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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No 1545-0047  
**2010**  
**Open to Public Inspection**

**A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization AMIKIDS INC (GROUP)		<b>D</b> Employer identification number 59-2878383	
	Doing Business As		<b>E</b> Telephone number (813) 887-3300	
	Number and street (or P O box if mail is not delivered to street address) 5915 BENJAMIN CENTER DRIVE	Room/suite	<b>G</b> Gross receipts \$ 69,732,114	
	City or town, state or country, and ZIP + 4 TAMPA, FL 33634			
<b>F</b> Name and address of principal officer OTIS B STANDER 5915 BENJAMIN CTR DR TAMPA, FL 33634		<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 <input type="checkbox"/> 8529		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> WWW AMIKIDS ORG				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation	<b>M</b> State of legal domicile

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities THE ORGANIZATIONS ARE AN AFFILIATED GROUP OF 74 ASSOCIATED CHARITABLE ORGANIZATIONS LOCATED AROUND THE COUNTRY, INCLUDING 8 AFFILIATED ENTITIES DEDICATED TO FUNDRAISING AND SUPPORTING THE OPERATIONS OF THE CHARITABLE ORGANIZATIONS (THE AMIKIDS GROUP) ALL 74 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		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	603
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	596
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	1,794
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2,500
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	66,815,526	64,810,328
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,501	-195,302
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,892,707	3,493,588
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	69,731,734	68,108,614
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	46,357,453	47,205,963
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 94,545	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	23,607,220	22,569,400
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	69,964,673	69,775,363
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-232,939	-1,666,749	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	38,061,838	38,379,895
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	21,477,121	23,284,793

**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.

<b>Sign Here</b>	***** Signature of officer	2012-05-15 Date			
	WILLIAM L GRIFFIN CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MELANIE FERNANDEZ	Preparer's signature MELANIE FERNANDEZ	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name <input type="checkbox"/> CROSS FERNANDEZ & RILEY LLP				Firm's EIN <input type="checkbox"/>
	Firm's address <input type="checkbox"/> 201 S ORANGE AVE SUITE 800 ORLANDO, FL 328013421				Phone no <input type="checkbox"/> (407) 841-6930

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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 PARTNERSHIP WITH YOUTH AGENCIES, LOCAL COMMUNITIES AND FAMILIES TO REHABILITATE DEPENDENT, DELINQUENT AND OTHER PROBLEM YOUTH

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the 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 \$ 32,758,310 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 SUCCESS

**4b** (Code ) (Expenses \$ 2,670,498 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 \$ 31,643,635 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** \$ 67,072,443

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
<b>3</b> 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>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
<b>6</b> 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>		No
<b>7</b> 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>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b> 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>		No
<b>10</b> 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>	Yes	
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> 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>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
<b>c</b> 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>		No
<b>d</b> 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>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
<b>12a</b> 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>		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b> 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, Parts I and IV.</i>		No
<b>15</b> 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 U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
<b>16</b> 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 U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		No
<b>17</b> 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 (see instructions).</i>		No
<b>18</b> 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>	Yes	
<b>19</b> 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>	Yes	
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

<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>	<b>21</b>		No
<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>	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 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>	<b>23</b>		No
<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-24d and complete Schedule K. If "No," go to line 25 . . . . .</i>	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</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? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<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>	<b>25a</b>		No
<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>	<b>25b</b>		No
<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>	<b>26</b>		No
<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>	<b>27</b>		No
<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>	<b>28a</b>	Yes	
<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>	<b>28b</b>	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	Yes	
<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>	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>		No
<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>	<b>32</b>		No
<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>	<b>33</b>		No
<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>	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>		No
<b>a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<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>	<b>36</b>		No
<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>	<b>37</b>		No
<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 . . . . .	<b>38</b>	Yes	

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1a</b>	435		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1b</b>	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
<b>2a</b>	1,794		
<b>2b</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 (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</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)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<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?		No
<b>6b</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>7a</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?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	Yes	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		8
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
<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?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<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>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

**Section A. Governing Body and Management**

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

**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? . . . . .	Yes	
<b>10b</b>	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? . . . . .	Yes	
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	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 . . . . .	Yes	
<b>12b</b>	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<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>	a The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	b Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	Yes	
<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? . . . . .		No
<b>16b</b>	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**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> FL , <input checked="" type="checkbox"/> GA , <input checked="" type="checkbox"/> SC , <input checked="" type="checkbox"/> IL , <input checked="" type="checkbox"/> VA
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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. See Additional Data Table
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> BILL GRIFFIN 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634 (813) 887-3300



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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							102,509	0	15,376	

**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**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
PSYCARE 10308 CLUBHOUSE DRIVE BRADENTON, FL 34202	MEDICAL OVERSIGHT	352,995
95 SOUTH TOURS & TRANSPORTATION INC 11870 COLLINS CREEK DR JACKSONVILLE, FL 32258	BUS TRANSPORTATION	146,291
DELTA T GROUP PO BOX 884 BRYN MAWR, PA 19010	TEMP STAFFING AGENCY	139,356

**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 **3**

**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	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	273,936				
	<b>d</b>	Related organizations . . . . . <b>1d</b>	41,573,859				
	<b>e</b>	Government grants (contributions) . . . . . <b>1e</b>	20,440,741				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	2,521,792				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$	176,523				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	64,810,328				
<b>Program Service Revenue</b>	<b>2a</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</b>	<b>Total.</b> Add lines 2a-2f . . . . .					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .		128,929		128,929	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross Rents	(i) Real	960,288			
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)	960,288			
	<b>d</b>	Net rental income or (loss) . . . . .		960,288		960,288	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	1,074,721	55,710		
			(ii) Other				
			Less cost or other basis and sales expenses	1,067,379	387,283		
			Gain or (loss)	7,342	-331,573		
	<b>d</b>	Net gain or (loss) . . . . .		-324,231		-324,231	
	<b>8a</b>	Gross income from fundraising events (not including \$ 273,936 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		175,200		
			<b>b</b>	Less direct expenses . . . . . <b>b</b>	145,744		
<b>c</b>			Net income or (loss) from fundraising events . . . . .		29,456		29,456
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>	<b>a</b>		108,926			
		<b>b</b>	Less direct expenses . . . . . <b>b</b>	23,094			
		<b>c</b>	Net income or (loss) from gaming activities . . . . .		85,832		85,832
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>	<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>11a</b>	INTERCO CLOSURE DEBT	900099	1,881,778			1,881,778	
<b>b</b>	MISCELLANEOUS INCOME	900099	536,234			536,234	
<b>c</b>	_____						
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		2,418,012				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		68,108,614	0	0	3,298,286	

**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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	36,342,107	36,342,107		
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	1,734,083	1,734,083		
<b>9</b>	Other employee benefits . . . . .	5,657,631	5,657,631		
<b>10</b>	Payroll taxes . . . . .	3,472,142	3,472,142		
<b>a</b>	Fees for services (non-employees) Management . . . . .				
<b>b</b>	Legal . . . . .	127,623	127,623		
<b>c</b>	Accounting . . . . .				
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	1,463,004	903,889	558,147	968
<b>12</b>	Advertising and promotion . . . . .	135,075	133,384		1,691
<b>13</b>	Office expenses . . . . .	979,343	837,147	142,196	
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	3,165,151	3,130,258	34,893	
<b>17</b>	Travel . . . . .	897,058	897,058		
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,105,704	1,105,704		
<b>20</b>	Interest . . . . .	511,282	508,810		2,472
<b>21</b>	Payments to affiliates . . . . .	955,475		955,475	
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2,674,186	2,674,186		
<b>23</b>	Insurance . . . . .	1,922,005	1,922,005		
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	STDNT SPPLS & TRAINING	4,967,632	4,596,933	365,627	5,072
<b>b</b>	EQUIPMENT & MAINTENANCE	3,127,548	2,655,919	471,629	
<b>c</b>	DISTRIBUTIONS TO SCHLS	327,479	327,479		
<b>d</b>	OTHER	210,835	46,085	80,408	84,342
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	69,775,363	67,072,443	2,608,375	94,545
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,295,386	<b>1</b>	2,862,705
	<b>2</b> Savings and temporary cash investments . . . . .	8,368,890	<b>2</b>	7,922,548
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	413,000
	<b>4</b> Accounts receivable, net . . . . .	8,774,244	<b>4</b>	8,438,065
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,528,375	<b>9</b>	1,810,562
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	42,021,630		
	<b>b</b> Less accumulated depreciation . . . . .	25,864,270	17,094,943	<b>10c</b> 16,157,360
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	775,655
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	38,061,838	<b>16</b>	38,379,895	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	17,383,553	<b>17</b>	19,831,322
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	531,453	<b>19</b>	347,078
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	3,562,115	<b>23</b>	3,106,393
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	21,477,121	<b>26</b>	23,284,793
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	14,287,749	<b>27</b>	12,181,507
	<b>28</b> Temporarily restricted net assets . . . . .	2,189,878	<b>28</b>	2,806,505
	<b>29</b> Permanently restricted net assets . . . . .	107,090	<b>29</b>	107,090
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	16,584,717	<b>33</b>	15,095,102	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	38,061,838	<b>34</b>	38,379,895	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	68,108,614
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	69,775,363
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-1,666,749
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	16,584,717
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	177,134
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	15,095,102

**Part XII Financial Statements and Reporting**

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

		Yes	No
<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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	Yes	
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<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 separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
<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?		No
<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		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

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?  
 (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 the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	69,089,823	71,727,772	73,508,570	66,815,526	64,544,405	345,686,096
<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	69,089,823	71,727,772	73,508,570	66,815,526	64,544,405	345,686,096
<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)						2,936,670
<b>6 Public Support.</b> Subtract line 5 from line 4						342,749,426

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	69,089,823	71,727,772	73,508,570	66,815,526	64,544,405	345,686,096
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	275,246	322,991	931,500	1,235,357	1,089,217	3,854,311
<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.)	1,075,751	1,541,923	414,718	1,281,219	2,418,008	6,731,619
<b>11 Total support</b> (Add lines 7 through 10)						356,272,026
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	721,343

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	96.200%
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	94.810%

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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)						
<b>14 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 <b>stop here</b> 						

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

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Table with 2 columns: Name of the organization (AMIKIDS INC (GROUP)), Employer identification number (59-2878383)

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 the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; 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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			0
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<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>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**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) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<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 1.  
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	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)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

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 170(h)(4)(B)(ii)?

