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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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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	C Name of organization AMIKIDS INC (GROUP) Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 5915 BENJAMIN CTR DR City or town, state or country, and ZIP + 4 TAMPA, FL 33634 F Name and address of principal officer OTIS B STANDER 5915 BENJAMIN CTR DR TAMPA, FL 33634	D Employer identification number 59-2878383 E Telephone number (813) 887-3300 G Gross receipts \$ 64,359,082 H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 8529
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW AMIKIDS ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation M State of legal domicile

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATIONS ARE AN AFFILIATED GROUP OF (SEE SCHEDULE O FOR CONTINUED DESCRIPTION) 73 ASSOCIATED CHARITABLE ORGANIZATIONS LOCATED AROUND THE COUNTRY, INCLUDING 11 AFFILIATED ENTITIES DEDICATED TO FUNDRAISING AND SUPPORTING THE OPERATIONS OF THE CHARITABLE ORGANIZATIONS (THE AMIKIDS GROUP) ALL 73 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			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a)	3	602	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	598	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,671	
	6 Total number of volunteers (estimate if necessary)	6	2,500	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	64,810,328	61,452,679	
	9 Program service revenue (Part VIII, line 2g)	0	0	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-195,302	40,230	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,493,588	2,500,382	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,108,614	63,993,291	
Expenses				
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	47,205,963	43,669,806	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 50,640			
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	22,569,400	23,235,906	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	69,775,363	66,905,712	
	19 Revenue less expenses Subtract line 18 from line 12	-1,666,749	-2,912,421	
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	38,379,895	35,623,165	
	21 Total liabilities (Part X, line 26)	23,284,793	23,411,472	
	22 Net assets or fund balances Subtract line 21 from line 20	15,095,102	12,211,693	

Part II Signature Block

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

Sign Here	***** Signature of officer	2013-05-14 Date	
	WILLIAM L GRIFFIN CFO Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ MELANIE FERNANDEZ	Date	Check if self-employed <input type="checkbox"/> Preparer's taxpayer identification number (see instructions) P00071396
	Firm's name (or yours if self-employed), address, and ZIP + 4 CROSS FERNANDEZ & RILEY LLP 201 S ORANGE AVE SUITE 800 ORLANDO, FL 328013421		EIN ▶ 59-3651466 Phone no ▶ (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 [X]

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 (SEE SCHEDULE O FOR CONTINUATION)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 [X] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 28,359,548 including grants of \$) (Revenue \$)
RESIDENTIAL BOYSAS AN ALTERNATIVE TO A PRISON SETTING, AMIKIDS' RESIDENTIAL PROGRAMS COMBINE EDUCATION, BEHAVIOR MODIFICATION, AND MENTAL HEALTH TREATMENT TO ADDRESS THE NEEDS OF THE YOUTH WE SERVE BECAUSE JUVENILE OFFENDERS HAVE STRAYED BEYOND SCHOOL DISRUPTIVENESS INTO CRIMINAL BEHAVIOR, AMIKIDS STRIVES TO HELP THEM RECOVER THEIR LIVES AND FIND NEW DIRECTION, THAT RESULTS IN SAFER COMMUNITIES AND TAX PAYING MEMBERS OF SOCIETY 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 THEIR SUCCESS

4b (Code) (Expenses \$ 1,544,336 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 EITHER THE YOUNG WOMAN OR HER BABY AMIKIDS IS ONE OF THE ONLY A FEW PROGRAMS NATIONWIDE THAT PROVIDE PROGRAMS FOR GIRLS, EXPECTANT GIRLS, TEEN MOTHERS AND THEIR BABIES WE ADDRESS THE NEEDS OF THE YOUTH WE SERVE AND ENSURE THAT BOTH MOM AND BABY ARE PREPARED TO TRANSITION HOME

4c (Code) (Expenses \$ 33,563,926 including grants of \$) (Revenue \$)
CO-ED DAY TREATMENT YOUTH ARE REFERRED TO THE PROGRAM BY JUVENILE JUSTICE AGENCIES, SCHOOL DISTRICTS, AND DIRECTLY BY THE COURT SYSTEM YOUTH RESIDE AT HOME WHILE IN THE PROGRAM, ALLOWING STAFF TO ADDRESS CURRENT ISSUES IN BOTH THEIR RESIDENCE AND NEIGHBORHOOD YOUTH ATTEND THE PROGRAM MONDAY THROUGH FRIDAY FOR A PERIOD FROM FOUR TO TWELVE MONTHS YEAR ROUND WHILE IN THE PROGRAM, EVIDENCE-BASED INTERVENTION MODELS ARE COMBINED WITH EDUCATION, THAT ADDRESS BOTH THE EDUCATIONAL NEEDS OF THE YOUTH, ALONG WITH THE BEHAVIORAL AND MENTAL DISORDERS THAT HAVE KEPT THEM FROM BEING PRODUCTIVE MEMBERS OF THEIR LOCAL COMMUNITY YOUTH PARTICIPATE IN COMMUNITY SERVICE PROJECTS AND ARE TAUGHT THE VALUE OF BEING A PRODUCTIVE MEMBER OF THEIR LOCAL COMMUNITY

