DADE, CHAIRMAN	5.00	X						0.	0.	0.
RILEY SMITH MIAMI DADE, BOARD MEMBER	1.00	X						0.	0.	0.
PATTY TREVINO MIAMI DADE, BOARD MEMBER	1.00	X						0.	0.	0.
JUAN VALDES MIAMI DADE, BOARD MEMBER	1.00	X						0.	0.	0.
RICARDO VALDIVIA MIAMI DADE, BOARD MEMBER	1.00	X						0.	0.	0.
V.T. WILLIAMS MIAMI DADE, BOARD MEMBER	1.00	X						0.	0.	0.
LUIS ZUNIGA MIAMI DADE, BOARD MEMBER	1.00	X						0.	0.	0.
JOHN CARMOUCHE DONALDSVILLE, CHAIRMAN	5.00	X						0.	0.	0.
MIKE FOSTER DONALDSVILLE, BOARD MMBR	1.00	X						0.	0.	0.
WILLY MARTIN DONALDSVILLE, BOARD MMBR	1.00	X						0.	0.	0.
LEE MEYER DONALDSVILLE, BOARD MMBR	1.00	X						0.	0.	0.
W.J. "DUB" NOEL DONALDSVILLE, BOARD MMBR	1.00	X						0.	0.	0.
LEROY J. SULLIVAN DONALDSVILLE, BOARD MMBR	1.00	X						0.	0.	0.
MIKE WAGUESPACK DONALDSVILLE, BOARD MMBR	1.00	X						0.	0.	0.
JEFF WILEY DONALDSVILLE, BOARD MMBR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
(Form 990).

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL G. ANDERSON EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
ASHLEY BAILEY EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
NICK BARLOTTA EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
MICHAEL J. BATY EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
SID BRAUNSTEIN EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
BYRON BROWN EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
GAYLE CARMICHAEL EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
CEDRIC FEARSON EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
MICHAEL FREGGER EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
MATTHEW GAETZ EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
JASON HEMPHILL EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
WHITNEY HIPSH EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
JOANN HOFSTAD EMERALD COAST, CHAIRMAN	5.00	X						0.	0.	0.
TAYLOR HOOD EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
HUGH KENDALL EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
JILLANA KENDALL EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
ERICA KNAPP EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
AMY MCBRIDE EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
JERRY MELVIN EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
M. SCOTT RUNNELS EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

<b>Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>										
(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHAN SANSOM EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
DAN SCOTT EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
MICHAEL SPAITS EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
JIM TUCKER EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
AMANDA WESSON EMERALD COAST, PRESIDENT	1.00	X						0.	0.	0.
KEN WRIGHT EMERALD COAST, BD MMBR	1.00	X						0.	0.	0.
JAY CAMAC PENSACOLA, BOARD MEMBER	1.00	X						0.	0.	0.
MONIQUE COLLINS PENSACOLA, BOARD MEMBER	1.00	X						0.	0.	0.
MARTY DONOVAN PENSACOLA, BOARD MEMBER	1.00	X						0.	0.	0.
EARL EVANS PENSACOLA, BOARD MEMBER	1.00	X						0.	0.	0.
MIKE HILL PENSACOLA, BOARD MEMBER	1.00	X						0.	0.	0.
JESSICA LEE PENSACOLA, BOARD MEMBER	1.00	X						0.	0.	0.
JOHN W. MATHIS PENSACOLA, CHAIRMAN	5.00	X						0.	0.	0.
JESSE W. RIGBY PENSACOLA, BOARD MEMBER	1.00	X						0.	0.	0.
DENNIS SHUMAN PENSACOLA, BOARD MEMBER	1.00	X						0.	0.	0.
KENNETH L. WILLIAMS PENSACOLA, BOARD MEMBER	1.00	X						0.	0.	0.
SHERRI CASON FAMILY SERVICES, BD MMBR	1.00	X						0.	0.	0.
JOHNNIE MERRICK FAMILY SERVICES, BD MMBR	1.00	X						0.	0.	0.
BETSY WHITFIELD FAMILY SERVICES, BD MMBR	1.00	X						0.	0.	0.
STEVE WITT FAMILY SERVICES, BD MMBR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL ARMSTEAD LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
MACK CARROLL LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
NORMAN CHURCH LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
E. JOHN DINKEL LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
WILLIAM E. GLADSTONE LAST CHANCE RANCH, PRES	1.00	X						0.	0.	0.
ERNESTINE GRAY LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
NORMAN GULKIS LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
PAUL HINMAN LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
DARRELL JENSEN LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
JEFFREY MECHLIN LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
DAVID B. MITCHELL LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
WILLIAM R. MYERS LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
FRANK A. ORLANDO LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
HAROLD OWEN LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
CHUCK WISEMAN LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
STANFORD WRIGHT LAST CHANCE RNCH, BD MBR	1.00	X						0.	0.	0.
MAUREEN DINNEN GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
RICHARD B. FORUM GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
OLIVER G. GILBERT III GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
KIM GORSUCH GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)** Employer Identification number **59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ADAM GRANIT GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
JEFFREY HERSHMAN GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
ANDREW HIGH GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
STEPHANIE HIGH GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
GARY LEVINE GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
RAYMOND OKTAVEC GTR FT LAUDERDALE, PRES	1.00	X						0.	0.	0.
FRANK A. ORLANDO GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
MICHAEL J. ORLANDO GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
CHRISTOPHER PALAMARA GTR FT LAUDERDALE, CHAIR	5.00	X						0.	0.	0.
ARI PORTH GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
JUAN CARLOS TABIO GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
JOHNNY WEEKES GTR FT LAUDERDALE, BOARD	1.00	X						0.	0.	0.
PATTI BROOKS GAINESVILLE, BOARD MMBR	1.00	X						0.	0.	0.
IAN FLETCHER GAINESVILLE, CHAIRMAN	5.00	X						0.	0.	0.
JOHN STEVENSON GAINESVILLE, PRESIDENT	1.00	X						0.	0.	0.
BRENDON BARBER GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
JOHN CARR GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
LANE CRIBB GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
LAWLY P. FORD GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
RON FORD GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL GARDNER GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE R. GEER GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
WALTER JOHNSON GEORGETOWN, CHAIRMAN	5.00	X						0.	0.	0.
IAN JOHNSON GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
A.H. LACHICOTTE GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
RUTLEDGE LELAND GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
CELESTE PRINGLE GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
BENEDICT ROSEN GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
THEODORE RUSSELL GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
CAROLINE SUPLIZIO GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
D.I. WILSON GEORGETOWN, BOARD MEMBER	1.00	X						0.	0.	0.
W. BRANTLEY HARVEY GMI PROPERTIES, BRD MBR	1.00	X						0.	0.	0.
WILLIAM R. MYERS GMI PROPERTIES, BRD MBR	1.00	X						0.	0.	0.
DAVID B. MITCHELL GMI PROPERTIES, BRD MBR	1.00	X						0.	0.	0.
NEWTON B. THOMAS GMI PROPERTIES, BRD MBR	1.00	X						0.	0.	0.
O.B. STANDER GMI PROPERTIES, BRD MBR	1.00	X						0.	0.	0.
DAVID ADELMAN GA WILDERNESS, BOARD MBR	1.00	X						0.	0.	0.
ROGER BYRD GA WILDERNESS, BOARD MBR	1.00	X						0.	0.	0.
JEFFREY CASHDAN GA WILDERNESS, BOARD MBR	1.00	X						0.	0.	0.
CHUCK CLAY GA WILDERNESS, BOARD MBR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARK COHEN GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
R. MILTON CROUCH GA WILDERNESS, CHAIR	5.00	X					0.	0.	0.	
KATHLEEN DUMITRESCU GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
MICHAEL EGAN GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
BOB LITTELL GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
GWENDOLYN MIDDLEBROOKS GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
STEVE NECESSARY GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
SUSAN NEUGENT GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
C. MARK PIRRUNG GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
ANDREW H. PRUSSACK GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
JILL D. PRUSSACK GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
ROBERT SCHMITZ GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
WILLIAM MITCHELL SCHOTANUS GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
CAROLYN S. SHAPIRO GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
STEVEN H. SIMMS GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
DANIEL J. THOMPSON GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
RANDOLPH W. THROWER GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
ERNIE TRIPP GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
WILLIAM O. TUCKER GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	
DUANE WHITLEY GA WILDERNESS, BOARD MBR	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the instructions for Form 990.