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 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows include 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment, b Permanent endowment 100 000 %, c Term endowment

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No

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.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.



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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	68,108,614
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	69,775,363
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-1,666,749
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	177,134
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	177,134
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-1,489,615

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

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	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 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



**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
		<u>GOLF TOURNAMENT - GEORGETOWN</u> (event type)	<u>GOLF TOURNAMENT - TAMPA</u> (event type)	<u>55</u> (total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	72,688	47,115	329,333	449,136
	<b>2</b> Less Charitable contributions . . . . .			273,936	273,936
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	72,688	47,115	55,397	175,200
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .			3,305	3,305
	<b>5</b> Non-cash prizes . . . . .			567	567
	<b>6</b> Rent/facility costs . . . . .		6,647	9,892	16,539
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	26,298	8,568	90,467	125,333
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶					29,456

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .			108,926	108,926
	<b>2</b> Cash prizes . . . . .			10,250	10,250
<b>Direct Expenses</b>	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .			2,700	2,700
	<b>5</b> Other direct expenses . . . . .			10,144	10,144
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No	<input type="checkbox"/> Yes .....% <input type="checkbox"/> No	<input type="checkbox"/> Yes .....% <input checked="" type="checkbox"/> No		
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					23,094
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					85,832

**9** Enter the state(s) in which the organization operates gaming activities See Additional Data Table See Additional Data Table FL, SC

**a** Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," Explain WE ARE NOT REQUIRED TO BE LICENSED IN FLORIDA IN SOUTH CAROLINA WE WERE UNAWARE OF CERTAIN STATE REGULATIONS BUT ON A GO FORWARD BASIS WILL COMPLY WITH ALL APPLICABLE REGULATIONS

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," Explain \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers? . . . . .  Yes  No
- 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

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

<b>a</b> The organization's facility . . . . .	<b>13a</b>	100.000 %
<b>b</b> An outside facility . . . . .	<b>13b</b>	

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

Name ▶ MELINDA COATS

Address ▶ 5915 BENJAMIN CENTER DRIVE  
TAMPA, FL 33634

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

**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

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? . . . . .  Yes  No

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

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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**Schedule K  
(Form 990)**

OMB No 1545-0047

**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 in Schedule O (Form 990).**

▶ **Attach to Form 990. ▶ See separate instructions.**

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A LOUISIANA LOCAL GOV'N'T ENVIRONCOMM DEV AUTH	72-1416168	NONEAVAIL	01-15-2009	2,250,000	FINANCED SOCIAL SERVICES FACILITIES		X		X		X

**Part II Proceeds**

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	2,250,000			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrow				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds				
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2009			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 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	
	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 that may result in private business use of bond-financed property?		X						

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use?		X						
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property?		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	
	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 entered into a hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was a hedge terminated?								
<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							

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Table with 3 main columns: (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

Table with 7 main columns: (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?

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or 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
(1) FRANK KENDRICK	BOARD MEMBER	122,170	SEE PART V - 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		No
(2) SHERRI WILLIAMS	EMPLOYEE	11,286	SEE PART V - 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		No
(3) EDWARD HAGAN	BOARD MEMBER	13,404	SEE PART V - 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		No
(4) ELOISE LISCH	BOARD MEMBER	17,406	SEE PART V - DURING 2011, THE INSTITUTE CONTRACTED WITH A VENDOR, WHOSE VICE PRESIDENT IS RELATED TO A BOARD MEMBER, TO CONSTRUCT AN OUTDOOR RECREATION AREA IN THE AMOUNT OF \$25,340 THE INSTITUTE RECEIVED THREE COMPETITIVE BIDS ON THE CONTRACT AND IT WAS APPROVED BY THE BOARD OF DIRECTORS AS OF JUNE 30, 2011, \$17,406 OF THESE COSTS WERE PAID AND INCLUDED IN PROPERTY AND EQUIPMENT, NET ON THE STATEMENT OF FINANCIAL POSITION IN JULY 2011, THE REMAINING CONTRACT AMOUNT WAS PAID		No
(5) DAVID HOUSE	BOARD MEMBER	25,813	SEE PART V - 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 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 \$23,000 AS OF JUNE 30, 2011 DURING THE FISCAL YEAR ENDED JUNE 30, 2011, AMIKIDS BEAUFORT PAID MODERN BANK \$25,546 IN PRINCIPAL AND INTEREST		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization AMIKIDS INC (GROUP)

Employer identification number

59-2878383

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. Rows include Art, Cars, Boats, Intellectual property, Securities, Real estate, etc.

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 Acknowledgement 29 7

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), 33 (If the organization did not report revenues...)

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTORS FOR SUPPLIES AND VARIOUS DONATED ITEMS IS NOT ATTAINABLE

Schedule M (Form 990) 2010

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

**Employer identification number**

59-2878383

Identifier	Return Reference	Explanation
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 74 MEMBER ORGANIZATIONS IS 704

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		JOSEPH T LETTELLEIR AND MARK P LETTELLEIR ARE FATHER AND SON BOTH MR JOSEPH LETTELLIER AND MR MARK LETTELLEIR ARE BOARD MEMBERS OF AMIKIDS PINELLAS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		AMIKIDS PARENT IS THE SOLE MEMBER FOR 73 OF 74 ORGANIZATIONS COMPRISING THE AMIKIDS GROUP

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		A MIKIDS PARENT IS THE SOLE MEMBER FOR 73 OF 74 AMIKIDS GROUP MEMBER ORGANIZATIONS AND HAS THE POWER TO REMOVE AND REPLACE ANY MEMBER OF THE BOARD OF TRUSTEES IN EACH OF THOSE 73 AFFILIATES IN WHICH IT IS A SOLE MEMBER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE SOLE MEMBER FOR 73 OF 74 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 73 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

Identifier	Return Reference	Explanation
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 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.

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
	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)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 9	IT IS ADMINISTRATIVELY INFEASIBLE TO INCLUDE ALL BOARD MEMBER ADDRESSES HOWEVER, ALL BOARD MEMBERS CAN ULTIMATELY BE REACHED THROUGH THE CENTRAL OFFICE ADDRESS

Identifier	Return Reference	Explanation
OFFICER COMPENSATION	FORM 990, PART VII, LINE 1A	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 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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 177,134

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**

59-2878383

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMIKIDS INC (PARENT) 5915 BENJAMIN CENTER DR TAMPA, FL 33634 23-7440836	REHABILITATING DEPENDENT AND DELINQUENT YOUTH	FL	501(C)(3)	170(B)(1)(A)VI	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

**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 **(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)

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2010**

**TY 2010 Affiliate Listing****Name:** AMIKIDS INC (GROUP)**EIN:** 59-2878383

<b>Name</b>	<b>Address</b>	<b>EIN</b>	<b>Name control</b>
AMIKIDS ACADIANA INC	611 CELESTINE LATORTUE ROAD BRANCH, LA 70805	26-0211141	AMIK
AMIKIDS ALEXANDRIA INC	1254 MACARTHUR DRIVE ALEXANDRIA, LA 71303	20-5404769	AMIK
AMIKIDS BATON ROUGE INC	5555 BEECHWOOD DRIVE BATON ROUGE, LA 70805	58-1712853	AMIK
AMIKIDS BAXLEY WILDERNESS INC	1510 DEENS LANDING ROAD BAXLEY, GA 31513	58-1937806	AMIK
AMIKIDS BAYOU REGION INC	942 HWY 90 EAST RACELAND, LA 70394	59-3737922	AMIK
AMIKIDS BEAUFORT INC	60 HONEYBEE ISLAND ROAD SEABROOK, SC 29940	57-0791258	AMIK
AMIKIDS BENNETTSVILLE INC	620 MARLBORO ROAD BENNETTSVILLE, SC 29512	57-1060912	AMIK
AMIKIDS BIG CYPRESS INC	25959 TURNER RIVER ROAD OCHOPEE, FL 34141	59-3326596	AMIK
AMIKIDS CROSSROADS INC	45991 BERMONT ROAD PUNTA GORDA, FL 33982	59-2661387	AMIK
AMIKIDS DONALDSONVILLE INC	1200 ST PATRICK STREET DONALDSONVILLE, FL 70346	20-5404838	AMIK
AMIKIDS EMERALD COAST INC	207 4TH STREET SE FORT WALTON BEACH, FL 32548	59-3531532	AMIK
AMIKIDS FAMILY SERVICES INC	922 S W BAYA DRIVE LAKE CITY, FL 32055	20-4525491	AMIK
AMIKIDS FLORIDA PROPERTIES INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	27-1980951	AMIK
AMIKIDS FOUNDATION INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-3095734	AMIK
AMIKIDS GAINESVILLE INC	100 SE 134TH AVENUE MICANOPY, FL 32667	59-3048922	AMIK