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

4e Total program service expenses \$ 63,467,810

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a 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> <input checked="" type="checkbox"/>		No
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> <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> <input checked="" type="checkbox"/>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> <input checked="" type="checkbox"/>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> <input checked="" type="checkbox"/>	Yes	
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
	20b	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for 1a, 1b, 1c, 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (602), 1b (598), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (Yes).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Yes), 10b (Yes), 11a (Yes), 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL, GA, SC, IL, VA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MICHAEL S RICH CONTRACTORS INC PO BOX 90727 ALBUQUERQUE, NM 87199	CONSTRUCTION	1,890,485
WESTERN BUILDING & DEVELOPMENT 206 E FLEMING LAS CRUCES, NM 88001	CONSTRUCTION	396,062
PSYCARE 10308 CLUBHOUSE DRIVE BRADENTON, FL 34202	MEDICAL OVERSIGHT	305,931
STEVEIMAC BUILDERS LLC PO BOX 212 MYRTLE BEACH, SC 29597	CONSTRUCTION	160,704
CROSS FERNANDEZ & RILEY LLP 201 S ORANGE AVE SUITE 800 ORLANDO, FL 32801	EXTERNAL AUDITORS	143,860

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	253,029				
	d	Related organizations 1d	39,202,375				
	e	Government grants (contributions) 1e	18,778,368				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,218,907				
	g	Noncash contributions included in lines 1a-1f \$ <u>53,727</u>					
	h	Total. Add lines 1a-1f ▶	61,452,679				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	77,370			77,370	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a		(i) Real				
			(ii) Personal				
		b	Gross rents	528,563			
		b	Less rental expenses	0			
	c	Rental income or (loss)	528,563				
	d	Net rental income or (loss) ▶	528,563			528,563	
	7a		(i) Securities				
			(ii) Other				
		b	Gross amount from sales of assets other than inventory	152,816	26,592		
		b	Less cost or other basis and sales expenses	157,867	58,681		
	c	Gain or (loss)	-5,051	-32,089			
	d	Net gain or (loss) ▶	-37,140			-37,140	
8a		Gross income from fundraising events (not including \$ <u>253,029</u> of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b	146,273				
	c	Net income or (loss) from fundraising events ▶	21,695			21,695	
9a		Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b	67,936				
	c	Net income or (loss) from gaming activities ▶	43,271			43,271	
10a		Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code					
11a	INTERCO CLOSURE DEBT	900099	1,833,167			1,833,167	
b	MISCELLANEOUS INCOME	900099	73,686			73,686	
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		1,906,853				
12	Total revenue. See Instructions ▶		63,993,291	0	0	2,540,612	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	33,849,268	33,849,268		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,539,044	1,539,044		
9	Other employee benefits	5,239,865	5,239,865		
10	Payroll taxes	3,041,629	3,041,629		
11	Fees for services (non-employees)				
a	Management				
b	Legal	47,748	47,748		
c	Accounting	130,900		130,900	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	946,635	602,122	343,382	1,131
12	Advertising and promotion	112,253	107,998		4,255
13	Office expenses	1,042,482	913,026	129,456	
14	Information technology				
15	Royalties				
16	Occupancy	2,720,840	2,680,489	40,351	
17	Travel	804,199	804,199		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,005,523	1,005,523		
20	Interest	525,726	523,465		2,261
21	Payments to affiliates	1,125,238		1,125,238	
22	Depreciation, depletion, and amortization	2,500,355	2,500,355		
23	Insurance	1,843,810	1,843,810		
24	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)				
a	STDNT SPPLS & TRAINING	4,562,869	4,178,130	351,945	32,794
b	EQUIPMENT & MAINTENANCE	3,032,709	2,619,557	413,152	
c	DISTRIBUTIONS TO SCHLS	1,456,494	1,456,494		
d	OTHER	1,378,125	515,088	852,838	10,199
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	66,905,712	63,467,810	3,387,262	50,640
26	Joint costs. 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
Assets	1 Cash—non-interest-bearing	2,862,705	1	1,745,925
	2 Savings and temporary cash investments	7,922,548	2	7,346,344
	3 Pledges and grants receivable, net	413,000	3	
	4 Accounts receivable, net	8,438,065	4	8,462,796
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,810,562	9	2,123,962
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	42,102,178		
	b Less accumulated depreciation	27,144,767	10c	14,957,411
	11 Investments—publicly traded securities	775,655	11	986,727
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,379,895	16	35,623,165	
Liabilities	17 Accounts payable and accrued expenses	19,831,322	17	19,651,763
	18 Grants payable		18	
	19 Deferred revenue	347,078	19	736,179
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,106,393	23	3,023,530
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	23,284,793	26	23,411,472
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,181,507	27	9,150,802
	28 Temporarily restricted net assets	2,806,505	28	2,953,801
	29 Permanently restricted net assets	107,090	29	107,090
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	15,095,102	33	12,211,693	
34 Total liabilities and net assets/fund balances	38,379,895	34	35,623,165	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,993,291
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,905,712
3	Revenue less expenses Subtract line 2 from line 1	3	-2,912,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,095,102
5	Other changes in net assets or fund balances (explain in Schedule O)	5	29,012
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,211,693