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)** Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
K. MARTIN WORTHY GA WILDERNESS, BOARD MBR	1.00	X						0.	0.	0.
JUNE BARBER MANATEE, BOARD MEMBER	1.00	X						0.	0.	0.
CREIGHTON BEDDOW MANATEE, PRESIDENT	1.00	X						0.	0.	0.
BOB FEARON MANATEE, BOARD MEMBER	1.00	X						0.	0.	0.
MARK HASS MANATEE, BOARD MEMBER	1.00	X						0.	0.	0.
JEFFREY LEWIS MANATEE, BOARD MEMBER	1.00	X						0.	0.	0.
REMONIA J. LEWIS MANATEE, BOARD MEMBER	1.00	X						0.	0.	0.
ELOISE T. LISCH MANATEE, BOARD MEMBER	1.00	X						0.	0.	0.
SARAH MEAKER MANATEE, BOARD MEMBER	1.00	X						0.	0.	0.
CHARLIE SNIFFEN MANATEE, CHAIRMAN	5.00	X						0.	0.	0.
KIMBERLEE THOMAS MANATEE, BOARD MEMBER	1.00	X						0.	0.	0.
DAVID WYMER MANATEE, BOARD MEMBER	1.00	X						0.	0.	0.
LYNN ANTHEIL SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.
EILENE CORE SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.
CLYDE ELBA SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.
WILLIAM F. GOINS SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.
STACY S. LILJEBERG SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.
HELEN LINGLE SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.
CLAY LONG SARASOTA CTY, PRESIDENT	1.00	X						0.	0.	0.
ELLIOTT C. METCALFE SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

<b>Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>										
(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARJORIE PATTERSON SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.
JAN SCHNEIDER SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.
CHARLES WALKER SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.
DANIEL WHITTAKER SARASOTA CTY, BOARD MMBR	1.00	X						0.	0.	0.
ELLA WILLIAMS SARASOTA CTY, CHAIRMAN	5.00	X						0.	0.	0.
CHRIS BEHNKE INFINITY SCHLS, BD MBR	1.00	X						0.	0.	0.
GEORGE R. GEER INFINITY SCHLS, BD MBR	1.00	X						0.	0.	0.
PAMELA JO MOONEY INFINITY SCHLS, BD MBR	1.00	X						0.	0.	0.
NEWTON B. THOMAS INFINITY SCHLS, BD MBR	1.00	X						0.	0.	0.
SANDY CHASE IMSSC, BOARD MEMBER	1.00	X						0.	0.	0.
JIM HERRICK IMSSC, BOARD MEMBER	1.00	X						0.	0.	0.
DAVID CHESTNUT INFINITY CHIC, PRESIDENT	1.00	X						0.	0.	0.
DAVETTA COLLINS INFINITY CHIC, BOARD MBR	1.00	X						0.	0.	0.
DANA GILBRAITH INFINITY CHIC, BOARD MBR	1.00	X						0.	0.	0.
KIMBER R. HOWARD INFINITY CHIC, BOARD MBR	1.00	X						0.	0.	0.
MARGIE PLOENSE INFINITY CHIC, BOARD MBR	1.00	X						0.	0.	0.
REGINALD L. SMITH INFINITY CHIC, CHAIRMAN	5.00	X						0.	0.	0.
NARVELLA HAYNES INF MARION CTY, BOARD MBR	1.00	X						0.	0.	0.
JUNE JONES INF MARION CTY, BOARD MBR	1.00	X						0.	0.	0.
JUDITH ZANETTI INF MARION CTY, BOARD MBR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JUSTIN F. BLUM INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
NICOLE CODGELL-QUICK INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
WILLIE GLADDEN INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
WILLIAM MORRIS HARRINGTON INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
JOHN TROY HENEGAN INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
RONALD HENEGAN INF MARLBORO, CHAIRMAN	5.00	X						0.	0.	0.
FREDDIE HODGES INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
CHRISTY HYATT OVERSTREET INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
STUART LINER INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
LARRY MCNEIL INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
GREG OHANESIAN INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
WILEMANIA PEGUES INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
PAT SCOLES INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
JOHNNY SELLERS INF MARLBORO, PRESIDENT	1.00	X						0.	0.	0.
ARTEMUS WOODS INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
DEBRA YOUNG INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
LARRY ZAKY INF MARLBORO, BOARD MBR	1.00	X						0.	0.	0.
TONY EIGNER INF NEWBERRY, PRESIDENT	1.00	X						0.	0.	0.
ANDERSON GRAY INF NEWBERRY, CHAIRMAN	5.00	X						0.	0.	0.
MELISSA MENDENHALL INF NEWBERRY, BOARD MBR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)** Employer Identification number **59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WESLEY PALMORE INF NEWBERRY, BOARD MMBR	1.00	X						0.	0.	0.
TRAVIS REEDER INF NEWBERRY, BOARD MMBR	1.00	X						0.	0.	0.
WILLIAMS H. ADAMS INF NEWBERRY, BOARD MMBR	1.00	X						0.	0.	0.
TIM CARNEY INF NEWBERRY, BOARD MMBR	1.00	X						0.	0.	0.
LORIE J. HARLOW INF NEWBERRY, BOARD MMBR	1.00	X						0.	0.	0.
RONALD HEDGE JACKSONVILLE, CHAIR/PRES	5.00	X						0.	0.	0.
DAVID HULL JACKSONVILLE, BOARD MMBR	1.00	X						0.	0.	0.
ELWYN JENKINS JACKSONVILLE, BOARD MMBR	1.00	X						0.	0.	0.
DAVID MEYERS JACKSONVILLE, BOARD MMBR	1.00	X						0.	0.	0.
JAMES O'REILLY JACKSONVILLE, BOARD MMBR	1.00	X						0.	0.	0.
STEPHANIE SLOAN-BUTLER JACKSONVILLE, BOARD MMBR	1.00	X						0.	0.	0.
MIKE WILLIAMS JACKSONVILLE, BOARD MMBR	1.00	X						0.	0.	0.
DAVID ALVAREZ JEFFERSON, BOARD MEMBER	1.00	X						0.	0.	0.
RON A. AUSTIN JEFFERSON, BOARD MEMBER	1.00	X						0.	0.	0.
BARRA L. BIRCHER JEFFERSON, CHAIRMAN	5.00	X						0.	0.	0.
CONNIE L. CASENTE JEFFERSON, BOARD MEMBER	1.00	X						0.	0.	0.
DIANE HUNTER JEFFERSON, BOARD MEMBER	1.00	X						0.	0.	0.
LAURA V. ROUZAN JEFFERSON, BOARD MEMBER	1.00	X						0.	0.	0.
PAMELA WATSON JEFFERSON, BOARD MEMBER	1.00	X						0.	0.	0.
W. BRANTLEY HARVEY LMI PROP, BOARD MEMBER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM R. MYERS LMI PROP, BOARD MEMBER	1.00	X						0.	0.	0.
DAVID B. MITCHELL LMI PROP, BOARD MEMBER	1.00	X						0.	0.	0.
NEWTON B. THOMAS LMI PROP, BOARD MEMBER	1.00	X						0.	0.	0.
O.B. STANDER LMI PROP, BOARD MEMBER	1.00	X						0.	0.	0.
GARY ATEB MIDDLE GEORGIA, BRD MBR	1.00	X						0.	0.	0.
CHRISTY COLLINS MIDDLE GEORGIA, BRD MBR	1.00	X						0.	0.	0.
RICHY EVERLY MIDDLE GEORGIA, BRD MBR	1.00	X						0.	0.	0.
HAROLD LANCASTER MIDDLE GEORGIA, CHAIR	5.00	X						0.	0.	0.
MIKE POLSKY MIDDLE GEORGIA, PRES	1.00	X						0.	0.	0.
JIMMY PRUETT MIDDLE GEORGIA, BRD MBR	1.00	X						0.	0.	0.
GERALD SMITH MIDDLE GEORGIA, BRD MBR	1.00	X						0.	0.	0.
KAY STEPHENSON MIDDLE GEORGIA, BRD MBR	1.00	X						0.	0.	0.
JON THROWER MIDDLE GEORGIA, BRD MBR	1.00	X						0.	0.	0.
ERNIE TRIPP MIDDLE GEORGIA, BRD MBR	1.00	X						0.	0.	0.
JOEY WILLIAMS MIDDLE GEORGIA, BRD MBR	1.00	X						0.	0.	0.
LARRY WILLIAMS MIDDLE GEORGIA, BRD MBR	1.00	X						0.	0.	0.
EDWARD BECKMAN PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
GUS BILIRAKIS PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
W. LOWELL BRAY PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN DILLINGER PASCO, BOARD MEMBER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the instructions for Form 990.

OMB No 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH DONAHEY PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
TENA DONAHEY PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
BRENDA GLASS PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
HOWELL GLOVER PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
LEROY HAMILTON PASCO, PRESIDENT	1.00	X						0.	0.	0.
LARRY HART PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
BOB HASE PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
MARGARET HASE PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
BOB LANGFORD PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
JIM LANGFORD PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
JEANNE MILLS PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
STANLEY R. MILLS PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
SHINE STEVENS PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
BARBARA WHELAN PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
STEVEN WILLIAMS PASCO, CHAIRMAN	5.00	X						0.	0.	0.
ROBERT A. YOUNG PASCO, BOARD MEMBER	1.00	X						0.	0.	0.
MARJORIE ARRINGTON NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
LONNIE BONHAM NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
SUZANNE CHAVOUSTIE NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
BRYAN L. COLLINS NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
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OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAYNE H. EASLEY NORFOLK, PRESIDENT	1.00	X						0.	0.	0.
DELORES R. GEE NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
SHIRLEY GEORGE NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
DAUN S. HESTER NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
LEROY HILL NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
MARGARET W. KEATOR NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
SAM KHOURY NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
SHARON MOORE NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
KEVIN J. MORAN NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
JOHN ORD NORFOLK, CHAIRMAN	5.00	X						0.	0.	0.
WILLIAM C. THRONE NORFOLK, BOARD MEMBER	1.00	X						0.	0.	0.
ANTHONY BRIDGEWATER NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
ALBERT CHRISTMAN NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
ROD COBB NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
LARRY COX NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
JOHN CRIGLER NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
ED DANDRIDGE NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
DARRYL ELLERBEE NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
TIM FIFE NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
JAMES FRAZIER NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