<b>Name</b>	<b>Address</b>	<b>EIN</b>	<b>Name control</b>
AMIKIDS GEORGETOWN INC	HWY 17 S 1590 EAST CCC ROAD GEORGETOWN, SC 29440	65-0101637	AMIK
AMIKIDS GEORGIA PROPERTIES INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	26-4132820	AMIK
AMIKIDS GEORGIA INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-3082682	AMIK
AMIKIDS GRADUATE SCHOOL INC	5555 BEECHWOOD DRIVE BATON ROUGE, LA 70805	27-4233301	AMIK
AMIKIDS GRAND BOIS INC	396 BOURG LA ROSE HWY BOURG, LA 70343	26-0211169	AMIK
AMIKIDS GREATER FORT LAUDERDALE INC	3220 SW 4TH AVENUE FORT LAUDERDALE, FL 33315	59-1163198	AMIK
AMIKIDS INFINITY CHICAGO INC	7831 SOUTH LAWNDIAE AVE CHICAGO, IL 60652	20-5117049	AMIK
AMIKIDS INFINITY MARLBORO INC	703 CHERAW STREET BENNETSVILLE, SC 29512	20-5117121	AMIK
AMIKIDS INFINITY ORANGEBURG INC	1250 UNITY RD HOLLY HILL, SC 29059	27-3172166	AMIK
AMIKIDS INFINITY SARASOTA INC	701 S MCINTOSH ROAD SARASOTA, FL 34232	20-5116699	AMIK
AMIKIDS INFINITY SCHOOLS INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-3525382	AMIK
AMIKIDS INFINITY WAKE COUNTY INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	27-4233587	AMIK
AMIKIDS JACKSONVILLE INC	7801 LONE STAR ROAD JACKSONVILLE, FL 32211	59-1447527	AMIK
AMIKIDS JEFFERSON INC	1149 MACARTHUR AVE HARVEY, LA 70058	59-3737943	AMIK
AMIKIDS LAST CHANCE RANCH INC	122 RANCH ROAD VENUS, FL 33960	59-2218777	AMIK

Name	Address	EIN	Name control
AMIKIDS LOUISIANA PROPERTIES INC	5555 BEECHWOOD DRIVE BATON ROUGE, LA 70805	26-2264274	AMIK
AMIKIDS MANATEE COUNTY INC	906 17TH ST WEST PALMETTO, FL 34221	59-2553270	AMIK
AMIKIDS MIAMI-DADE INC - NORTH	2701 NE 151 STREET NORTH MIAMI BEACH, FL 33160	59-1561549	AMIK
AMIKIDS MIDDLE GEORGIA INC	1069 RED DOG FARM ROAD COCHRAN, GA 31014	58-2170318	AMIK
AMIKIDS NORFOLK INC	351 AVORY AVENUE NORFOLK, VA 23523	54-1720397	AMIK
AMIKIDS NORTH CAROLINA PROPERTIES INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	27-4233434	AMIK
AMIKIDS NORTHEAST LOUISIANA INC	1801 FELICIA DRIVE TALLULAH, LA 71284	81-0660005	AMIK
AMIKIDS ORLANDO INC	1461 SOUTH LAKE PLEASANT RD APOPKA, FL 32703	59-3045041	AMIK
AMIKIDS PALM BEACH INC	13425 ELLISON WILSON ROAD JUNO BEACH, FL 33408	59-2237919	AMIK
AMIKIDS PANAMA CITY MARINE INSTITUE INC	200 EAST BEACH DRIVE PANAMA CITY, FL 32401	59-1546202	AMIK
AMIKIDS PASCO INC	5324 SUNSET ROAD NEW PORT RICHEY, FL 34652	59-3191294	AMIK
AMIKIDS PENINSULA INC	3614 HUNTINGTON AVENUE NEWPORT NEWS, VA 23607	59-2898416	AMIK
AMIKIDS PENSACOLA INC	3685 MULDOON RD PENSACOLA, FL 32526	59-3051944	AMIK
AMIKIDS PIEDMONT INC	20238 HWY 72 EAST CLINTON, SC 29325	57-0925626	AMIK
AMIKIDS PINELLAS INC	3101 GULF BOULEVARD ST PETE BEACH, FL 33706	23-7228523	AMIK

<b>Name</b>	<b>Address</b>	<b>EIN</b>	<b>Name control</b>
AMIKIDS POLK INC	618 N MASSACHUSETTS AVENUE LAKELAND, FL 33801	59-3208084	AMIK
AMIKIDS RED RIVER INC	2890 DOUGLAS DRIVE BOSSIER CITY, LA 71111	58-2499962	AMIK
AMIKIDS RIO GRANDE VALLEY INC	27615 BUENA VISTA ROAD LOS FRESNOS, TX 78566	74-2401524	AMIK
AMIKIDS SAND HILLS INC	2391 CAMPBELL LAKE ROAD PATRICK, SC 29584	59-3392379	AMIK
AMIKIDS SANDOVAL INC	17 RODEO ROAD CUBA, NM 87013	27-2827321	AMIK
AMIKIDS SARASOTA COUNTY INC	1130 INDIAN HILLS BLVD VENICE, FL 34293	65-0706618	AMIK
AMIKIDS SAVANNAH RIVER INC	626 OLD RIVER ROAD SYLVANIA, GA 30467	58-2622478	AMIK
AMIKIDS SOUTH CAROLINA PROPERTIES INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	27-1234477	AMIK
AMIKIDS SOUTHWEST FLORIDA INC	1190 MAIN STREET FORT MYERS, FL 33918	59-3052865	AMIK
AMIKIDS SOUTHWEST LOUISIANA INC	425 KINGSLEY STREET LAKE CHARLES, LA 70601	58-2554219	AMIK
AMIKIDS SPACE COAST INC	1000 INSPIRATION LANE MELBOURNE, FL 32934	59-2869412	AMIK
AMIKIDS TALLAHASSEE INC	2514 WEST THARPE STREET TALLAHASSEE, FL 32303	59-3213051	AMIK
AMIKIDS TAMPA INC	1730 MARITIME BLVD TAMPA, FL 33605	23-7155996	AMIK
AMIKIDS TEXAS PROPERTIES INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	27-1738261	AMIK
AMIKIDS VIRGINIA WILDERNESS INC	3477 WILDERNESS ROAD OAKWOOD, VA 24631	59-3498450	AMIK

Name	Address	EIN	Name control
AMIKIDS VOLUSIA INC	1420 MASON AVENUE SUITE 110 DAYTONA BEACH, FL 32117	20-4439611	AMIK
AMIKIDS WEST FLORIDA INC	1912 OLD MT ZION RD PONCE DE LEON, FL 32455	59-3191292	AMIK
AMIKIDS WHITE PINES INC	PO BOX 617 JONESVILLE, SC 29353	58-2335222	AMIK
AMIKIDS WINGS SOUTH FLORIDA INC	11000 SW 220TH STREET MIAMI, FL 33170	20-0954347	AMIK
AMIKIDS WINGS TEXAS INC	1104 COUNTY LANE MARION, TX 78132	20-0954381	AMIK
AMIKIDS YES INC	4337 SAFFOLD ROAD WIMUAMA, FL 33598	59-3217810	AMIK
BAY AREA MARINE INSTUTUTE INC	12022 GANDY BLVD N ST PETERSBURG, FL 33702	59-3343504	ASSO
CAMP WHITE PINES II INC	PO BOX 617 JONESVILLE, SC 29353	59-3012877	AMIK
PCMI PROPERTIES INC	PO BOX 268 PANAMA CITY, FL 32402	20-3267389	AMIK
SOUTH CAROLINA WILDERNESS INSTITUTE INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-3392378	AMIK
WINGS FOR LIFE INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-3662308	AMIK

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-2878383  
**Name:** AMIKIDS INC (GROUP)

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
W BRANTLEY HARVEY FOUNDATION, BOARD MBR	1 00	X					0	0	0	
DAVID J HULL FOUNDATION, BOARD MBR	1 00	X					0	0	0	
WALTER JOHNSON FOUNDATION, BOARD MBR	1 00	X					0	0	0	
AH LACHICOTTE FOUNDATION, BOARD MBR	1 00	X					0	0	0	
WILLIAM MYERS FOUNDATION, BOARD MBR	1 00	X					0	0	0	
BENEDICT ROSEN FOUNDATION, BOARD MBR	1 00	X					0	0	0	
NEWTON B THOMAS FOUNDATION, BOARD MBR	1 00	X					0	0	0	
DANIEL J THOMPSON FOUNDATION, CHAIRMAN	5 00	X					0	0	0	
CADE BENOIT ACADIANA, BOARD MBR	1 00	X					0	0	0	
MIKE BERARD ACADIANA, BOARD MBR	1 00	X					0	0	0	
MIKE HARSON ACADIANA, BOARD MBR	1 00	X					0	0	0	
KYLE LOVE ACADIANA, BOARD MBR	1 00	X					0	0	0	
DRU MILKE ACADIANA, BOARD MBR	1 00	X					0	0	0	
MIKE NEUSTROM ACADIANA, BOARD MBR	1 00	X					0	0	0	
KENNETH ODINET ACADIANA, BOARD MBR	1 00	X					0	0	0	
JERRY PREJEAN ACADIANA, BOARD MBR	1 00	X					0	0	0	
LENNY LEMOINE ACADIANA, CHAIRMAN	5 00	X					0	0	0	
GREGORY ELLISON ACADIANA, PRESIDENT	5 00	X					0	0	0	
HANK BRUSER ALEXANDRIA, BOARD MBR	1 00	X					0	0	0	
BRIAN CESPIVA ALEXANDRIA, BOARD MBR	1 00	X					0	0	0	
CORWITH DAVIS ALEXANDRIA, BOARD MBR	1 00	X					0	0	0	
JAMAR GAILES ALEXANDRIA, BOARD MBR	1 00	X					0	0	0	
JEFF HALL ALEXANDRIA, BOARD MBR	1 00	X					0	0	0	
LISA HARRIS ALEXANDRIA, BOARD MBR	1 00	X					0	0	0	
JEROME HOPEWELL ALEXANDRIA, BOARD MBR	1 00	X					0	0	0	