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	Yes	
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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

2011

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 **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
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	71,727,772	73,508,570	66,815,526	64,544,405	61,452,679	338,048,952
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	71,727,772	73,508,570	66,815,526	64,544,405	61,452,679	338,048,952
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,846,698
6 Public Support. Subtract line 5 from line 4						335,202,254

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	71,727,772	73,508,570	66,815,526	64,544,405	61,452,679	338,048,952
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	322,991	931,500	1,235,357	1,089,217	605,933	4,184,998
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,541,923	414,718	1,281,219	2,418,008	1,906,853	7,562,721
11 Total support (Add lines 7 through 10)						349,796,671
12 Gross receipts from related activities, etc (See instructions)					12	2,390,333

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	95.830%
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96.200%

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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 on behalf of or in opposition to candidates for public office 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?
4a Was a correction made?
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?
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 and promptly and directly delivered to a separate political organization.

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f 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													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1 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			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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 LOBBYING ACTIVITIES	PART II-B, LINE 1	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

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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 importantly 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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	107,090	107,090	107,090	107,090	
b Contributions					
c Investment earnings or losses	321				
d Grants or scholarships					
e Other expenditures for facilities and programs	321				
f Administrative expenses					
g End of year balance	107,090	107,090	107,090	107,090	

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,685,420		3,685,420
b Buildings		24,122,809	15,176,389	8,946,420
c Leasehold improvements		1,362,964	1,309,398	53,566
d Equipment		12,648,302	10,658,980	1,989,322
e Other		282,683		282,683
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				14,957,411

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	63,993,291
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	66,905,712
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,912,421
4	Net unrealized gains (losses) on investments	4	29,012
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	29,012
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-2,883,409

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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 IDENTIFIES AND EVALUATES UNCERTAIN TAX POSITIONS, IF ANY, AND RECOGNIZES THE IMPACT OF UNCERTAIN TAX POSITIONS FOR WHICH THERE IS A LESS THAN MORE-LIKELY-THAN-NOT PROBABILITY OF THE POSITION BEING UPHOLD WHEN REVIEWED BY THE RELEVANT TAXING AUTHORITY SUCH POSITIONS ARE DEEMED TO BE UNRECOGNIZED TAX BENEFITS AND A CORRESPONDING LIABILITY IS ESTABLISHED ON THE COMBINED STATEMENT OF FINANCIAL POSITION THE ORGANIZATION HAS NOT RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS 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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization AMIKIDS INC (GROUP)

Employer identification number

59-2878383

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events. 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes entry for AMIKIDS INC with 0 in columns (iv), (v), and (vi).