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OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ANN GILFOIL NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
PAT GILFOIL NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
CHIP GUNTER NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
JOY JACKSON NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
RENEE BLOCKWOOD JONES NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
JOHN LANCASTER NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
MICHAEL E. LANCASTER NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
LESLIE LEE NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
LOUISE MAGOUN NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
PAUL MEEKS NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
EDWIN MOBERLEY NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
CHARLYNN PAXTON NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
GLEN STRONG NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
BOBBY TODD NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
MARY TRICHELL NORTHEAST LOUIS, CHAIRMAN	5.00	X						0.	0.	0.
MICHAEL R. VIZARD NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
WYDETTE WILLIAMS NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
MARGARET YERGER NORTHEAST LOUIS, BRD MBR	1.00	X						0.	0.	0.
BRENDON BARBER ORLANDO, BOARD MEMBER	1.00	X						0.	0.	0.
MICHELE BEYLER ORLANDO, BOARD MEMBER	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LEON GANTT ORLANDO, PRESIDENT	1.00	X						0.	0.	0.
ANDY GARDINER ORLANDO, BOARD MEMBER	1.00	X						0.	0.	0.
JOHN A. HAMBUCH ORLANDO, BOARD MEMBER	1.00	X						0.	0.	0.
KWESI M. JOHNSON ORLANDO, BOARD MEMBER	1.00	X						0.	0.	0.
SARAH MARSHALL ORLANDO, BOARD MEMBER	1.00	X						0.	0.	0.
BRYAN NELSON ORLANDO, BOARD MEMBER	1.00	X						0.	0.	0.
FRANCIS OLOMU ORLANDO, BOARD MEMBER	1.00	X						0.	0.	0.
JENNIFER PERSSON ORLANDO, CHAIRMAN	5.00	X						0.	0.	0.
JANELL RAY ORLANDO, BOARD MEMBER	1.00	X						0.	0.	0.
HERBERT RODRIQUEZ ORLANDO, BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL ANTHEIL PALM BEACH, PRESIDENT	1.00	X						0.	0.	0.
MARK R. BOGERT PALM BEACH, BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE T. CROUSE PALM BEACH, BOARD MEMBER	1.00	X						0.	0.	0.
DAVE DECKER PALM BEACH, BOARD MEMBER	1.00	X						0.	0.	0.
R. BRITT DEVINEY PALM BEACH, BOARD MEMBER	1.00	X						0.	0.	0.
TIMOTHY L. GRICE PALM BEACH, BOARD MEMBER	1.00	X						0.	0.	0.
PETER HOLZWORTH PALM BEACH, BOARD MEMBER	1.00	X						0.	0.	0.
KELLI JOHNSON PALM BEACH, BOARD MEMBER	1.00	X						0.	0.	0.
JOCK MERRIAM PALM BEACH, BOARD MEMBER	1.00	X						0.	0.	0.
ALAN MURPHY PALM BEACH, CHAIRMAN	5.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL WOLFE PALM BEACH, BOARD MEMBER	1.00	X						0.	0.	0.
JEROME ZEL PALM BEACH, BOARD MEMBER	1.00	X						0.	0.	0.
MILTON ACTON PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
SAMUEL T. ADAMS PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
RICHARD BRUHN PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
JAMES B. FENSOM PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
DAVID FLAAT PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
NORMAN GULKIS PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
TERRY JACK PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
JAMES R. LOOKER PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
MIKE MICHEL PANAMA CITY, CHAIRMAN	5.00	X						0.	0.	0.
GENE NAKAMURA PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
WILL PALFREY PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
ALVIN PETERS PANAMA CITY, CHAIR/PRES	5.00	X						0.	0.	0.
LARRY PRESLEY PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
JIM ROBINSON PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
BRIAN ROSS PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
PETER SOSTHEIM PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
ALAN W. SWIGLER PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
COREY TOBIAS PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOEY VIRGA PANAMA CITY, BOARD MMBR	1.00	X						0.	0.	0.
DAVID FLAAT PCMI PROP, CHAIRMAN	5.00	X						0.	0.	0.
RICHARD BRUHN PCMI PROP, PRESIDENT	1.00	X						0.	0.	0.
MIKE MICHEL PCMI PROP, BOARD	1.00	X						0.	0.	0.
JAMES LOOKER PCMI PROP, BOARD	1.00	X						0.	0.	0.
NORMAN GULKIS PCMI PROP, BOARD	1.00	X						0.	0.	0.
LEIGHTON BELL PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
JUSTIN F. BLUM PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
H.P. BROOKS PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
JIM FOXWORTH PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
MARY BETH FREEMAN PEE DEE BOARD, CHAIRMAN	5.00	X						0.	0.	0.
JOHN TROY HENEGAN PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
RONALD HENEGAN PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
JERRY D. HOLLEY PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
CHRISTY HYATT OVERSTREET PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
STUART LINER PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
SARAH F. LIENBY PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
LARRY MCNEIL PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
LONNA ROBERTS PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES WATFORD PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN E. WILLIAMS PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
LARRY ZAKY PEE DEE, BOARD MEMBER	1.00	X						0.	0.	0.
GWENDOLYN ADAMS PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
HARRY AGNEW PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
JOHN CARTER PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
RICKY CHASTAIN PIEDMONT, PRESIDENT	1.00	X						0.	0.	0.
HERB CODINGTON PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
DARIA CRONIC PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
RHONDA CRUICKSHANKS PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM R. DAVIS PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
JEAN DENMAN PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
STACEY DRAKEFORD PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
JEFFREY DUNCAN PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
JIM FIRMIN PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
MARK FOX PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
DEBBIE FULTON PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
DONNA JACKSON PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
PERRY LEAMONS PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
JUDI MERRITT PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
ROBIN MORSE PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARLENE OWINGS PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
FREDDIE PINSON PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
ERNEST SEGARS PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
WADE SHEALY PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
GENE SIMMONS PIEDMONT, CHAIRMAN	5.00	X						0.	0.	0.
MICHAEL TURNER PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
ERIK WEIR PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
MARK WILLIS PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
MUNDY WOODRUFF PIEDMONT, BOARD MEMBER	1.00	X						0.	0.	0.
GERARD CURLEY PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
LISA B. DODGE PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL GEORGEVICH PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
DUANE KAUFHOLD PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH T. LETTELLEIR PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
MARK P. LETTELLEIR PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
NANCY LOEHR PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
KATHLEEN PETERS PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
GREGORY PORTER PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
TAREK RICHEY PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
RENE Y. ROBINSON-FLOWERS PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)** Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DUANE KAUFHOLD PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT S. WEAVER PINELLAS, CHAIRMAN	5.00	X						0.	0.	0.
DIANNE WINNING PINELLAS, BOARD MEMBER	1.00	X						0.	0.	0.
DENNISE AIELLO RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
BILL ALTIMUS RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
M. THOMAS ARCENEUX RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
PEYTON COLE RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
TED COX RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
JULIAN DARBY RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
CAPTAIN HARRIS RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT A. MADISON RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
BRENDA O' BROCK RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
WILLIE PHILLIPS RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
TAG ROME RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
EDWIN SCOTT RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
JOHN B. SLATTERY RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
JANE SMITH RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
SANDI SNYDER RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
JERI THOMPSON RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.
ROY UNDERWOOD RED RIVER, BOARD MEMBER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
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OMB No 1545-0047