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
MYRON LAWSON ALEXANDRIA, BOARD MBR	1 00	X						0	0	0
EL PAULK ALEXANDRIA, BOARD MBR	1 00	X						0	0	0
JIMMY REDFEARIN ALEXANDRIA, BOARD MBR	1 00	X						0	0	0
LAWRENCE SEARCY ALEXANDRIA, BOARD MBR	1 00	X						0	0	0
ANN BRAME SILVER ALEXANDRIA, BOARD MBR	1 00	X						0	0	0
JIM THEUS ALEXANDRIA, BOARD MBR	1 00	X						0	0	0
BOBBI HESS ALEXANDRIA, CHAIRMAN	5 00	X						0	0	0
BRENDA S BIRKETT BATON ROUGE, BOARD MBR	1 00	X						0	0	0
BRETT N BRINSON BATON ROUGE, BOARD MBR	1 00	X						0	0	0
WALTER S BROCK BATON ROUGE, BOARD MBR	1 00	X						0	0	0
CURTIS A CALLOWAY BATON ROUGE, BOARD MBR	1 00	X						0	0	0
ROBERT DOWNING BATON ROUGE, BOARD MBR	1 00	X						0	0	0
DAVID ENGLAND BATON ROUGE, BOARD MBR	1 00	X						0	0	0
TROY D HEBERT BATON ROUGE, BOARD MBR	1 00	X						0	0	0
DONNA M MAYEUX BATON ROUGE, BOARD MBR	1 00	X						0	0	0
MIKE MORAN BATON ROUGE, BOARD MBR	1 00	X						0	0	0
JOHN PASTOREK BATON ROUGE, BOARD MBR	1 00	X						0	0	0
BART PHILLIPS BATON ROUGE, BOARD MBR	1 00	X						0	0	0
N LARON PHILLIPS BATON ROUGE, BOARD MBR	1 00	X						0	0	0
LEONARD C WYATT BATON ROUGE, CHAIR/PRES	5 00	X						0	0	0
ERIC LANE BATON ROUGE, PRESIDENT	5 00	X						0	0	0
SHIELA ELLIOTT BAXLEY, BOARD MBR	1 00	X						0	0	0
JAMIE GARDNER BAXLEY, BOARD MBR	1 00	X						0	0	0
PEGGY C MILES BAXLEY, BOARD MBR	1 00	X						0	0	0
LEWIS PARKER BAXLEY, BOARD MBR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
CHARLES G STUCKEY BAXLEY, BOARD MBR	1 00	X						0	0	0
PAT WEBSTER BAXLEY, BOARD MBR	1 00	X						0	0	0
DUANE WHITLEY BAXLEY, BOARD MBR	1 00	X						0	0	0
ROBERT L WIGGINS BAXLEY, BOARD MBR	1 00	X						0	0	0
HANSEL WILLIAMS BAXLEY, BOARD MBR	1 00	X						0	0	0
TOMMIE WILLIAMS BAXLEY, BOARD MBR	1 00	X						0	0	0
FREDDIE HUTTO BAXLEY, CHAIRMAN	5 00	X						0	0	0
STEPHEN TILLMAN BAXLEY, PRESIDENT	1 00	X						0	0	0
ELLIS BONAVENTURE BAYOU REGION, BOARD MBR	1 00	X						0	0	0
CARL T DETIVEAUX BAYOU REGION, BOARD MBR	1 00	X						0	0	0
EUGENE A DIAL BAYOU REGION, BOARD MBR	1 00	X						0	0	0
BERNARD FRANCIS JR BAYOU REGION, BOARD MBR	1 00	X						0	0	0
ANTHONY LEWIS BAYOU REGION, BOARD MBR	1 00	X						0	0	0
MICHELE R MOREL BAYOU REGION, BOARD MBR	1 00	X						0	0	0
PAT PIERRON BAYOU REGION, BOARD MBR	1 00	X						0	0	0
NOLAN SMITH JR BAYOU REGION, BOARD MBR	1 00	X						0	0	0
JOE WAITZ BAYOU REGION, BOARD MBR	1 00	X						0	0	0
CRAIG WEBRE BAYOU REGION, BOARD MBR	1 00	X						0	0	0
BERNARD LEVY BAYOU REGION, CHAIRMAN	5 00	X						0	0	0
KAYE BERGERON BAYOU REGION, PRESIDENT	5 00	X						0	0	0
REUBEN GREENE BEAUFORT, BOARD MBR	1 00	X						0	0	0
MIKE HARRIS BEAUFORT, BOARD MBR	1 00	X						0	0	0
NATHAN HARRIS BEAUFORT, BOARD MBR	1 00	X						0	0	0
W BRANTLEY HARVEY BEAUFORT, BOARD MBR	1 00	X						0	0	0
HAROLD HIRSCHMANN BEAUFORT, BOARD MBR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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 HOUSE BEAUFORT, BOARD MBR	1 00	X						0	0	0
JOHN HUNTLEY BEAUFORT, BOARD MBR	1 00	X						0	0	0
MIKE INGRAM BEAUFORT, BOARD MBR	1 00	X						0	0	0
VAN IRWIN BEAUFORT, BOARD MBR	1 00	X						0	0	0
STEVE MENDOZA BEAUFORT, BOARD MBR	1 00	X						0	0	0
CHER MILNER BEAUFORT, BOARD MBR	1 00	X						0	0	0
MICHAEL O'FARRELL BEAUFORT, BOARD MBR	1 00	X						0	0	0
JIM PALMER BEAUFORT, BOARD MBR	1 00	X						0	0	0
JOHN WILLIAMS BEAUFORT, BOARD MBR	1 00	X						0	0	0
TOM WILSON BEAUFORT, BOARD MBR	1 00	X						0	0	0
BILL ANTLEY BEAUFORT, CHAIRMAN	5 00	X						0	0	0
JIMMY BOOZER BEAUFORT, PRESIDENT	5 00	X						0	0	0
JUSTIN F BLUM BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
GLORIA DUDLEY BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
WILLIE GLADDEN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
WILLIAM MORRIS HARRINGTON BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
JOHN TROY HENEGAN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
FREDDIE HODGES BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
STUART LINER BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
LARRY MCNEIL BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
CHRISTY OVERSTREET BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
WILHELMINA PEGUES BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
LARRY PELHAM BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
PAT SCOLES BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
DEBRA YOUNG BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
LARRY ZAKY BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
RONALD HENEGAN BENNETTSVILLE, CHAIRMAN	5 00	X						0	0	0
JOHNNY SELLERS BENNETTSVILLE, PRESIDENT	5 00	X						0	0	0
PATRICK ARNALL BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
KENNETH ENGLER BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
SHEILA HARRIS-SCHUTZ BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
SCOTT HENNELLS BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
JAY JOHNSTON BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
THOMAS J JORDAN BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
EDWARD M KOLESAR BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
ROBIN MCDONALD BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
JIM MEERPOHL BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
JOSEPH PATERNO BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
ELLEN VANDERBURG BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
CHARLES VOGT BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
WALTER CRAWFORD BIG CYPRESS, CHAIRMAN	5 00	X						0	0	0
PAUL ALESSANDRONI CROSSROADS, BOARD MBR	1 00	X						0	0	0
DAVID FAXON CROSSROADS, BOARD MBR	1 00	X						0	0	0
KENTON HAYMANS CROSSROADS, BOARD MBR	1 00	X						0	0	0
SCOTT SCHROEDER CROSSROADS, BOARD MBR	1 00	X						0	0	0
STEVE SMITH CROSSROADS, BOARD MBR	1 00	X						0	0	0
LEE SWIFT CROSSROADS, BOARD MBR	1 00	X						0	0	0
EDDIE WEBB III CROSSROADS, BOARD MBR	1 00	X						0	0	0
ROBERT WENZEL CROSSROADS, BOARD MBR	1 00	X						0	0	0
ROBERT MCQUEEN CROSSROADS, CHAIRMAN	5 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
CHRIS MCMILLAN CROSSROADS, PRESIDENT	5 00	X						0	0	0
MIKE FOSTER DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
JESSIE LEBLANC DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
WILLIE MARTIN DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
WJ DUB NOEL DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
CLIFF OURSO DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
LEROY J SULLIVAN DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
MIKE WAGUESPACK DONALDSVILLE, CHAIRMAN	5 00	X						0	0	0
JEFF WILEY DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
MICHAEL G ANDERSON EMERALD COAST, BOARD MBR	1 00	X						0	0	0
BYRON BROWN EMERALD COAST, BOARD MBR	1 00	X						0	0	0
GAYLE CARMICHAEL EMERALD COAST, BOARD MBR	1 00	X						0	0	0
CEDRIC FEARSON EMERALD COAST, BOARD MBR	1 00	X						0	0	0
ERICA WRIGHT EMERALD COAST, BOARD MBR	1 00	X						0	0	0
JERRY MELVIN EMERALD COAST, BOARD MBR	1 00	X						0	0	0
JOANN HOFSTAD EMERALD COAST, CHAIRMAN	5 00	X						0	0	0
GWENDOLYN MIDDLEBROOKS 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