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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 GOLF TOURNAMENT - GEORGETOWN (event type)	(b) Event #2 GOLF TOURNAMENT - TAMPA (event type)	(c) Other Events 37 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	77,220	46,799	275,283	399,302
	2 Less Charitable contributions			253,029	253,029
	3 Gross income (line 1 minus line 2)	77,220	46,799	22,254	146,273
Direct Expenses	4 Cash prizes			2,750	2,750
	5 Non-cash prizes			1,125	1,125
	6 Rent/facility costs		4,756	13,815	18,571
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,109	13,760	75,263	102,132
	10 Direct expense summary Add lines 4 through 9 in column (d). ▶				(124,578)
11 Net income summary Combine lines 3 and 10 in column (d). ▶				21,695	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue	13,020		54,916	67,936
	2 Cash prizes			10,000	10,000
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs	1,260		733	1,993
	5 Other direct expenses	8,594		4,078	12,672
6 Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d). ▶				(24,665)	
8 Net gaming income summary Combine lines 1 and 7 in column (d). ▶				43,271	

9 Enter the state(s) in which the organization operates gaming activities FL

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

b If "No," Explain NOT REQUIRED PER STATE LAW OTHER GAMING CONSISTS OF LAST MAN STANDING EVENT WHERE WINNING TICKET IS THE LAST ONE DRAWN FROM ALL TICKETS PURCHASED

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

a The organization's facility	13a	
b An outside facility	13b	100 000 %

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.**

2011

**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 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
3a Are there any management or service contracts that may result in private business use?		X						
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 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								
5 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								
6 Total of lines 4 and 5								
7 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
1 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						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?	X							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

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	49,522	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		No
(2) ELOISE LISCH	BOARD MEMBER	10,734	SEE PART V - DURING 2011 AND 2012, THE INSTITUTE CONTRACTED WITH A VENDOR, WHOSE VICE PRESIDENT IS RELATED TO A BOARD MEMBER, TO CONSTRUCT AN OUTDOOR RECREATION AREA IN THE AMOUNTS OF \$25,340 AND \$2,800, RESPECTIVELY THE INSTITUTE RECEIVED THREE COMPETITIVE BIDS ON THE CONTRACT AND IT WAS APPROVED BY THE BOARD OF DIRECTORS AS OF JUNE 30, 2012, ALL OF THESE COSTS WERE PAID AND INCLUDED IN PROPERTY AND EQUIPMENT, NET ON THE STATEMENT OF FINANCIAL POSITION		No
(3) DAVID HOUSE	BOARD MEMBER	23,272	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 PAID IN FULL AS OF JUNE 30, 2012 DURING THE FISCAL YEAR ENDED JUNE 30, 2012, AMIKIDS BEAUFORT PAID MODERN BANK \$23,272 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

2011

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

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	10,000	NADA
7 Boats and planes	X	3	23,868	NADA/AUCTION PROCEEDS
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	0	7,071	SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SUPPLIES</u>)	X	2	12,788	SELLING PRICE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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 DONATED FOOD INVENTORY ITEMS IS NOT ATTAINABLE

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

2011

**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 73 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 LETTELLEIR 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 72 OF 73 ORGANIZATIONS COMPRISING THE AMIKIDS GROUP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	AMIKIDS PARENT IS THE SOLE MEMBER FOR 72 OF 73 AMIKIDS GROUP MEMBER ORGANIZATIONS AND HAS THE POWER TO REMOVE AND REPLACE ANY MEMBER OF THE BOARD OF TRUSTEES IN EACH OF THOSE 72 AFFILIATES IN WHICH IT IS A SOLE MEMBER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE SOLE MEMBER FOR 72 OF 73 AMIKIDS GROUP'S MEMBER ORGANIZATIONS, AMIKIDS PARENT, IS REQUIRED TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BY LAWS PASSED BY THE BOARD OF TRUSTEES FOR EACH OF THE 72 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' 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' CFO AND ACCOUNTANTS. AMIKIDS' 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 MEMBER 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 29,012

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e	Yes	
1f	Yes	
1g	Yes	
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	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) 2011**

TY 2011 Affiliate Listing

Name: AMIKIDS INC (GROUP)

EIN: 59-2878383

TY 2011 Affiliate Listing

Name	Address	EIN	Name control
AMIKIDS ACADIANA INC	611 CELESTINE LA TORTUE RD BRANCH, LA 70516	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 HIGHWAY 90 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, LA 70946	20-5404838	AMIK
AMIKIDS EMERALD COAST INC	207 4TH STREET SE FT WALTON BEACH, FL 32548	59-3531532	AMIK
AMIKIDS FAMILY SERVICES INC	1153 US HWY 41 NW STE 17 JASPER, FL 32052	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 SOUTH EAST 134 AVENUE MICANOPY, FL 32667	59-3048922	AMIK
AMIKIDS GEORGETOWN INC	PO BOX 638 GEORGETOWN, SC 29442	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 LAROSE HWY BOURG, LA 70343	26-0211169	AMIK