**2009**  
Open to Public  
Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

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(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DONALD R. WHITTINGTON RED RIVER, CHAIRMAN	5.00	X						0.	0.	0.
MARTIN ARAMBULA RIO GRANDE VLY, PRES	1.00	X						0.	0.	0.
DAVID L. FARRAR RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
CHRISTOPHER C. GAMBLE RIO GRANDE VLY, CHAIR	5.00	X						0.	0.	0.
RICHARD GAMBLE RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
SHARON GAMBLE RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
EMERY GREEN RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
ANA HERRARA RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
REYNALDO HERRARA RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
JACKIE KYGER RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
VELMA DE LA GARZA RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
BENITO OCHOA RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
GEORGE PATTERSON RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
MARTIN PENA RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
JAVIER REYNA RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
KAREN WATT RIO GRANDE VLY, BD MBR	1.00	X						0.	0.	0.
GAYLE BOYKIN SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.
JULIE CANNON SAVANNAH RIVER, PRES	1.00	X						0.	0.	0.
OTIS M. CHIVERS SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.
RICK ELDER SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
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OMB No 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CATHY FOREHAND SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.
AL FREELAND SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.
DOROTHY GLISSON SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.
C. EDWARD HAGAN SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.
JACK HILL SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.
MIKE KILE SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.
CHARLES LEE SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.
EDWIN LOVETT SAVANNAH RIVER, BRD MBR	1.00	X						0.	0.	0.
JIM RICHARDS SAVANNAH RIVER, CHAIRMAN	5.00	X						0.	0.	0.
BRENDON BARBER SC - STATEWIDE BD	1.00	X						0.	0.	0.
CELESTE BROWN SC - STATEWIDE BD	1.00	X						0.	0.	0.
HARRY W. DAVIS SC - STATEWIDE BD	1.00	X						0.	0.	0.
SHARON EARLE SC - STATEWIDE BD	1.00	X						0.	0.	0.
DONNA FREEMAN SC - STATEWIDE BD	1.00	X						0.	0.	0.
FRED HANNA SC - STATEWIDE BD CHAIR	5.00	X						0.	0.	0.
DWAYNE HARPER SC - STATEWIDE BD	1.00	X						0.	0.	0.
WILLIAM MEINEL SC - STATEWIDE BD	1.00	X						0.	0.	0.
WADE SHEALY SC - STATEWIDE BD	1.00	X						0.	0.	0.
MIKE BECKER SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
JACK BURGESS SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)** Employer Identification number **59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOSEPH P. D'ALESSANDRO SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
PHYLLIS ERSHOWSKY SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
DONALD R. FEWELL SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
BETTY GOODACRE SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
JOHN INGRAHAM SOUTHWEST FLOR, PRES	1.00	X						0.	0.	0.
CONSTANCE JONES SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
ERIK JORGENSEN SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
MARY LEWIS SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
JOHNNY MCGAHA SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
MARVIN L. METHENY SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
R. WALLACE PACK SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
JOANNE SEMMERS SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
JORDI TEJERO SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
BILL TURNER SOUTHWEST FLOR, CHAIR	5.00	X						0.	0.	0.
RANDALL J. VANN SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
ROGER WARD SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
ROB WELLS SOUTHWEST FLOR, BD MBR	1.00	X						0.	0.	0.
ERIC DOSHIER SOUTHWEST LOUIS, BRD MBR	1.00	X						0.	0.	0.
KEVIN GUIDRY SOUTHWEST LOUIS, BRD MBR	1.00	X						0.	0.	0.
RONALD J. HARRIS SOUTHWEST LOUIS, BRD MBR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIE SAMUEL KING SOUTHWEST LOUIS, BRD MBR	1.00	X						0.	0.	0.
DINAH ROBINSON SOUTHWEST LOUIS, BRD MBR	1.00	X						0.	0.	0.
RANDY VINCENT SOUTHWEST LOUIS, PRES	1.00	X						0.	0.	0.
LANCE WALLACE SOUTHWEST LOUIS, CHAIR	5.00	X						0.	0.	0.
CAMILLE ALBERT SPACE COAST, BOARD MEMBER	1.00	X						0.	0.	0.
SUSAN ANSWAY SPACE COAST, CHAIRMAN	5.00	X						0.	0.	0.
JASON ARTHUR SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
JEAN BANDISH SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
GLEN DINGMAN SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
BRIAN FISHER SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
NELSON HAMILTON SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
BJORG HERMANSEN SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
DON HERNDON SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
WAYNE IVEY SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
NEAL E. JOHNSON SPACE COAST, PRESIDENT	1.00	X						0.	0.	0.
JANICE KERSHAW SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
LINDA J. MAY SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
TOMMY MOORE SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
KIMBERLY MUSSELMAN SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.
FRANCIS OLOMU SPACE COAST, BOARD MMBR	1.00	X						0.	0.	0.

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**  
▶ **See the Instructions for Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JACK PARKER SPACE COAST, BOARD MMR	1.00	X					0.	0.	0.	
DAN RICHARDS SPACE COAST, BOARD MMR	1.00	X					0.	0.	0.	
BRAD ROUB SPACE COAST, BOARD MMR	1.00	X					0.	0.	0.	
JUDY ROUB SPACE COAST, BOARD MMR	1.00	X					0.	0.	0.	
RACHEL SADOFF SPACE COAST, BOARD MMR	1.00	X					0.	0.	0.	
DAVID SPECTOR SPACE COAST, BOARD MMR	1.00	X					0.	0.	0.	
ANDY ZIEGLER SPACE COAST, BOARD MMR	1.00	X					0.	0.	0.	
OWUSU-ANSAH AGYAPONG TALLAHASSEE, BOARD MMR	1.00	X					0.	0.	0.	
SUE ANSTEAD TALLAHASSEE, BOARD MMR	1.00	X					0.	0.	0.	
BILLY CLOSE TALLAHASSEE, BOARD MMR	1.00	X					0.	0.	0.	
SHERI N. DEVORE TALLAHASSEE, CHAIR/PRES	1.00	X					0.	0.	0.	
JOHN HUBBS TALLAHASSEE, BOARD MMR	1.00	X					0.	0.	0.	
LEWIS K. JOHNSON TALLAHASSEE, BOARD MMR	1.00	X					0.	0.	0.	
SKIP SMITH TALLAHASSEE, BOARD MMR	1.00	X					0.	0.	0.	
D.R. VAUSE TALLAHASSEE, BOARD MMR	1.00	X					0.	0.	0.	
KEITH VAUSE TALLAHASSEE, BOARD MMR	1.00	X					0.	0.	0.	
JOHN ARRINGTON TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
DEHART AYALA TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
LORRAINE C. BARKETT TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
MONROE E. BERKMAN TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	

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

Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TRAVIS BERRY TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
JACK A. COHEN TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
GLADSONE COOPER TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
MARK CRISER TAMPA, CHAIRMAN	5.00	X						0.	0.	0.
DAVID DE LA PARTE TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
E. JOHN DINKEL TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH D. EDWARDS TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
PRESTON FARRIOR TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
JEFFREY A. FREEDMAN TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
CANDACE GARCIA TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
KATHLEEN HEIDE TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
THOMAS HERMAN TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
JERRY JOHNSON TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
STEPHEN B. KELLY TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
JIM KLEIN TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
MARK METHENY TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
LEE MOFFITT TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
ASHLEY B. MOODY TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
SUKI MURPHY-THOMAS TAMPA, BOARD MEMBER	1.00	X						0.	0.	0.
SETH NELSON TAMPA, PRESIDENT	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
(Form 990) -

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)** Employer Identification number **59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID PARRISH TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN PAYNE TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
SUZANNE REEVES TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
LANCE RINGHAVER TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
MARION S. RODGERS TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
JIM SMITH TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
RALPH SMITH TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
GUY SPICOLA TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
ELLIOTT S. STEELE TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
DEBBI STONE TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
A. TREY TRAVIESA TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
CHARLES B. WEISSMAN TAMPA, BOARD MEMBER	1.00	X					0.	0.	0.	
GINGER H. BRANTON VIRGINIA, BOARD MEMBER	1.00	X					0.	0.	0.	
VELMA CONNER VIRGINIA, BOARD MEMBER	1.00	X					0.	0.	0.	
BARRY ELSWICK VIRGINIA, BOARD MEMBER	1.00	X					0.	0.	0.	
RAY FOSTER VIRGINIA, BOARD MEMBER	1.00	X					0.	0.	0.	
JOHN KEENE VIRGINIA, CHAIRMAN	5.00	X					0.	0.	0.	
TONY LOTITO VIRGINIA, BOARD MEMBER	1.00	X					0.	0.	0.	
TOM WITTEN VIRGINIA, BOARD MEMBER	1.00	X					0.	0.	0.	
WOODY BOLLINGER WEST FLORIDA, BOARD MBR	1.00	X					0.	0.	0.	

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
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OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **AMIKIDS, INC.  
(GROUP)** Employer Identification number **59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN BRAXTON WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
J. ALLISON DEFOOR WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
BRAD DRAKE WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
WAYLAND FULFORD WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
NORMAN GULKIS WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
DOUG HEMANES WEST FLORIDA, CHAIRMAN	5.00	X						0.	0.	0.
TONY HOWARD WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
SHERIDAN LOWERY WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
MIKE MICHEL WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
ANTHONY REGISTER WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
JERRY SEWELL WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
RHONDA THOMAS WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
JEAN WEST WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
CATHERINE WYNNE WEST FLORIDA, BOARD MBR	1.00	X						0.	0.	0.
ROBIN COWARD-KNIGHT WINGS - PA, CHAIRMAN	5.00	X						0.	0.	0.
FIDEL FERNANDEZ WINGS - PA, BOARD MEMBER	1.00	X						0.	0.	0.
ADIAH FERRON WINGS - PA, BOARD MEMBER	1.00	X						0.	0.	0.
SWANNIE GOLDSMITH WINGS - PA, BOARD MEMBER	1.00	X						0.	0.	0.
PATRICIA GRAHAM WINGS - PA, BOARD MEMBER	1.00	X						0.	0.	0.
ANDREW PINCKNEY WINGS - PA, BOARD MEMBER	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
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OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)** Employer Identification number **59-2878383**

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(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
IRA M. SCHWARTZ WINGS - PA, BOARD MEMBER	1.00	X						0.	0.	0.
DEBBIE SELLERS WINGS - PA, BOARD MEMBER	1.00	X						0.	0.	0.
VIALETTA CARROLL WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
CYNTHIA CLARKE WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
LILLIAN COOPER WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
NORIE DEL VALLE WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
RICHARD DOYLE WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
MICHELLE JOHNSON WINGS - S FL, PRESIDENT	1.00	X						0.	0.	0.
LYNDALL LAMBERT WINGS - S FL, CHAIRMAN	5.00	X						0.	0.	0.
LIZ MORTON WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
DAMON PHILLIPS WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
JENNY SORIANO PRIESTLY WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
PATRICIA SECHI WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
ROSA R. SIMMONS WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
CRYSTAL SPENCE WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
LILIANA VIDAL WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
BENAY WETHERINGTON WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
CLARISSA V. WILLIS WINGS - S FL, BOARD MMBR	1.00	X						0.	0.	0.
ERIC BAINTE WINGS - TEXAS, BOARD MBR	1.00	X						0.	0.	0.
ELAINE CHERRY WINGS - TEXAS, BOARD MBR	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009

**SCHEDULE J-2**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Form 990**

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
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OMB No 1545-0047