DANIEL J THOMPSON GA WILDERNESS, BOARD MBR	1 00	X						0	0	0
AARON YOUNG GA WILDERNESS, BOARD MBR	1 00	X						0	0	0
R MILTON CROUCH GA WILDERNESS, CHAIRMAN	5 00	X						0	0	0
IAN FLETCHER GAINESVILLE, BOARD MBR	1 00	X						0	0	0
APRIL GREEN GAINESVILLE, BOARD MBR	1 00	X						0	0	0
DAVID GREENBERG GAINESVILLE, BOARD MBR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
AMY GRIFFIN GAINESVILLE, BOARD MBR	1 00	X						0	0	0
GREGORY PELHAM SR GAINESVILLE, BOARD MBR	1 00	X						0	0	0
PAM BROCKWAY GAINESVILLE, CHAIRPERSON	5 00	X						0	0	0
BRENDON BARBER GEORGETOWN, BOARD MBR	1 00	X						0	0	0
JOHN CARR GEORGETOWN, BOARD MBR	1 00	X						0	0	0
LANE CRIBB GEORGETOWN, BOARD MBR	1 00	X						0	0	0
LAWLY P FORD GEORGETOWN, BOARD MBR	1 00	X						0	0	0
PAUL GARDNER GEORGETOWN, BOARD MBR	1 00	X						0	0	0
GEORGE R GEER GEORGETOWN, BOARD MBR	1 00	X						0	0	0
AH LACHICOTTE GEORGETOWN, BOARD MBR	1 00	X						0	0	0
RUTLEDGE LELAND GEORGETOWN, BOARD MBR	1 00	X						0	0	0
BOB MORIN GEORGETOWN, BOARD MBR	1 00	X						0	0	0
ROB MORIN GEORGETOWN, BOARD MBR	1 00	X						0	0	0
CELESTE PRINGLE GEORGETOWN, BOARD MBR	1 00	X						0	0	0
BENEDICT ROSEN GEORGETOWN, BOARD MBR	1 00	X						0	0	0
CAROLINE SUPLIZIO GEORGETOWN, BOARD MBR	1 00	X						0	0	0
DI WILSON GEORGETOWN, BOARD MBR	1 00	X						0	0	0
WALTER JOHNSON GEORGETOWN, CHAIRMAN	5 00	X						0	0	0
W BRANTLEY HARVEY GMI PROPS, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS GMI PROPS, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL GMI PROPS, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS GMI PROPS, BOARD MBR	1 00	X						0	0	0
OB STANDER GMI PROPS, BOARD MBR	1 00	X						0	0	0
DAN DALEY GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
PAMELA D'ALO GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAUREEN DINNEN GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
RICHARD B FORUM GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
OLIVER G GILBERT III GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
KIM GORSUCH GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
ADAM GRANIT GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
JEFFREY HERSHMAN GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
ANDREW HIGH GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
STEPHANIE HIGH GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
TRISTIN JONES GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
GARY LEVINE GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
FRANK A ORLANDO GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
MICHAEL J ORLANDO GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
ARI PORTH GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
JUAN CARLOS TABIO GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
JOHN WEEKES GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
CHRISTOPHER PALAMARA GTR FT LAUDERDALE, BD MBR	5 00	X						0	0	0
RAYMOND OCTAVEC GTR FT LAUDERDALE, PRESIDENT	5 00	X						0	0	0
DAVETTA COLLINS INF CHICAGO, BOARD MBR	1 00	X						0	0	0
DEE COLLINS INF CHICAGO, BOARD MBR	1 00	X						0	0	0
KIMBER R HOWARD INF CHICAGO, BOARD MBR	1 00	X						0	0	0
REGINALD L SMITH INF CHICAGO, BOARD MBR	1 00	X						0	0	0
DAVID CHESTNUT INF CHICAGO, CHAIRMAN	5 00	X						0	0	0
JUSTIN F BLUM INF MARLBORO, BOARD MBR	1 00	X						0	0	0
GLORIA DUDLEY INF MARLBORO, BOARD MBR	1 00	X						0	0	0
WILLIE GLADDEN INF MARLBORO, BOARD MBR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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 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
FREDDIE HODGES 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
CHRISTY OVERSTREET INF MARLBORO, BOARD MBR	1 00	X						0	0	0
WILEMANIA PEGUES INF MARLBORO, BOARD MBR	1 00	X						0	0	0
LARRY PELHAM INF MARLBORO, BOARD MBR	1 00	X						0	0	0
PAT SCOLES 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
RONALD HENEGAN INF MARLBORO, CHAIRMAN	5 00	X						0	0	0
JOHNNY SELLERS INF MARLBORO, PRESIDENT	5 00	X						0	0	0
WILLIAMS H ADAMS JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
TIM CARNEY JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
LORIE J HARLOW JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
RONALD HEDGE JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
ELWYN JENKINS JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
RYAN JONES JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
ALAN LEARCH JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
KATEENA MANNERS JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
STEPHANIE SLOAN-BUTLER JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
MIKE WILLIAMS JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
DAVID HULL JACKSONVILLE, CHAIR/PRES	5 00	X						0	0	0
DAVID ALVAREZ JEFFERSON, BOARD MBR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
RON A AUSTIN JEFFERSON, BOARD MBR	1 00	X						0	0	0
CONNIE L CASENTE JEFFERSON, BOARD MBR	1 00	X						0	0	0
DIANE HUNTER JEFFERSON, BOARD MBR	1 00	X						0	0	0
LAURA V ROUZAN JEFFERSON, BOARD MBR	1 00	X						0	0	0
PAMELA WATSON JEFFERSON, BOARD MBR	1 00	X						0	0	0
BARRA L BIRRCHE JEFFERSON, CHAIRMAN	5 00	X						0	0	0
MACK CARROLL LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
NORMAN CHURCH LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
PAUL HINMAN LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
DARIN HOOD LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
JEFFERY G MECHLIN LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
CHUCK WISEMAN LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
DARRELL JENSEN LAST CHANCE RNCH, CHAIRMAN	5 00	X						0	0	0
W BRANTLEY HARVEY LMI PROP, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS LMI PROP, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL LMI PROP, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS LMI PROP, BOARD MBR	1 00	X						0	0	0
OB STANDER LMI PROP, BOARD MBR	1 00	X						0	0	0
JUNE BARBER MANATEE, BOARD MBR	1 00	X						0	0	0
BOB FEARON MANATEE, BOARD MBR	1 00	X						0	0	0
MARK HASS MANATEE, BOARD MBR	1 00	X						0	0	0
JEFFREY LEWIS MANATEE, BOARD MBR	1 00	X						0	0	0
ELOISE T LISCH MANATEE, BOARD MBR	1 00	X						0	0	0
SARAH MEAKER MANATEE, BOARD MBR	1 00	X						0	0	0
DAVID WYMER MANATEE, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLIE SNIFFEN MANATEE, CHAIRMAN	5 00	X						0	0	0
CREIGHTON BEDDOW MANATEE, PRESIDENT	5 00	X						0	0	0
RICHARD T ADAMS MIAMI DADE, BOARD MBR	1 00	X						0	0	0
JORGE ALVAREZ MIAMI DADE, BOARD MBR	1 00	X						0	0	0
LUIS DE ARMAS MIAMI DADE, BOARD MBR	1 00	X						0	0	0
LORETTA FABRICANT MIAMI DADE, BOARD MBR	1 00	X						0	0	0
JAMES HERRARA MIAMI DADE, BOARD MBR	1 00	X						0	0	0
COREY A LEE MIAMI DADE, BOARD MBR	1 00	X						0	0	0
MICHAEL MISIORSKI MIAMI DADE, BOARD MBR	1 00	X						0	0	0
WILLIAM MYERS MIAMI DADE, BOARD MBR	1 00	X						0	0	0
MARLENE NIEMEIER MIAMI DADE, BOARD MBR	1 00	X						0	0	0
ALFREDO PEDROSO MIAMI DADE, BOARD MBR	1 00	X						0	0	0
RILEY SMITH MIAMI DADE, BOARD MBR	1 00	X						0	0	0
PATTY TREVINO MIAMI DADE, BOARD MBR	1 00	X						0	0	0
RICARDO VALDIVIA MIAMI DADE, BOARD MBR	1 00	X						0	0	0