TY 2011 Affiliate Listing

Name	Address	EIN	Name control
AMIKIDS GREATER FORT LAUDERDALE INC	3220 SW 4TH AVENUE FT LAUDERDALE, FL 33315	59-1163198	AMIK
AMIKIDS INFINITY CHICAGO INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	20-5117049	AMIK
AMIKIDS INFINITY MARLBORO INC	703 CHERAW STREET BENNETTSVILLE, SC 29512	20-5117121	AMIK
AMIKIDS INFINITY SCHOOL OF ENVIRONMENTAL STUDIES INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	45-3526030	AMIK
AMIKIDS INFINITY WAKE COUNTY INC	1150 FORESTVILLE ROAD WAKE FOREST, NC 27587	27-4233587	AMIK
AMIKIDS INFINITY INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-3525382	AMIK
AMIKIDS JACKSONVILLE INC	7801 LONE STAR ROAD RM 15 JACKSONVILLE, FL 32211	59-1447527	AMIK
AMIKIDS JEFFERSON INC	1149 MACARTHUR AVE HARVEY, LA 70058	59-3737943	AMIK
AMIKIDS LAST CHANCE RANCH INC	19570 CR 731 VENUS, FL 33960	59-2218777	AMIK
AMIKIDS LOUISIANA PROPERTIES INC	5555 BEECHWOOD DRIVE BATON ROUGE, LA 70805	26-2264274	AMIK
AMIKIDS MANATEE INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-2553270	AMIK
AMIKIDS MIAMI-DADE INC	1820 ARTHUR LAMB JR ROAD MIAMI, FL 33149	59-1561549	AMIK
AMIKIDS MIDDLE GEORGIA INC	1069 RED DOG FARM ROAD COCHRAN, GA 31014	58-2170318	AMIK
AMIKIDS NEW MEXICO PROPERTIES INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	45-3526063	AMIK
AMIKIDS NORFOLK INC	351 AVORY AVENUE NORFOLK, VA 23523	54-1720397	AMIK
AMIKIDS NORTH CAROLINA FAMILY SERVICES INC	717 S MARSHALL STREET 2ND FLOOR WINSTON SALEM, NC 27101	45-3067896	AMIK
AMIKIDS NORTH CAROLINA PROPERTIES INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	27-4233434	AMIK
AMIKIDS NORTHEAST LOUISIANA INC	PO BOX 216 TALLULAH, LA 71284	81-0660005	AMIK
AMIKIDS ORLANDO INC	1461 SOUTH LAKE PLEASANT DRIVE APOPKA, FL 32703	59-3045041	AMIK
AMIKIDS PALM BEACH INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-2237919	AMIK

TY 2011 Affiliate Listing

Name	Address	EIN	Name control
AMIKIDS PANAMA CITY MARINE INSTITUTE INC	200 EAST BEACH DR PANAMA CITY, FL 32401	59-1546202	AMIK
AMIKIDS PASCO INC	6807 MADISON STREET 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 ROAD PENSACOLA, FL 32526	59-3051944	AMIK
AMIKIDS PIEDMONT INC	20238 HWY 72 EAST CLINTON, SC 29325	57-0925626	AMIK
AMIKIDS PINELLAS INC	3101 GULF BLVD ST PETERSBURG BEACH, FL 33706	23-7228523	AMIK
AMIKIDS POLK INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	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 BLVD LOS FRESNOS, TX 78566	74-2401524	AMIK
AMIKIDS SAND HILLS INC	2381 CAMPBELL LAKE ROAD PATRICK, SC 29584	59-3392379	AMIK
AMIKIDS SANDOVAL INC	20 PONDS 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 BEACH, FL 33931	59-3052865	AMIK
AMIKIDS SOUTHWEST LOUISIANA INC	425 KINGSLEY ST 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