**2009**  
**Open to Public Inspection**

Name of the Organization **AMIKIDS, INC.**  
**(GROUP)**

Employer Identification number  
**59-2878383**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SIGRID EDWARDS WINGS - TEXAS, BOARD MBR	1.00	X						0.	0.	0.
MARCENE MYRIE WINGS - TEXAS, BOARD MBR	1.00	X						0.	0.	0.
LAURA PARKER WINGS - TEXAS, PRESIDENT	1.00	X						0.	0.	0.
SUZETTE KINDER PATTON WINGS - TEXAS, CHAIRMAN	5.00	X						0.	0.	0.
CARLOS URESTI WINGS - TEXAS, BOARD MBR	1.00	X						0.	0.	0.
MICHAEL BUFFINGTON YES, BOARD MEMBER	1.00	X						0.	0.	0.
TOM BURCH YES, BOARD MEMBER	1.00	X						0.	0.	0.
RONALD A. CHRISTALDI YES, BOARD MEMBER	1.00	X						0.	0.	0.
JACK A. COHEN YES, BOARD MEMBER	1.00	X						0.	0.	0.
DAVID DE LA PARTE YES, BOARD MEMBER	1.00	X						0.	0.	0.
E. JOHN DINKEL YES, BOARD MEMBER	1.00	X						0.	0.	0.
JOSEPH D. EDWARDS YES, BOARD MEMBER	1.00	X						0.	0.	0.
TANYA JOHNSON-WILLIAMS YES, BOARD MEMBER	1.00	X						0.	0.	0.
ALBERT KNIGHT YES, BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT M. LUCAS YES, CHAIRMAN	5.00	X						0.	0.	0.
KENNETH MCCOMB YES, BOARD MEMBER	1.00	X						0.	0.	0.
NICOLAS C. PORTER YES, BOARD MEMBER	1.00	X						0.	0.	0.
PAUL PORTMAN YES, BOARD MEMBER	1.00	X						0.	0.	0.
JORGE VALIENTE YES, BOARD MEMBER	1.00	X						0.	0.	0.
JOHN VARNELL YES, PRESIDENT	1.00	X						0.	0.	0.

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Schedule J-2 (Form 990) 2009



**SCHEDULE K**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).  
▶ Attach to Form 990. See separate instructions.

OMB No. 1545-0047  
**2009**  
Open to Public Inspection

Name of the organization **AMIKIDS, INC. (GROUP)** Employer identification number **59-2878383**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
LOUISIANA LOCAL GOV'T A ENVIRON./COMM DEV AUTH	72-1416168	NONE	01/15/09	2250000	FINANCED SOCIAL SERVICES FACILITIES		X		X
<b>B</b>									
<b>C</b>									
<b>D</b>									
<b>E</b>									

**Part II Proceeds**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue		2,250,000								
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion		2009								
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?	X									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

**Part III Private Business Use**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

AMIKIDS, INC.  
(GROUP)

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use?		X								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		%
<b>6</b> Total of lines 4 and 5		%		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
<b>2</b> Is the bond issue a variable rate issue?		X								
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?		X								
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X								
<b>6</b> Did the bond issue qualify for an exception to rebate?	X									

**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, line 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.**

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**2009**

**Open To Public Inspection**

Name of the organization **AMIKIDS, INC. (GROUP)** Employer identification number **59-2878383**

**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) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b>				▶ \$ _____						

**Part III Grants or Assistance Benefiting 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 and type 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
LAWRENCE SEARCY	BOARD MEMBER	12,718	SEE SCH. O		X
ERIC LANE	BOARD MEMBER	122,443	SEE SCH. O		X
DUANE WHITLEY	BOARD MEMBER	7,976	SEE SCH. O		X
FRANK KENDRICK	BOARD MEMBER	47,016	SEE SCH. O		X
SHERRI WILLIAMS	EMPLOYEE	8,254	SEE SCH. O		X
BRIAN FISCHER	BOARD MEMBER	4,158	SEE SCH. O		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization **AMIKIDS, INC.  
(GROUP)**

Employer identification number  
**59-2878383**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	3	17,160.	40% OF NADA
7 Boats and planes	X	2	18,410.	40% OF NADA
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>SPPLS &amp; OTHR</u> )	X	15	73,319.	VALUE OF COMPARABLE
26 Other ▶ ( <u>SOFTWARE</u> )	X	1	5,000.	RETAIL VALUE
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29 9

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **AMIKIDS, INC.**  
**(GROUP)** Employer identification number  
**59-2878383**

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**AROUND THE COUNTRY, INCLUDING 8 AFFILIATED ENTITIES DEDICATED TO  
FUNDRAISING AND SUPPORTING THE OPERATIONS OF THE CHARITABLE**

**ORGANIZATIONS (THE AMIKIDS GROUP). ALL 70 ENTITIES INCLUDED IN THE**

**AMIKIDS GROUP ARE AFFILIATED WITH AMIKIDS, INC. (AMIKIDS PARENT), AN**

**AFFILIATED ORGANIZATION NOT INCLUDED ON THIS RETURN. THE AMIKIDS**

**GROUP'S MOST SIGNIFICANT ACTIVITY IS OPERATING PROGRAMS FOR DEPENDENT,**

**DELINQUENT AND OTHER PROBLEM YOUTH OF WHICH THE PRIMARY PURPOSES ARE:**

**(A) REHABILITATING DEPENDENT AND DELINQUENT YOUTH BY PROVIDING**

**EDUCATION, TRAINING, DISCIPLINE AND PRODUCTIVE WORK; AND**

**(B) CONDUCTING MARINE, WILDERNESS AND OTHER ENVIRONMENTAL, EDUCATION**

**AND REHABILITATION PROGRAMS FOR DEPENDENT, DELINQUENT AND OTHER PROBLEM**

**YOUTH.**

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**PARTNERSHIP WITH YOUTH AGENCIES, LOCAL COMMUNITIES AND FAMILIES TO**

**REHABILITATE DEPENDENT, DELINQUENT AND OTHER PROBLEM YOUTH.**

**FORM 990, PART VI, SECTION A, LINE 1: EACH MEMBER OF THE AMIKIDS GROUP**

**HAS A GOVERNING BODY RANGING FROM 10 TO 20 TRUSTEES, DEPENDING ON THE**

**ORGANIZATION'S NEEDS. THE BOARD OF TRUSTEES FOR EACH AMIKIDS GROUP MEMBER**

**ORGANIZATION IS SELF-PERPETUATING; THE METHOD OF APPOINTING TRUSTEES VARIES**

**FROM ORGANIZATION TO ORGANIZATION. THE TOTAL NUMBER OF TRUSTEES OVER THE 70**

**MEMBER ORGANIZATIONS IS 753.**

**FORM 990, PART VI, SECTION A, LINE 2: JOSEPH T. LETTELLEIR AND MARK P.**

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
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▶ Attach to Form 990.

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Name of the organization	AMIKIDS, INC. (GROUP)	Employer identification number	59-2878383
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LETTELLEIR ARE FATHER AND SON.

FORM 990, PART VI, SECTION A, LINE 6: AMIKIDS PARENT IS THE SOLE MEMBER FOR 69 OF 70 ORGANIZATIONS COMPRISING THE AMIKIDS GROUP.

FORM 990, PART VI, SECTION A, LINE 7A: AMIKIDS PARENT IS THE SOLE MEMBER FOR 69 OF 70 AMIKIDS GROUP MEMBER ORGANIZATIONS AND HAS THE POWER TO REMOVE AND REPLACE ANY MEMBER OF THE BOARD OF TRUSTEES IN EACH OF THOSE 69 AFFILIATES IN WHICH IT IS A SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7B: THE SOLE MEMBER FOR 69 OF 70 AMIKIDS GROUP'S MEMBER ORGANIZATIONS, AMIKIDS PARENT, IS REQUIRED TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS PASSED BY THE BOARD OF TRUSTEES FOR EACH OF THE 69 SOLE MEMBER ORGANIZATIONS. IN ADDITION, CERTAIN SPECIFIED ACTIONS ARE REQUIRED TO BE APPROVED IN ADVANCE BY AMIKIDS PARENT. IN ADDITION, AMIKIDS PARENT SETS COMPREHENSIVE PAY PLAN POLICIES WHICH ARE ADHERED TO BY EACH OF THE GROUP'S MEMBER ORGANIZATIONS, ADMINISTERS THE CONFLICT OF INTEREST POLICY AND SETS COMPETITIVE BID PROCESSES FOR EACH OF THE GROUP'S MEMBER ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 11: AMIKIDS'S VOLUNTEER GENERAL COUNSEL, WHO IS A TAX ATTORNEY WITH A BACKGROUND AND EXPERTISE IN TAX EXEMPT ORGANIZATIONS, REVIEWS THE DRAFT FORM 990 AND DISCUSSES IT IN DETAIL WITH AMIKIDS'S CFO AND ACCOUNTANTS. AMIKIDS'S COMPENSATION COMMITTEE ALSO REVIEWS THE FULL FORM 990 AND ADDRESSES ANY RELEVANT CONCERNS WITH THE GENERAL COUNSEL, CFO AND ACCOUNTANTS AND THEN ONCE SATISFIED RECOMMENDS THE