VT WILLIAMS MIAMI DADE, BOARD MBR	1 00	X						0	0	0
LUIS ZUNIGA MIAMI DADE, BOARD MBR	1 00	X						0	0	0
SCOTT PERDIGON MIAMI DADE, CHAIRMAN	5 00	X						0	0	0
CRAIG MILAN MIAMI DADE, PRESIDENT	5 00	X						0	0	0
GARY ATEs MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
ERIC BISHER MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
BOB BROCHMAN MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
CHRISTY COLLINS MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
RICHY EVERLY MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
CINDY FELKINS MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JIMMY PRUETT MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
GERALD SMITH MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
KAY STEPHENSON MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
ERNIE TRIPP MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
JOEY WILLIAMS MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
LARRY WILLIAMS MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
HAROLD LANCASTER MIDDLE GEORGIA, CHAIRMAN	5 00	X						0	0	0
CHARLOTTE PIPKIN MIDDLE GEORGIA, PRESIDENT	5 00	X						0	0	0
LONNIE BONHAM NORFOLK, BOARD MBR	1 00	X						0	0	0
MIKE BURTON NORFOLK, BOARD MBR	1 00	X						0	0	0
BRYAN L COLLINS NORFOLK, BOARD MBR	1 00	X						0	0	0
JAYNE H EASLEY NORFOLK, BOARD MBR	1 00	X						0	0	0
DELORES R GEE NORFOLK, BOARD MBR	1 00	X						0	0	0
LEROY HILL JR NORFOLK, BOARD MBR	1 00	X						0	0	0
SHEILA T HOLAS NORFOLK, BOARD MBR	1 00	X						0	0	0
MARGUETTA JONES NORFOLK, BOARD MBR	1 00	X						0	0	0
SHARON MOORE NORFOLK, BOARD MBR	1 00	X						0	0	0
KEVIN J MORAN NORFOLK, BOARD MBR	1 00	X						0	0	0
ERIC RISSLING NORFOLK, BOARD MBR	1 00	X						0	0	0
WILLIAM C THRONE NORFOLK, BOARD MBR	1 00	X						0	0	0
GARNZIE WEST NORFOLK, BOARD MBR	1 00	X						0	0	0
JOHN ORD NORFOLK, CHAIRMAN	5 00	X						0	0	0
ANTHONY BRIDGEWATER NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
DARRYL ELLERBEE NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
MARY ANN GILFOIL NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PAT GILFOIL NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
PAUL MEEKS NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
EDWIN MOBERLEY NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
WYDETTE WILLIAMS NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
MARY TRICHELL NORTHEAST LOUIS, CHAIRMAN	5 00	X						0	0	0
BRENDON BARBER ORLANDO, BOARD MBR	1 00	X						0	0	0
MICHELE BEYLER ORLANDO, BOARD MBR	1 00	X						0	0	0
MATT CECIL ORLANDO, BOARD MBR	1 00	X						0	0	0
ANDY GARDINER ORLANDO, BOARD MBR	1 00	X						0	0	0
JOHN A HAMBUCH ORLANDO, BOARD MBR	1 00	X						0	0	0
KENYETTA WHITE-JOHNSON ORLANDO, BOARD MBR	1 00	X						0	0	0
KWESI M JOHNSON ORLANDO, BOARD MBR	1 00	X						0	0	0
SARAH MARSHALL ORLANDO, BOARD MBR	1 00	X						0	0	0
BRYAN NELSON ORLANDO, BOARD MBR	1 00	X						0	0	0
FRANCIS OLOMU ORLANDO, BOARD MBR	1 00	X						0	0	0
JANELL RAY ORLANDO, BOARD MBR	1 00	X						0	0	0
JENNIFER PERSSON ORLANDO, CHAIRMAN	5 00	X						0	0	0
LEON GANTT ORLANDO, PRESIDENT	5 00	X						0	0	0
MARK R BOGERT PALM BEACH, BOARD MBR	1 00	X						0	0	0
GEORGE T CROUSE PALM BEACH, BOARD MBR	1 00	X						0	0	0
DAVE DECKER PALM BEACH, BOARD MBR	1 00	X						0	0	0
R BRITT DEVINEY PALM BEACH, BOARD MBR	1 00	X						0	0	0
DUSTY GEBHARD PALM BEACH, BOARD MBR	1 00	X						0	0	0
STEVEN GORDON PALM BEACH, BOARD MBR	1 00	X						0	0	0
TIMOTHY L GRICE PALM BEACH, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PETER HOLZWORTH PALM BEACH, BOARD MBR	1 00	X						0	0	0
KELLI JOHNSON PALM BEACH, BOARD MBR	1 00	X						0	0	0
CONNOR MACBETH PALM BEACH, BOARD MBR	1 00	X						0	0	0
JOCK MERRIAM PALM BEACH, BOARD MBR	1 00	X						0	0	0
RICHARD SARTORY PALM BEACH, CHAIRMAN	5 00	X						0	0	0
MICHAEL ANTHEIL PALM BEACH, BOARD MBR	1 00	X						0	0	0
MILTON ACTON PANAMA CITY, BOARD MBR	1 00	X						0	0	0
SAMUEL T ADAMS PANAMA CITY, BOARD MBR	1 00	X						0	0	0
RICHARD BRUHN PANAMA CITY, BOARD MBR	1 00	X						0	0	0
JAMES B FENSOM PANAMA CITY, BOARD MBR	1 00	X						0	0	0
DAVID FLAAT PANAMA CITY, BOARD MBR	1 00	X						0	0	0
NORMAN GULKIS PANAMA CITY, BOARD MBR	1 00	X						0	0	0
TERRY JACK PANAMA CITY, BOARD MBR	1 00	X						0	0	0
DOUG KITCHENS PANAMA CITY, BOARD MBR	1 00	X						0	0	0
JAMES R LOOKER PANAMA CITY, BOARD MBR	1 00	X						0	0	0
GENE NAKAMURA PANAMA CITY, BOARD MBR	1 00	X						0	0	0
WILL PALFREY PANAMA CITY, BOARD MBR	1 00	X						0	0	0
LARRY PRESLEY PANAMA CITY, BOARD MBR	1 00	X						0	0	0
JIM ROBINSON PANAMA CITY, BOARD MBR	1 00	X						0	0	0
BRIAN ROSS PANAMA CITY, BOARD MBR	1 00	X						0	0	0
PETER SOSTHEIM PANAMA CITY, BOARD MBR	1 00	X						0	0	0
ALAN W SWIGLER PANAMA CITY, BOARD MBR	1 00	X						0	0	0
COREY TOBIAS PANAMA CITY, BOARD MBR	1 00	X						0	0	0
JOEY VIRGA PANAMA CITY, BOARD MBR	1 00	X						0	0	0
ALVIN PETERS PANAMA CITY, PRESIDENT	5 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
MIKE MICHEL PANAMA CITY, CHAIRMAN	5 00	X						0	0	0
GUS BILIRAKIS PASCO, BOARD MBR	1 00	X						0	0	0
JOSEPH DONAHEY PASCO, BOARD MBR	1 00	X						0	0	0
TENA DONAHEY PASCO, BOARD MBR	1 00	X						0	0	0
HOWELL GLOVER PASCO, BOARD MBR	1 00	X						0	0	0
LARRY HART PASCO, BOARD MBR	1 00	X						0	0	0
BOB HASE PASCO, BOARD MBR	1 00	X						0	0	0
MARGARET HASE PASCO, BOARD MBR	1 00	X						0	0	0
JEANNE MILLS PASCO, BOARD MBR	1 00	X						0	0	0
STANLEY R MILLS PASCO, BOARD MBR	1 00	X						0	0	0
SHINE STEVENS PASCO, BOARD MBR	1 00	X						0	0	0
BARBARA WHELAN PASCO, BOARD MBR	1 00	X						0	0	0
W LOWELL BRAY PASCO, CHAIRMAN	5 00	X						0	0	0
STEVEN WILLIAMS PASCO, CHAIRMAN	5 00	X						0	0	0
MIKE MICHEL PCMI PROP, BOARD MBR	1 00	X						0	0	0
JAMES LOOKER PCMI PROP, BOARD MBR	1 00	X						0	0	0
NORMAN GULKIS PCMI PROP, BOARD MBR	1 00	X						0	0	0
DAVID FLAAT PCMI PROP, CHAIRMAN	5 00	X						0	0	0
RICHARD BRUHN PCMI PROP, PRESIDENT	5 00	X						0	0	0
KENNETH ASHLEY PENSACOLA, BOARD MBR	1 00	X						0	0	0
MOLLYE BARROWS PENSACOLA, BOARD MBR	1 00	X						0	0	0
JAY CAMAC PENSACOLA, BOARD MBR	1 00	X						0	0	0
MONIQUE COLLINS PENSACOLA, BOARD MBR	1 00	X						0	0	0
DAVID CRAIG PENSACOLA, BOARD MBR	1 00	X						0	0	0
MARTY DONOVAN PENSACOLA, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EARL EVANS PENSACOLA, BOARD MBR	1 00	X						0	0	0
RYAN HALTER PENSACOLA, BOARD MBR	1 00	X						0	0	0
MIKE HILL PENSACOLA, BOARD MBR	1 00	X						0	0	0
JESSICA LEE PENSACOLA, BOARD MBR	1 00	X						0	0	0
JESSE WRIGBY PENSACOLA, BOARD MBR	1 00	X						0	0	0
DENNIS SHUMAN PENSACOLA, BOARD MBR	1 00	X						0	0	0
JOHN W MATHIS PENSACOLA, CHAIRMAN	5 00	X						0	0	0
GWENDOLYN ADAMS PIEDMONT, BOARD MBR	1 00	X						0	0	0
JOHN CARTER PIEDMONT, BOARD MBR	1 00	X						0	0	0
HERB CODINGTON PIEDMONT, BOARD MBR	1 00	X						0	0	0
DARIA CRONIC PIEDMONT, BOARD MBR	1 00	X						0	0	0
RHONDA CRUICKSHANKS PIEDMONT, BOARD MBR	1 00	X						0	0	0
WILLIAM R DAVIS PIEDMONT, BOARD MBR	1 00	X						0	0	0
JEAN DENMAN PIEDMONT, BOARD MBR	1 00	X						0	0	0
STACEY DRAKEFORD PIEDMONT, BOARD MBR	1 00	X						0	0	0
JIM FIRMIN PIEDMONT, BOARD MBR	1 00	X						0	0	0
MARK FOX PIEDMONT, BOARD MBR	1 00	X						0	0	0
DEBBIE FULTON PIEDMONT, BOARD MBR	1 00	X						0	0	0