TY 2011 Affiliate Listing

Name	Address	EIN	Name control
AMIKIDS VIRGINIA WILDERNESS INC	PO BOX 613 OAKWOOD, VA 24631	59-3498450	AMIK
AMIKIDS VOLUSIA INC	1420 MASON AVENUE SUITE 110 DAYTONA BEACH, FL 32117	20-4439611	AMIK
AMIKIDS WEST FLORIDA INC	1912 OLD MT ZION ROAD 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	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	20-0954381	AMIK
AMIKIDS YES INC	4337 SAFFOLD ROAD WIMAUMA, FL 33598	59-3217810	AMIK
AMIKIDS BAY AREA MARINE INSTITUTE INC	12022 GANDY BLVD N ST PETERSBURG, FL 33702	59-3343504	ASSO
AMIKIDS CAMP WHITE PINES II	PO BOX 617 JONESVILLE, SC 29353	59-3012877	AMIK
AMIKIDS PCMI PROPERTIES INC	PO BOX 268 PANAMA CITY, FL 32402	20-3267389	AMIK
AMIKIDS SOUTH CAROLINA WILDERNESS INSTITUTES INC	5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-3392378	AMIK
AMIKIDS 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			
SHANNON BROWN FOUNDATION, BOARD MBR	1 00	X						0	0	0
MICHAEL CHAHO FOUNDATION, BOARD MBR	1 00	X						0	0	0
CHARLIE DUKE FOUNDATION, BOARD MBR	1 00	X						0	0	0
W BRANTLEY HARVEY FOUNDATION, BOARD MBR	1 00	X						0	0	0
DAVID HULL FOUNDATION, BOARD MBR	1 00	X						0	0	0
AJ JOHNSON 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 R 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, CHAIRMAN	5 00	X						0	0	0
DANIEL THOMPSON FOUNDATION, BOARD MBR	1 00	X						0	0	0
CADE BENOIT ACADIANA, BOARD MBR	1 00	X						0	0	0
MICHAEL BERARD ACADIANA, BOARD MBR	1 00	X						0	0	0
MIKE HARSON ACADIANA, BOARD MBR	1 00	X						0	0	0
LENNY LEMOINE ACADIANA, BOARD MBR	1 00	X						0	0	0
KYLE LOVE ACADIANA, BOARD MBR	1 00	X						0	0	0
MILDRED METHVIN ACADIANA, BOARD MBR	1 00	X						0	0	0
DUR MIKE 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
GREGORY ELLISON ACADIANA, CHAIRMAN	5 00	X						0	0	0
ANN BRAME SILVER ALEXANDRIA, BOARD MBR	1 00	X						0	0	0
HANK BRUSER 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			
MARK BURKS 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
SUSIE DRELL 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
BOBBI HESS ALEXANDRIA, BOARD MBR	1 00	X						0	0	0
JEROME HOPEWELL ALEXANDRIA, BOARD MBR	1 00	X						0	0	0
CHARLES KING 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
JIM THEUS ALEXANDRIA, BOARD MBR	1 00	X						0	0	0
JAMAR GAILES 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
TROY D HEBERT BATON ROUGE, BOARD MBR	1 00	X						0	0	0
CATHERINE HEITMAN BATON ROUGE, BOARD MBR	1 00	X						0	0	0
ERIC LANE 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

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			
CARLOS THOMAS BATON ROUGE, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS BATON ROUGE, BOARD MBR	1 00	X						0	0	0
LEONARD C WYATT BATON ROUGE, CHAIRMAN	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
CHARLES G STUCKEY BAXLEY, BOARD MBR	1 00	X						0	0	0
STEPHEN TILLMAN 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
KAYE BERGERON 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 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 JR 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