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

Schedule O (Form 990) 2009

932211  
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**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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Name of the organization <b>AMIKIDS, INC. (GROUP)</b>	Employer identification number <b>59-2878383</b>
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FORM 990 TO THE EXECUTIVE COMMITTEE FOR REVIEW. THE GENERAL COUNSEL THEN PRESENTS AND DISCUSSES RELEVANT PORTIONS OF THE FORM 990 WITH THE EXECUTIVE COMMITTEE. A FULL COPY OF THE FORM 990 IS MADE AVAILABLE ON A CONFIDENTIAL WEB SITE FOR EACH CHAIRMAN OF THE BOARD OF TRUSTEES OF EACH GROUP ORGANIZATION TO REVIEW AND PROVIDE FEEDBACK BEFORE IT IS SUBMITTED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CHAIRMAN OF THE BOARD OF TRUSTEES AND EXECUTIVE DIRECTOR OF EACH OF THE AMIKIDS GROUP'S MEMBER ORGANIZATIONS ARE REQUIRED TO COMPLETE AND SUBMIT A CONFLICTS OF INTEREST QUESTIONNAIRE ANNUALLY. QUESTIONNAIRES ARE REVIEWED ANNUALLY BY EXTERNAL AUDITORS. IN ADDITION, AMIKIDS PARENT'S INTERNAL AUDIT DEPARTMENT, AUDITS REPORTED TRANSACTIONS IN DEPTH AND REPORTS NON-COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY TO AMIKIDS PARENT MANAGEMENT AND THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 15:

LINE 15A: THE CEO AND MANAGERS OF AMIKIDS PARENT SET THE COMPENSATION FOR THE EXECUTIVE DIRECTOR AT EACH OF THE AMIKIDS GROUP MEMBER ORGANIZATIONS. THE BOARD OF TRUSTEES AT EACH OF THE AMIKIDS GROUP ORGANIZATIONS REVIEWS AND APPROVES THE COMPENSATION SET FOR THE EXECUTIVE DIRECTOR AT THAT ORGANIZATION. EXECUTIVE DIRECTOR COMPENSATION IS SET ACCORDING TO A COMPREHENSIVE PAY PLAN POLICY SET BY AMIKIDS PARENT.

LINE 15B: N/A AS OFFICERS OF THE AMIKIDS GROUP ORGANIZATION ARE NOT PAID. AS DEFINED IN THE INSTRUCTIONS TO THE FORM 990, THE AMIKIDS GROUP HAS NO KEY EMPLOYEES (I.E. EMPLOYEES WHO ARE PAID MORE THAN THE \$150,000 THRESHOLD).

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
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**Supplemental Information to Form 990**

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AMIKIDS, INC.  
(GROUP)

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FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

FORM 990, PART VII, LINE 1A

COMPLETE TABLE FOR ALL PERSONS REQUIRED TO BE LISTED.

EACH OF THE EXECUTIVE DIRECTORS OF THE AMIKIDS GROUP AFFILIATES IS ALSO AN OFFICER OF THAT ORGANIZATION. THE EXECUTIVE DIRECTORS ARE PAID IN THEIR CAPACITIES AS EXECUTIVE DIRECTORS BUT ARE NOT KEY EMPLOYEES AS DEFINED IN THE INSTRUCTIONS TO THE FORM 990. ONE OF THE EXECUTIVE DIRECTORS RECEIVED COMPENSATION OF MORE THAN \$100,000. ALTHOUGH THE EXECUTIVE DIRECTORS ARE ALSO EX OFFICIO OFFICERS OF THEIR RESPECTIVE ORGANIZATIONS, THEY ARE NOT COMPENSATED IN THEIR CAPACITIES AS OFFICERS. ACCORDINGLY, COMPENSATION OF THE EXECUTIVE DIRECTORS HAS NOT BEEN PROVIDED AS IT DOES NOT EXCEED THE RELEVANT THRESHOLDS (WITH THE EXCEPTION OF ONE EXECUTIVE DIRECTOR IN THE CURRENT YEAR WITH COMPENSATION GREATER THAN \$100,000). EXECUTIVE DIRECTORS AT EACH OF THE ORGANIZATIONS RECEIVE VARYING LEVELS OF COMPENSATION BASED ON THEIR PERFORMANCE, EXPERIENCE AND THE SIZE OF THEIR RESPECTIVE ORGANIZATIONS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LAWRENCE SEARCY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 12718.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - WALKER AUTOMOTIVE IS AN

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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APPROVED VENDOR WHO WON A COMPETITIVE BID PROCESS FOR THE BEST PRICING  
AND SERVICE RATES. THE BOARD APPROVED THE TRANSACTION AS BEING BELOW  
CURRENT MARKET RATES AND IN THE BEST INTEREST OF THE PROGRAM. MR. SEARCY  
ABSTAINED FROM VOTING ON VEHICLE PURCHASES. THIS VENDOR PROVIDED  
DEPENDABLE SERVICES AT REDUCED RATES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ERIC LANE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 122443.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - HIS COMPANY SERVICES THE  
SCHOOL'S VEHICLES AND SOLD THE SCHOOL TWO NEW BUSES. GERRY LANE CHEVROLET  
IS A VENDOR WHO WON A COMPETITIVE BID PROCESS FOR THE BEST PRICING AND  
SERVICE RATES. THIS TRANSACTION HAS BEEN APPROVED BY THE BOARD AS BEING  
BELOW CURRENT MARKET RATES AND IN THE BEST INTEREST OF THE PROGRAM. THIS  
VENDOR PROVIDES FREE OIL CHANGES AND HAS PROVEN TO BE DEPENDABLE AND  
RELIABLE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DUANE WHITLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 7976.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - OWNER OF INDEPENDENT OFFICE  
SERVICES WHO PROVIDES COPIER SALES AND SERVICES. SERVICE TRANSACTIONS

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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PROVIDED BY THIS VENDOR ARE BOARD APPROVED AS BEING AT OR BELOW THE  
CURRENT MARKET RATES AND IN THE BEST INTEREST OF THE PROGRAM. THIS VENDOR  
WON A COMPETITIVE RFP PROCESS AND WAS SELECTED FOR COMPETITIVE RATES.  
THIS VENDOR ALSO DONATED A COPIER TO THE PROGRAM AND PROVIDED DEPENDABLE  
SERVICE AND RESPONDS QUICKLY TO EMERGENCY REPAIR NEEDS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: FRANK KENDRICK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 47016.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - OWNER OF BUILDING THE  
SCHOOL RENTS FOR OPERATIONS. THE BOARD-APPROVED LEASE WITH NUJAK  
DEVELOPMENT WAS ENTERED INTO IN 2005 AFTER A COST ANALYSIS WAS COMPLETED  
AND IT WAS DETERMINED THAT THIS LEASE WAS UNDER STANDARD COST FOR THE  
SIZE AND LOCATION OF THE BUILDING. THE LEASE WAS APPROVED PRIOR TO MR.  
KENDRICK BECOMING A BOARD MEMEBER. BENEFITS OF THIS VENDOR RELATIONSHIP  
INCLUDE LOWER MONTHLY RENT, FREE RE-DESIGN, DRAFT BLUE PRINTS, AND  
PROJECT MANAGEMENT OF INTERIOR RENOVATION PROJECT, AND FINANCIAL  
ASSISTANCE WITH CONSTRUCTION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SHERRI WILLIAMS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 8254.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
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(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - FACILITY MAINTENANCE.

FARMERS HARDWARE IS OWNED BY THE EMPLOYEE'S SPOUSE AND IS ONE OF SEVERAL VENDORS USED FOR HARDWARE PURCHASES. THE BOARD APPROVED TRANSACTIONS FROM THIS VENDOR AS BEING AT OR BELOW MARKET RATE AND IN THE BEST INTEREST OF THE PROGRAM. PURCHASES WITH THIS VENDOR INCLUDE ITEMS SOLD ONLY AT THIS STORE AND ITEMS SOLD AT A LOWER COST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BRIAN FISCHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 4158.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - AMIKIDS SPACE COAST

DETERMINED THAT TERMITE TREATMENT WAS NEEDED INCLUDING A ONE-TIME COMPREHENSIVE TREATMENT AND MONTHLY FOLLOW-UP. SEVERAL QUOTES WERE OBTAINED. IT WAS DETERMINED THAT SLUG-A-BUG HAD THE BEST RATE WHICH IS BELOW MARKET VALUE AT \$3,500 FOR THE COMPREHENSIVE TREATMENT AND \$500 ANNUALLY FOR MAINTENANCE. MR. FISCHER SERVES ON THE BOARD OF SLUG-A-BUG. THE BOARD APPROVED THE SERVICES AND A TEN YEAR CONTRACT IN WHICH MR. FISHER ABSTAINED FROM THE VOTING. SLUG-A-BUG ALSO PERFORMS MONTHLY PEST CONTROL SERVICES AT GREATLY REDUCED PRICING.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JULIE CANNON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BOARD MEMBER

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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Name of the organization **AMIKIDS, INC.**  
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(C) AMOUNT OF TRANSACTION \$ 2915.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - VEHICLE REPAIRS. AUTO AID PROVIDED SERVICES PRIOR TO JULIE CANNON BECOMING A BOARD MEMBER. SERVICE TRANSACTIONS PROVIDED BY THIS VENDOR ARE BOARD APPROVED AS BEING AT OR BELOW MARKET RATE AND IN THE BEST INTEREST OF THE PROGRAM. THIS VENDOR PROVIDES TRUSTED, DEPENDABLE SERVICES AND RESPONDS QUICKLY TO EMERGENCY REPAIR NEEDS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: EDWARD HAGAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 3033.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - DENTAL SERVICES. DR. HAGAN IS A BOARD APPROVED VENDOR WHO PROVIDED SERVICES PRIOR TO BECOMING A BOARD MEMBER. THIS VENDOR PROVIDES TRUSTED, DEPENDABLE SERVICE AND RESPONDS QUICKLY TO SERVICE REQUESTS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: A.H. LACHIOTTE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 6200.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - MR. A.H. LACHIOTTE IS A BOARD MEMBER OF AMIKIDS GEORGETOWN. MR. LACHIOTTE HAS A OWNERSHIP INTEREST IN THE LACHIOTTE COMPANY TO WHICH AN AFFILIATED PROGRAM SOUTH