DONNA JACKSON PIEDMONT, BOARD MBR	1 00	X						0	0	0
PERRY LEAMONS PIEDMONT, BOARD MBR	1 00	X						0	0	0
JUDI MERRITT PIEDMONT, BOARD MBR	1 00	X						0	0	0
ROBIN MORSE PIEDMONT, BOARD MBR	1 00	X						0	0	0
MARLENE OWINGS PIEDMONT, BOARD MBR	1 00	X						0	0	0
FREDDIE PINSON PIEDMONT, BOARD MBR	1 00	X						0	0	0
ERNEST SEGARS PIEDMONT, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL TURNER PIEDMONT, BOARD MBR	1 00	X						0	0	0
ERIK WEIR PIEDMONT, BOARD MBR	1 00	X						0	0	0
MARK WILLIS PIEDMONT, BOARD MBR	1 00	X						0	0	0
MUNDY WOODRUFF PIEDMONT, BOARD MBR	1 00	X						0	0	0
RICKY CHASTAIN PIEDMONT, CHAIRMAN	5 00	X						0	0	0
GENE SIMMONS PIEDMONT, BOARD MBR	1 00	X						0	0	0
GERARD CURLEY PINELLAS, BOARD MBR	1 00	X						0	0	0
RICK DANNENILLER PINELLAS, BOARD MBR	1 00	X						0	0	0
LISA B DODGE PINELLAS, BOARD MBR	1 00	X						0	0	0
MICHAEL GEORGEVICH PINELLAS, BOARD MBR	1 00	X						0	0	0
JOSEPH T LETTELLEIR PINELLAS, BOARD MBR	1 00	X						0	0	0
MARK P LETTELLEIR PINELLAS, BOARD MBR	1 00	X						0	0	0
NANCY LOEHR PINELLAS, BOARD MBR	1 00	X						0	0	0
LISA MARONE PINELLAS, BOARD MBR	1 00	X						0	0	0
JULIE MORNINGSTAR PINELLAS, BOARD MBR	1 00	X						0	0	0
GREGORY PORTER PINELLAS, BOARD MBR	1 00	X						0	0	0
AMY RETTIG PINELLAS, BOARD MBR	1 00	X						0	0	0
TAREK RICHEY PINELLAS, BOARD MBR	1 00	X						0	0	0
RENE Y ROBINSON-FLOWERS PINELLAS, BOARD MBR	1 00	X						0	0	0
LAURA LEIGH SNELL PINELLAS, BOARD MBR	1 00	X						0	0	0
ALAN SUSKEY PINELLAS, BOARD MBR	1 00	X						0	0	0
DIANNE WINNING PINELLAS, BOARD MBR	1 00	X						0	0	0
ROBERT S WEAVER PINELLAS, CHAIRMAN	5 00	X						0	0	0
TIM HARRIS POLK, BOARD MBR	1 00	X						0	0	0
CRAIG HILL POLK, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FRANK KENDRICK POLK, BOARD MBR	1 00	X						0	0	0
ILLEANA KNISS POLK, BOARD MBR	1 00	X						0	0	0
MICHAEL RISKIN POLK, BOARD MBR	1 00	X						0	0	0
RANDY ROLFE POLK, BOARD MBR	1 00	X						0	0	0
CYNDI TERRY POLK, BOARD MBR	1 00	X						0	0	0
CLAIRE TWOMEY POLK, BOARD MBR	1 00	X						0	0	0
MARK CODD POLK, CHAIRMAN	5 00	X						0	0	0
DENNISE AIELLO RED RIVER, BOARD MBR	1 00	X						0	0	0
BILL ALTIMUS RED RIVER, BOARD MBR	1 00	X						0	0	0
M THOMAS ARCENEAUX RED RIVER, BOARD MBR	1 00	X						0	0	0
SANDY CIMINO RED RIVER, BOARD MBR	1 00	X						0	0	0
TED COX RED RIVER, BOARD MBR	1 00	X						0	0	0
CAPTAIN HARRIS RED RIVER, BOARD MBR	1 00	X						0	0	0
JOHN LEGRAND RED RIVER, BOARD MBR	1 00	X						0	0	0
ROBERT A MADISON RED RIVER, BOARD MBR	1 00	X						0	0	0
BRENDA O'BROCK RED RIVER, BOARD MBR	1 00	X						0	0	0
WILLIE PHILLIPS RED RIVER, BOARD MBR	1 00	X						0	0	0
TAG ROME RED RIVER, BOARD MBR	1 00	X						0	0	0
JOHN B SLATTERY RED RIVER, BOARD MBR	1 00	X						0	0	0
JANE SMITH RED RIVER, BOARD MBR	1 00	X						0	0	0
JERI THOMPSON RED RIVER, BOARD MBR	1 00	X						0	0	0
PEYTON COLE RED RIVER, CHAIRMAN	5 00	X						0	0	0
DAVID L FARRAR RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
RICHARD GAMBLE RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
SHARON GAMBLE RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENITO OCHOA RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
GEORGE PATTERSON RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
MARTIN PENNA RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
JAVIER REYNA RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
KAREN WATT RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
CHRISTOPHER C GAMBLE RIO GRANDE VLY, CHAIRMAN	5 00	X						0	0	0
MARTIN ARAMBULA RIO GRANDE VLY, PRESIDENT	5 00	X						0	0	0
DAMIAN ASHE SAND HILLS, BOARD MBR	1 00	X						0	0	0
LEIGHTON BELL SAND HILLS, BOARD MBR	1 00	X						0	0	0
JOHN T BLACKWELL SAND HILLS, BOARD MBR	1 00	X						0	0	0
HP BROOKS SAND HILLS, BOARD MBR	1 00	X						0	0	0
REBECCA BURCH SAND HILLS, BOARD MBR	1 00	X						0	0	0
DAVID CASSIDY SAND HILLS, BOARD MBR	1 00	X						0	0	0
JAMES DIXON SAND HILLS, BOARD MBR	1 00	X						0	0	0
MARY BETH FREEMAN SAND HILLS, BOARD MBR	1 00	X						0	0	0
ANDREA HAMPTON SAND HILLS, BOARD MBR	1 00	X						0	0	0
JERRY D HOLLEY SAND HILLS, BOARD MBR	1 00	X						0	0	0
CHARLES E WATFORD SAND HILLS, BOARD MBR	1 00	X						0	0	0
JAMES SWEENEY SAND HILLS, CHAIRMAN	5 00	X						0	0	0
JOE CAYADITTO SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
SHELLY CHIMONI SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
AMY DEATHERAGE SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
PADDY DORMIER SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
JIM EATON SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
KENNETH EICHWALD SANDOVAL, BOARD MEMBER	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BERNADINE MARTIN SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
LUIS MCDONALD SANDOVAL, PRESIDENT	5 00	X						0	0	0
RICHARD VELARDE SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
INGEBORG VICENTI SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
ELIAS M VIGIL SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
REX WILSON SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
SAM WINDER SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
JANE ARMSTRONG SARASOTA CTY, BOARD MBR	1 00	X						0	0	0
WILLIAM F GOINS SARASOTA CTY, BOARD MBR	1 00	X						0	0	0
MARY LONG SARASOTA CTY, BOARD MBR	1 00	X						0	0	0
MARJORIE PATTERSON SARASOTA CTY, BOARD MBR	1 00	X						0	0	0
JAN SCHNEIDER SARASOTA CTY, BOARD MBR	1 00	X						0	0	0
BIANCA STRAUSS SARASOTA CTY, BOARD MBR	1 00	X						0	0	0
ELLA WILLIAMS SARASOTA CTY, CHAIRMAN	5 00	X						0	0	0
CLAY LONG SARASOTA CTY, PRESIDENT	5 00	X						0	0	0
GAYLE BOYKIN SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
OTIS M CHIVERS SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
RICK ELDER SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
CATHY FOREHAND SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
AL FREELAND SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
DOROTHY GLISSON SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
C EDWARD HAGAN SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
JACK HILL SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
MIKE KILE SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
CHARLES LEE SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EDWIN LOVETT SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
JIM RICHARDS SAVANNAH RIVER, CHAIRMAN	5 00	X						0	0	0
JULIE CANNON SAVANNAH RIVER, PRESIDENT	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
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
FRED HANNA SC - STATEWIDE BD, CHAIRMAN	5 00	X						0	0	0
MIKE BECKER SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
JOSEPH P D'ALESSANDRO SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
PHYLLIS ERSHOWSKY SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
STEVEN ERSHOWSKY SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
DONALD R FEWELL SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
BETTY GOODACRE SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
ERIK JORGENSEN SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
MARY LEWIS SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