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BILL ANTLEY BEAUFORT, BOARD MBR	1 00	X						0	0	0
JIMMY BOOZER BEAUFORT, BOARD MBR	1 00	X						0	0	0
REUBEN GREEN 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
DAVID HOUSE BEAUFORT, BOARD MBR	1 00	X						0	0	0
JOHN HUNTLEY 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
WARREN PARKER BEAUFORT, BOARD MBR	1 00	X						0	0	0
JASON WARD 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
MIKE INGRAM BEAUFORT, CHAIRMAN	5 00	X						0	0	0
JULIE AVENT BENNETTSTVILLE, BOARD MBR	1 00	X						0	0	0
JUSTIN F BLUM BENNETTSTVILLE, BOARD MBR	1 00	X						0	0	0
ROBERT CHRISTOPHER BROWN BENNETTSTVILLE, BOARD MBR	1 00	X						0	0	0
GLORIA DUDLEY BENNETTSTVILLE, BOARD MBR	1 00	X						0	0	0
RHONDA FRAZIER BENNETTSTVILLE, BOARD MBR	1 00	X						0	0	0
WILLIE GLADDEN BENNETTSTVILLE, 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			
WILLIAM MORRIS HARRINGTON BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
JOHN TROY HENEGAN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
RONALD HENEGAN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
FREDDIE HODGES BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
CHRISTY HYATT-OVERSTREET BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
MERCEDES JEFFORDS-GUNNELLS BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
CHARLES MALLOY BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
TOMMY PARKER 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
JEFFREY SALLEY BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
ANDREA SCOTT BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
JOHNNY SELLERS BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
BECKY TALBERT BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
LARRY ZAKY BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
LARRY MCNEIL BENNETTSVILLE, CHAIRMAN	5 00	X						0	0	0
PATRICK ARNALL BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
ARLENE AUSTIN BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
WALTER CRAWFORD 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
THOMAS JORDAN BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
EDWARD M KOLESAR BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
MIKE MCCOMAS BIG CYPRESS, 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			
ROBIN MCDONALD BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
RON MOSHER BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
MATOSHA NABBS BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
JOSHEPH PATERNO BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
JOSEPH SAKMAR BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
ELLEN VANDERURG BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
JIM MEERPOHL 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
BRITT MATTHIESSEN CROSSROADS, BOARD MBR	1 00	X						0	0	0
CHRIS MCMILLAN 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
SANKEY E 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
JOHN BECK DONALDSONVILLE, BOARD MBR	1 00	X						0	0	0
TROY BROWN DONALDSONVILLE, BOARD MBR	1 00	X						0	0	0
MIKE FOSTER DONALDSONVILLE, BOARD MBR	1 00	X						0	0	0
ALLISON HUDSON DONALDSONVILLE, BOARD MBR	1 00	X						0	0	0
WILLY MARTIN DONALDSONVILLE, BOARD MBR	1 00	X						0	0	0
CLIFF OURSO DONALDSONVILLE, BOARD MBR	1 00	X						0	0	0
BIANCA PHILLIPS DONALDSONVILLE, BOARD MBR	1 00	X						0	0	0
LEROY J SULLIVAN DONALDSONVILLE, 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			
CHRISSEY TAUZIN DONALDSONVILLE, BOARD MBR	1 00	X						0	0	0
JEFF WILEY DONALDSONVILLE, BOARD MBR	1 00	X						0	0	0
MIKE WAGUESPACK DONALDSONVILLE, CHAIRMAN	5 00	X						0	0	0
MICHAEL G ANDERSON EMERALD COAST, BOARD MBR	1 00	X						0	0	0
AMY AYERS EMERALD COAST, BOARD MBR	1 00	X						0	0	0
ERIC EVANS EMERALD COAST, BOARD MBR	1 00	X						0	0	0
CEDRIC FEARSON EMERALD COAST, BOARD MBR	1 00	X						0	0	0
CANDY GALINDO EMERALD COAST, BOARD MBR	1 00	X						0	0	0
ERIC HALTER EMERALD COAST, BOARD MBR	1 00	X						0	0	0
JOANN HOFSTAD EMERALD COAST, BOARD MBR	1 00	X						0	0	0
KEN LAPEE EMERALD COAST, BOARD MBR	1 00	X						0	0	0
SUSAN MCGINNIS EMERALD COAST, BOARD MBR	1 00	X						0	0	0
CHARLES NOONAN EMERALD COAST, BOARD MBR	1 00	X						0	0	0
DAVID OBERLIESEN EMERALD COAST, BOARD MBR	1 00	X						0	0	0
MARY SMITH EMERALD COAST, BOARD MBR	1 00	X						0	0	0
DAVID WARD EMERALD COAST, BOARD MBR	1 00	X						0	0	0
ERICA WRIGHT EMERALD COAST, CHAIRMAN	5 00	X						0	0	0
W BRANTLEY HARVEY FL PROPERTIES, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS FL PROPERTIES, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL FL PROPERTIES, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS FL PROPERTIES, BOARD MBR	1 00	X						0	0	0
OB STANDER FL PROPERTIES, BOARD MBR	1 00	X						0	0	0
PAM BROCKWAY GAINESVILLE, BOARD MBR	1 00	X						0	0	0
APRIL L GREEN GAINESVILLE, BOARD MBR	1 00	X						0	0	0
GREGORY PELHAM SR GAINESVILLE, 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			
THERESA SPURLING GAINESVILLE, BOARD MBR	1 00	X						0	0	0
DAVID GREENBERG GAINESVILLE, CHAIRMAN	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
JIM CHRISTIAN 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
JOHN KENNY 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 GA PROPERTIES, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS GA PROPERTIES, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL GA PROPERTIES, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS GA PROPERTIES, BOARD MBR	1 00	X						0	0	0
OB STANDER GA PROPERTIES, BOARD MBR	1 00	X						0	0	0
GWENDOLYN MIDDLEBROOKS GA WILDERNESS, 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			
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
DAN DALEY GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
PAMELA D'ALO GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
MAUREEN DINNEN GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
RICHARD B FORUM GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
ADAM GRANIT GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
JEFFREY HERSHMAN GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
ANDREW HIGH GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
STEPHANIE HIGH GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
RAYMOND OKTAVEC GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
FRANK A ORLANDO GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
MICHAEL J ORLANDO GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
CHRISTOPHER PALAMARA GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
ARI PORTH GTR FT LAUDERDALE, BOARD MBR	1 00	X						0	0	0
GARY LEVINE GTR FT LAUDERDALE, CHAIRMAN	5 00	X						0	0	0
ANTHONY CESARIO INFINITY CHICAGO, BOARD MBR	1 00	X						0	0	0
BYRON COLLINS INFINITY CHICAGO, BOARD MBR	1 00	X						0	0	0
DAVETTA COLLINS INFINITY CHICAGO, BOARD MBR	1 00	X						0	0	0
KATIE FREEMAN INFINITY CHICAGO, BOARD MBR	1 00	X						0	0	0
KIMBER R HOWARD INFINITY CHICAGO, BOARD MBR	1 00	X						0	0	0
LEON JOHNSON INFINITY CHICAGO, 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			
KEITH QUINTAVALLE INFINITY CHICAGO, BOARD MBR	1 00	X						0	0	0
REGINALD SMITH INFINITY CHICAGO, BOARD MBR	1 00	X						0	0	0
DAVID CHESTNUT INFINITY CHICAGO, CHAIRMAN	5 00	X						0	0	0
GLORIA DUDLEY INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
RHONDA FRAZIER INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
WILLIE GLADDEN INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
WILLIAM MORRIS HARRINGTON INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
JOHN TROY HENEGAN INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
RONALD HENEGAN INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
FREDDIE HODGES INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
CHRISTY HYATT-OVERSTREET INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
MERCEDES JEFFORDS-GUNNELLS INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
CHARLES MALLOY INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
TOMMY PARKER INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
WILHELMINA PEGUES INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
LARRY PELHAM INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
JEFFREY SALLEY INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
ANDREA SCOTT INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
JOHNNY SELLERS INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
BECKY TALBERT INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
LARRY ZAKY INFINITY MARLBORO, BOARD MBR	1 00	X						0	0	0
LARRY MCNEIL INFINITY MARLBORO, CHAIRMAN	5 00	X						0	0	0
WILLIAMS H ADAMS JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
JOHN CRABTREE JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
LORIE J HARLOW JACKSONVILLE, BOARD MBR	1 00	X						0	0	0