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	AMIKIDS, INC. (GROUP)	Employer identification number	59-2878383
--------------------------	--------------------------	--------------------------------	------------

CAROLINA WILDERNESS INSTITUTE PAID \$6,200 IN REALTOR FEES IN PURCHASING PROPERTY. MR. LACHIOTTE PERFORMED EXTENSIVE RESEARCH OVER A LONG PERIOD OF TIME TO HELP FIND THE BEST LOCATION AND PRICE. SERVICES WERE PROVIDED AT OR BELOW MARKET RATES AND WERE BOARD APPROVED.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: D.I. WILSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 42826.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - SOUTH CAROLINA WILDERNESS INSTITUTE PAID \$42,826 TO D. I. WILSON COMPANY FOR SITE DEVELOPMENT. MR. WILSON, WHO HAS OWNERSHIP INTEREST IN D. I. WILSON COMPANY, IS A BOARD MEMBER FOR AN AFFILIATED PROGRAM AMIKIDS GEORGETOWN. THE SERVICES WERE BOARD APPROVED AND PROVIDED AT BELOW MARKET VALUE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID HOUSE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 37187.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - DURING FISCAL YEAR 2008 AMIKIDS BEAUFORT RECEIVED A PLEDGE FROM A BOARD MEMBER, DAVID HOUSE, OF \$150,000 TO BE PAID OVER A FIVE YEAR PERIOD TO BE USED TO REPAY THE ANNUAL PRINCIPAL PAYMENT ON A \$150,000 CONSTRUCTION LOAN THAT WAS ALSO FINANCED IN THE SAME FISCAL YEAR. MR. DAVID HOUSE IS ALSO A BOARD MEMBER

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization	AMIKIDS, INC. (GROUP)	Employer identification number	59-2878383
--------------------------	--------------------------	--------------------------------	------------

OF THE FINANCIAL INSTITUTION THAT MADE THE CONSTRUCTION LOAN, MODERN BANK, NA, AT A BELOW MARKET RATE. THE AMIKIDS BEAUFORT BOARD APPROVED THIS TRANSACTION. DUE TO MR. HOUSE'S CONTRIBUTIONS THE BALANCE LEFT ON THE CONSTRUCTION LOAN HAS BEEN REDUCED TO \$48,000 AS OF JUNE 30, 2010. DURING THE FISCAL YEAR ENDED JUNE 30, 2010, AMIKIDS BEAUFORT PAID MODERN BANK \$37,187 IN PRINCIPAL AND INTEREST.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KIMBERLEE THOMAS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 4591.

(D) DESCRIPTION OF TRANSACTION: SEE SCH. O - AMIKIDS MANATEE PAID \$4,591 TO A FORMER BOARD MEMBER KIMBERLEE THOMAS WHO TEMPORARILY RESIGNED AS A BOARD MEMBER TO SERVE AS A PART-TIME BUSINESS MANAGER OVER A NUMBER OF MONTHS. THIS WAS TO ASSIST THE PROGRAM WITH A VACANCY UNTIL A NEW BUSINESS MANAGER COULD BE HIRED. THE CONTRACT WAS BOARD-APPROVED AND THE HOURLY RATE WAS BELOW THE GOING MARKET RATE FOR SUCH SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART IV, LINE 35:

CONTROLLED ENTITY WITHIN THE MEANING OF SEC. 512(B)(13)

AMIKIDS CONTROLS 69 OF 70 RELATED CHARITABLE ENTITIES ORGANIZED ON A NON-STOCK BASIS AND HAS THE POWER TO REMOVE AND REPLACE ANY DIRECTOR OF THESE RELATED ENTITIES. HOWEVER, THE PURPOSE OF SECTION 512(B)(13) IS TO MODIFY THE GENERAL RULE UNDER SECTION 512 FOR DETERMINING UNRELATED

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

Schedule O (Form 990) 2009

932211  
02-03-10

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization <b>AMIKIDS, INC. (GROUP)</b>	Employer identification number <b>59-2878383</b>
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BUSINESS TAXABLE INCOME BY PROVIDING THAT A CONTROLLING ENTITY MUST  
RECOGNIZE AS UNRELATED BUSINESS TAXABLE INCOME, INCOME RECEIVED FROM A  
CONTROLLED ENTITY THAT WAS DERIVED FROM AN UNRELATED TRADE OR BUSINESS.  
IN THIS CASE, NONE OF THE 69 RELATED CHARITABLE ENTITIES OPERATES AN  
UNRELATED TRADE OR BUSINESS. ALTHOUGH THE 69 RELATED ORGANIZATIONS ARE  
CONTROLLED ENTITIES AS DEFINED IN 512(B)(13), NONE OF THE RELATED  
ORGANIZATIONS ARE CONTROLLED ENTITIES WITHIN THE MEANING OF 512(B)(13)  
AS THERE IS NO UNRELATED TRADE OR BUSINESS INCOME TO BE PASSED-THROUGH  
FROM THE CONTROLLED ORGANIZATIONS TO AMIKIDS. ACCORDINGLY, THE DETAILED  
TRANSACTION DESCRIPTIONS REQUIRED BY SCHEDULE R, PART V, LINE 2 HAVE  
BEEN OMITTED BECAUSE REPORTING OF THESE TRANSACTIONS, WHICH ARE LEGION  
AND DAILY, WOULD PROVIDE NO USEFUL INFORMATION AND WOULD IMPOSE AN  
UNDUE BURDEN ON THE ORGANIZATION.

**SCHEDULE R**  
 (Form 990)  
 Department of the Treasury  
 Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ▶ Attach to Form 990. ▶ See separate instructions.

**Name of the organization** AMIKIDS, INC.  
 (GROUP)

**Employer identification number**  
 59-2878383

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

(a) Name, address, and EIN 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" to 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
AMIKIDS, INC. (PARENT) - 23-7440836 5915 BENJAMIN CENTER DR TAMPA, FL 33634	REHABILITATING DEPENDENT AND DELINQUENT YOUTH	FLORIDA	501(C)(3)	170(B)(1)(A)VI N/A	

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule R (Form 990) 2009**



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 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 other organization(s)

**c** Gift, grant, or capital contribution from other organization(s)

**d** Loans or loan guarantees to or for other organization(s)

**e** Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)

**g** Purchase of assets from other organization(s)

**h** Exchange of assets

**i** Lease of facilities, equipment, or other assets to other organization(s)

**j** Lease of facilities, equipment, or other assets from other organization(s)

**k** Performance of services or membership or fundraising solicitations for other organization(s)

**l** Performance of services or membership or fundraising solicitations by other organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets

**n** Sharing of paid employees

**o** Reimbursement paid to other organization for expenses

**p** Reimbursement paid by other organization for expenses

**q** Other transfer of cash or property to other organization(s)

**r** Other transfer of cash or property from other organization(s)

**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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



FORM 990

LINE H(B) - LIST OF AFFILIATED  
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

NAME OF ORGANIZATION	ORGANIZATION'S ADDRESS	EMPLOYER ID
AMIKIDS ACADIANA, INC.	611 CELESTINE LATORTUE ROAD - BRANCH, LA 70805	26-0211141
AMIKIDS ALEXANDRIA, INC.	1254 MACARTHUR DRIVE - ALEXANDRIA, LA 71303	20-5404769
AMIKIDS BATON ROUGE, INC.	5555 BEECHWOOD DRIVE - BATON ROUGE, LA 70805	58-1712853
AMIKIDS BAXLEY WILDERNESS, INC.	1510 DEENS LANDING ROAD - BAXLEY, GA 31513	58-1937806
AMIKIDS BAYOU REGION, INC.	942 HWY 90 EAST - RACELAND, LA 70394	59-3737922
AMIKIDS BEAUFORT, INC.	60 HONEYBEE ISLAND ROAD - SEABROOK, SC 29940	57-0791258
AMIKIDS BENNETTSVILLE, INC.	620 MARLBORO ROAD - BENNETTSVILLE, SC 29512	57-1060912
AMIKIDS BIG CYPRESS, INC.	25959 TURNER RIVER ROAD - OCHOPEE, FL 34141	59-3326596
AMIKIDS CROSSROADS, INC.	45991 BERMONT ROAD - PUNTA GORDA, FL 33982	59-2661387
AMIKIDS DONALDSONVILLE, INC.	1200 ST. PATRICK STREET - DONALDSONVILLE, FL 70346	20-5404838
AMIKIDS EMERALD COAST, INC.	207 4TH STREET SE - FORT WALTON BEACH, FL 32548	59-3531532
AMIKIDS FAMILY SERVICES, INC.	120 OHIO AVENUE NORTH - LIVE OAK, FL 32064	20-4525491
AMIKIDS FLORIDA PROPERTIES, INC.	5915 BENJAMIN CENTER DRIVE - TAMPA, FL 33634	27-1980951
AMIKIDS FOUNDATION, INC.	5915 BENJAMIN CENTER DRIVE - TAMPA, FL 33634	59-3095734
AMIKIDS GAINESVILLE, INC.	100 S.E. 134TH AVENUE - MICANOPY, FL 32667	59-3048922
AMIKIDS GEORGETOWN, INC.	HWY 17 S 1590 EAST CCC ROAD - GEORGETOWN, SC 29440	65-0101637