MARVIN L METHENY SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
JOANNE SEMMERS SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
ROB WELLS SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
JOHN INGRAHAM SOUTHWEST FLOR, PRESIDENT	5 00	X						0	0	0
ERIC DOSHIER SOUTHWEST LOUIS, BOARD MBR	1 00	X						0	0	0
KEVIN GUIDRY SOUTHWEST LOUIS, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD J HARRIS SOUTHWEST LOUIS, BOARD MBR	1 00	X						0	0	0
WILLIE SAMUEL KING SOUTHWEST LOUIS, BOARD MBR	1 00	X						0	0	0
DINAH ROBINSON SOUTHWEST LOUIS, BOARD MBR	1 00	X						0	0	0
LANCE WALLACE SOUTHWEST LOUIS, CHAIRMAN	5 00	X						0	0	0
RANDY VINCENT SOUTHWEST LOUIS, PRESIDENT	5 00	X						0	0	0
CAMILLE ALBERT SPACE COAST, BOARD MBR	1 00	X						0	0	0
JASON ARTHUR SPACE COAST, BOARD MBR	1 00	X						0	0	0
JEAN BANDISH SPACE COAST, BOARD MBR	1 00	X						0	0	0
GLEN DINGMAN SPACE COAST, BOARD MBR	1 00	X						0	0	0
BRIAN FISHER SPACE COAST, BOARD MBR	1 00	X						0	0	0
NELSON HAMILTON SPACE COAST, BOARD MBR	1 00	X						0	0	0
BJORG HERMANSEN SPACE COAST, BOARD MBR	1 00	X						0	0	0
DON HERNDON SPACE COAST, BOARD MBR	1 00	X						0	0	0
WAYNE IVEY SPACE COAST, BOARD MBR	1 00	X						0	0	0
JANICE KERSHAW SPACE COAST, BOARD MBR	1 00	X						0	0	0
LINDA J MAY SPACE COAST, BOARD MBR	1 00	X						0	0	0
TOMMY MOORE SPACE COAST, BOARD MBR	1 00	X						0	0	0
KIMBERLY MUSSELMAN SPACE COAST, BOARD MBR	1 00	X						0	0	0
FRANCIS OLOMU SPACE COAST, BOARD MBR	1 00	X						0	0	0
JACK PARKER SPACE COAST, BOARD MBR	1 00	X						0	0	0
DAN RICHARDS SPACE COAST, BOARD MBR	1 00	X						0	0	0
BRAD ROUB SPACE COAST, BOARD MBR	1 00	X						0	0	0
JUDY ROUB SPACE COAST, BOARD MBR	1 00	X						0	0	0
RACHEL SADOFF SPACE COAST, BOARD MBR	1 00	X						0	0	0
DAVID SPECTOR SPACE COAST, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDY ZIEGLER SPACE COAST, BOARD MBR	1 00	X						0	0	0
SUSAN ANSWAY SPACE COAST, CHAIRMAN	5 00	X						0	0	0
NEAL E JOHNSON SPACE COAST, PRESIDENT	5 00	X						0	0	0
OWUSU-ANSAH AGYAPONG TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
SUE ANSTEAD TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
ROBERT BECK TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
BILLY CLOSE TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
DAN FENDLEY TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
JOHN HUBBS TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
LEWIS K JOHNSON TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
GLENN SAPP TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
ERIC TROMBLEY TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
DR VAUSE TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
KEITH VAUSE TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
SHERI N DEVORE TALLAHASSEE, CHAIR/PRES	5 00	X						0	0	0
DEHART AYALA TAMPA, BOARD MBR	1 00	X						0	0	0
LORRAINE C BARKETT TAMPA, BOARD MBR	1 00	X						0	0	0
TRAVIS BERRY TAMPA, BOARD MBR	1 00	X						0	0	0
JACK A COHEN TAMPA, BOARD MBR	1 00	X						0	0	0
DAVID DE LA PARTE TAMPA, BOARD MBR	1 00	X						0	0	0
CANDACE GARCIA TAMPA, BOARD MBR	1 00	X						0	0	0
THOMAS HERMAN TAMPA, BOARD MBR	1 00	X						0	0	0
JERRY JOHNSON TAMPA, BOARD MBR	1 00	X						0	0	0
ASHLEY B MOODY TAMPA, BOARD MBR	1 00	X						0	0	0
SETH NELSON TAMPA, BOARD MBR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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 P SIMON TAMPA, BOARD MBR	1 00	X						0	0	0
DEBBI STONE TAMPA, BOARD MBR	1 00	X						0	0	0
A TREY TRAVIESA TAMPA, BOARD MBR	1 00	X						0	0	0
CHARLES B WEISSMAN TAMPA, BOARD MBR	1 00	X						0	0	0
MARK CRISER TAMPA, CHAIRMAN	5 00	X						0	0	0
MARK METHENY TAMPA, PRESIDENT	5 00	X						0	0	0
GINGER H BRANTON VIRGINIA, BOARD MBR	1 00	X						0	0	0
VELMA CONNER VIRGINIA, BOARD MBR	1 00	X						0	0	0
BARRY ELSWICK VIRGINIA, BOARD MBR	1 00	X						0	0	0
RAY FOSTER VIRGINIA, BOARD MBR	1 00	X						0	0	0
TONY LOTITO VIRGINIA, BOARD MBR	1 00	X						0	0	0
BILL NEELEY VIRGINIA, BOARD MBR	1 00	X						0	0	0
TOM WITTEN VIRGINIA, BOARD MBR	1 00	X						0	0	0
JOHN KEENE VIRGINIA, CHAIRMAN	5 00	X						0	0	0
STEPHEN GRANT VOLUSIA, BOARD MBR	1 00	X						0	0	0
DENZIL SYKES VOLUSIA, BOARD MBR	1 00	X						0	0	0
PAULA REED VOLUSIA, CHAIRPERSON	5 00	X						0	0	0
WOODY BOLLINGER 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
MIKE MICHEL 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, CHAIRPERSON	5 00	X						0	0	0
EARL ALEXANDER WHITE PINES, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES ATCHISON WHITE PINES, BOARD MBR	1 00	X						0	0	0
RUDOLPH GORDON WHITE PINES, BOARD MBR	1 00	X						0	0	0
RONALD JACKSON WHITE PINES, BOARD MBR	1 00	X						0	0	0
MITCH KENNEDY WHITE PINES, BOARD MBR	1 00	X						0	0	0
TONEY LISTER WHITE PINES, BOARD MBR	1 00	X						0	0	0
THOMAS MCMEEKIN WHITE PINES, BOARD MBR	1 00	X						0	0	0
BENJAMIN SNODDY WHITE PINES, BOARD MBR	1 00	X						0	0	0
THOMAS WHITE WHITE PINES, BOARD MBR	1 00	X						0	0	0
JAMES WILSON WHITE PINES, BOARD MBR	1 00	X						0	0	0
LAWSON HAYES WHITE PINES, CHAIRMAN	5 00	X						0	0	0
LILLIAN COOPER WINGS - S FL, BOARD MBR	1 00	X						0	0	0
JODY FINVER WINGS - S FL, BOARD MBR	1 00	X						0	0	0
LIZ MORTON WINGS - S FL, BOARD MBR	1 00	X						0	0	0
DAMON PHILLIPS WINGS - S FL, BOARD MBR	1 00	X						0	0	0
JENNY SORIANO PRIESTLY WINGS - S FL, BOARD MBR	1 00	X						0	0	0
ROSA R SIMMONS WINGS - S FL, BOARD MBR	1 00	X						0	0	0
CRYSTAL SPENCE WINGS - S FL, BOARD MBR	1 00	X						0	0	0
CLARISSA V WILLIS WINGS - S FL, BOARD MBR	1 00	X						0	0	0
LYNDALL LAMBERT WINGS - S FL, CHAIRMAN	5 00	X						0	0	0
MICHELLE JOHNSON WINGS - S FL, PRESIDENT	5 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
MARCENE MYRIE WINGS - TEXAS, BOARD MBR	1 00	X						0	0	0
CARLOS URESTI WINGS - TEXAS, BOARD MBR	1 00	X						0	0	0
SUZETTE KINDER PATTON WINGS - TEXAS, CHAIRMAN	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAURA PARKER WINGS - TEXAS, PRESIDENT	5 00	X						0	0	0
MICHAEL BUFFINGTON YES, BOARD MBR	1 00	X						0	0	0
RONALD A CHRISTALDI YES, BOARD MBR	1 00	X						0	0	0
JACK A COHEN YES, BOARD MBR	1 00	X						0	0	0
DAVID DE LA PARTE YES, BOARD MBR	1 00	X						0	0	0
JOSEPH D EDWARDS YES, BOARD MBR	1 00	X						0	0	0
ALBERT KNIGHT YES, BOARD MBR	1 00	X						0	0	0
NICOLAS C PORTER YES, BOARD MBR	1 00	X						0	0	0
PAUL PORTMAN YES, BOARD MBR	1 00	X						0	0	0
JORGE VALIENTE YES, BOARD MBR	1 00	X						0	0	0
JOEL WALTERS YES, BOARD MBR	1 00	X						0	0	0
ROBERT M LUCAS YES, CHAIRMAN	5 00	X						0	0	0
JOHN VARNELL YES, PRESIDENT	5 00	X						0	0	0
WILLIAM ADAMS AT LARGE BOARD MEMBER	1 00	X						0	0	0
JIM BLUE AT LARGE BOARD MEMBER	1 00	X						0	0	0
BOB FRANK AT LARGE BOARD MEMBER	1 00	X						0	0	0
JERRAULD JONES AT LARGE BOARD MEMBER	1 00	X						0	0	0
DAVID MITCHELL AT LARGE BOARD MEMBER	1 00	X						0	0	0
BILL MYERS AT LARGE BOARD MEMBER	1 00	X						0	0	0
ROD PETREY AT LARGE BOARD MEMBER	1 00	X						0	0	0
CHARLES POSTON AT LARGE BOARD MEMBER	1 00	X						0	0	0
DOUG SEDGQICK AT LARGE BOARD MEMBER	1 00	X						0	0	0
REX WILSON AT LARGE BOARD MEMBER	1 00	X						0	0	0
WADE GOSS SAVANNAH RIVER, EXECUTIVE DIRECTOR	40 00					X		102,509	0	15,376