AMIKIDS GEORGIA PROPERTIES, INC.	5915 BENJAMIN CENTER DRIVE - TAMPA, FL 33634	26-4132820
AMIKIDS GEORGIA, INC.	5915 BENJAMIN CENTER DRIVE - TAMPA, FL 33634	59-3082682
AMIKIDS GRAND BOIS, INC.	396 BOURG LA ROSE HWY - BOURG, LA 70343	26-0211169
AMIKIDS GREATER FORT LAUDERDALE, INC.	3220 S.W. 4TH AVENUE - FORT LAUDERDALE, FL 33315	59-1163198
AMIKIDS INFINITY CHICAGO, INC.	7831 SOUTH LAWNDAL AVE. - CHICAGO, IL 60652	20-5117049
AMIKIDS INFINITY MARLBORO, INC.	703 CHERAW STREET - BENNETSVILLE, SC 29512	20-5117121
AMIKIDS INFINITY NEWBERRY, INC.	520 BRANTLEY STREET - NEWBERRY, SC 29108	20-5117202
AMIKIDS INFINITY SARASOTA, INC.	701 S. MCINTOSH ROAD - SARASOTA, FL 34232	20-5116699
AMIKIDS INFINITY SCHOOLS, INC.	5915 BENJAMIN CENTER DRIVE - TAMPA, FL 33634	59-3525382
AMIKIDS JACKSONVILLE, INC.	7801 LONE STAR ROAD - JACKSONVILLE, FL 32211	59-1447527
AMIKIDS JEFFERSON, INC.	1149 MACARTHUR AVE - HARVEY, LA 70058	59-3737943
AMIKIDS LAST CHANCE RANCH, INC.	122 RANCH ROAD - VENUS, FL 33960	59-2218777
AMIKIDS LOUISIANA PROPERTIES, INC.	5555 BEECHWOOD DRIVE - BATON ROUGE, LA 70805	26-2264274
AMIKIDS MANATEE COUNTY, INC.	906 17TH ST. WEST - PALMETTO, FL 34221	59-2553270
AMIKIDS MIAMI-DADE, INC. - NORTH	2701 NE 151 STREET - NORTH MIAMI BEACH, FL 33160	59-1561549
AMIKIDS MIDDLE GEORGIA, INC.	1069 RED DOG FARM ROAD - COCHRAN, GA 31014	58-2170318
AMIKIDS NORFOLK, INC.	351 AVORY AVENUE - NORFOLK, VA 23523	54-1720397
AMIKIDS NORTHEAST LOUISIANA, INC.	1801 FELICIA DRIVE - TALLULAH, LA 71284	81-0660005

AMIKIDS ORLANDO, INC	1461 SOUTH LAKE PLEASANT RD. - APOPKA, FL 32703	59-3045041
AMIKIDS PALM BEACH, INC	13425 ELLISON WILSON ROAD - JUNO BEACH, FL 33408	59-2237919
AMIKIDS PANAMA CITY MARINE INSTITUE, INC	200 EAST BEACH DRIVE - PANAMA CITY, FL 32401	59-1546202
AMIKIDS PASCO, INC.	5324 SUNSET ROAD - NEW PORT RICHEY, FL 34652	59-3191294
AMIKIDS PENINSULA, INC.	3614 HUNTINGTON AVENUE - NEWPORT NEWS, VA 23607	59-2898416
AMIKIDS PENSACOLA, INC.	3685 MULDOON RD. - PENSACOLA, FL 32526	59-3051944
AMIKIDS PIEDMONT, INC.	20238 HWY 72 EAST - CLINTON, SC 29325	57-0925626
AMIKIDS PINELLAS, INC	3101 GULF BOULEVARD - ST. PETE BEACH, FL 33706	23-7228523
AMIKIDS POLK, INC.	618 N. MASSACHUSETTS AVENUE - LAKELAND, FL 33801	59-3208084
AMIKIDS RED RIVER, INC.	2890 DOUGLAS DRIVE - BOSSIER CITY, LA 71111	58-2499962
AMIKIDS RIO GRANDE VALLEY, INC.	27615 BUENA VISTA ROAD - LOS FRESNOS, TX 78566	74-2401524
AMIKIDS SAND HILLS, INC.	2391 CAMPBELL LAKE ROAD - PATRICK, SC 29584	59-3392379
AMIKIDS SANDOVAL, INC	17 RODEO ROAD - CUBA, NM 87013	27-2827321
AMIKIDS SARASOTA COUNTY, INC.	1130 INDIAN HILLS BLVD. - VENICE, FL 34293	65-0706618
AMIKIDS SAVANNAH RIVER, INC.	626 OLD RIVER ROAD - SYLVANIA, GA 30467	58-2622478
AMIKIDS SOUTH CAROLINA PROPERTIES, INC.	5915 BENJAMIN CENTER DRIVE - TAMPA, FL 33634	27-1234477
AMIKIDS SOUTHWEST FLORIDA, INC.	1190 MAIN STREET - FORT MYERS, FL 33918	59-3052865
AMIKIDS SOUTHWEST LOUISIANA, INC.	425 KINGSLEY STREET - LAKE CHARLES, LA 70601	58-2554219

AMIKIDS, INC. (GROUP)

59-2878383

AMIKIDS SPACE COAST, INC.	1000 INSPIRATION LANE - MELBOURNE, FL 32934	59-2869412
AMIKIDS TALLAHASSEE, INC.	2514 WEST THARPE STREET - TALLAHASSEE, FL 32303	59-3213051
AMIKIDS TAMPA, INC.	1730 MARITIME BLVD. - TAMPA, FL 33605	23-7155996
AMIKIDS TEXAS PROPERTIES, INC.	5915 BENJAMIN CENTER DRIVE - TAMPA, FL 33634	27-1738261
AMIKIDS VIRGINIA WILDERNESS, INC.	3477 WILDERNESS ROAD - OAKWOOD, VA 24631	59-3498450
AMIKIDS VOLUSIA, INC.	1420 MASON AVENUE , SUITE 110 - DAYTONA BEACH, FL 32117	20-4439611
AMIKIDS WEST FLORIDA, INC.	1912 OLD MT. ZION RD. - PONCE DE LEON, FL 32455	59-3191292
AMIKIDS WHITE PINES, INC.	PO BOX 617 - JONESVILLE, SC 29353	58-2335222
AMIKIDS WINGS PENNSYLVANIA, INC.	6710 WEAVERSVILLE ROAD - NORTHAMPTON., PA 18013	61-1490545
AMIKIDS WINGS SOUTH FLORIDA, INC.	11000 SW 220TH STREET - MIAMI, FL 33170	20-0954347
AMIKIDS WINGS TEXAS, INC.	1104 COUNTY LANE - MARION, TX 78132	20-0954381
AMIKIDS YES, INC.	4337 SAFFOLD ROAD - WIMUAMA, FL 33598	59-3217810
BAY AREA MARINE INSTUTUTE INC	12022 GANDY BLVD N - ST. PETERSBURG, FL 33702	59-3343504
CAMP WHITE PINES II INC	PO BOX 617 - JONESVILLE, SC 29353	59-3012877
NAPLES MARINE INSTITUTE, INC	616 9TH STREET NORTH - NAPLES, FL 34102	20-5118912
PCMI PROPERTIES, INC	PO BOX 268 - PANAMA CITY , FL 32402	20-3267389
SOUTH CAROLINA WILDERNESS INSTITUTE INC	5915 BENJAMIN CENTER DRIVE - TAMPA, FL 33634	59-3392378
WINGS FOR LIFE, INC.	5915 BENJAMIN CENTER DRIVE - TAMPA, FL 33634	59-3662308

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FOOTNOTES

STATEMENT 2

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OFFICER COMPENSATION

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THERE IS NO OFFICER COMPENSATION REPORTED IN THIS RETURN AS ALL OF THE OFFICER COMPENSATION IS BEING REPORTED IN AMIKIDS, INC.(PARENT), EIN: 23-7440836

ELECTRONIC FILING

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NAME CHANGE RETURNS MAY NOT BE FILED ELECTRONICALLY.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>AMIKIDS, INC. (GROUP)</b>	<b>Employer identification number</b>  <b>59-2878383</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5915 BENJAMIN CENTER DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TAMPA, FL 33634</b>	

**Check type of return to be filed** (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**BILL GRIFFIN**

- The books are in the care of ▶ **5915 BENJAMIN CENTER DRIVE, - TAMPA, FL 33634**  
Telephone No. ▶ **813-887-3300** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **8529**. If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	<b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II** **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing your return. See instructions.	Name of exempt organization <b>AMIKIDS, INC. (GROUP)</b>	Employer identification number <b>59-2878383</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5915 BENJAMIN CENTER DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TAMPA, FL 33634</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **▶ 5915 BENJAMIN CENTER DRIVE, - TAMPA, FL 33634**  
Telephone No. **▶ 813-887-3300** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **8529**. If this is for the whole group, check this box . If it is for part of the group, check this box  **X** and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2011**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**TAXPAYER HAS NOT RECEIVED ALL OF THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶ [Signature]** Title **▶** Date **▶ 2/11/2011**