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RONALD HEDGE 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 E MANNERS JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
STEPHANIE SLOAN-BUTLER JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
FRANK SURFACE III JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
DAVID HULL JACKSONVILLE, CHAIRMAN	5 00	X						0	0	0
DAVID ALVAREZ JEFFERSON, BOARD MBR	1 00	X						0	0	0
RON A AUSTIN 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 RANCH, BOARD MBR	1 00	X						0	0	0
NORMAN CHURCH LAST CHANCE RANCH, BOARD MBR	1 00	X						0	0	0
PAUL HINMAN LAST CHANCE RANCH, BOARD MBR	1 00	X						0	0	0
DARIN HOOD LAST CHANCE RANCH, PRESIDENT	5 00	X						0	0	0
CHUCK WISEMAN LAST CHANCE RANCH, BOARD MBR	1 00	X						0	0	0
DARRELL JENSEN LAST CHANCE RANCH, CHAIRMAN	5 00	X						0	0	0
WBRANTLEY HARVEY LA PROPERTIES, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS LA PROPERTIES, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL LA PROPERTIES, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS LA PROPERTIES, BOARD MBR	1 00	X						0	0	0
OB STANDER LA PROPERTIES, BOARD MBR	1 00	X						0	0	0
JUNE BARBER MANATEE, 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			
CREIGHTON BEDDOW 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
ELOISE T LISCH MANATEE, BOARD MBR	1 00	X						0	0	0
DAVID WYMER MANATEE, BOARD MBR	1 00	X						0	0	0
CHARLIE SNIFFEN MANATEE, CHAIRMAN	5 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
COREY A LEE MIAMI DADE, BOARD MBR	1 00	X						0	0	0
CRAIG MILAN MIAMI DADE, BOARD MBR	1 00	X						0	0	0
MICHAEL MISIORSKI MIAMI DADE, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS 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
GARY ATEES MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
DOMINICK 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

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			
CHARLOTTE PIPKIN MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
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
W BRANTLEY HARVEY NM PROPERTIES, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS NM PROPERTIES, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL NM PROPERTIES, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS NM PROPERTIES, BOARD MBR	1 00	X						0	0	0
OB STANDER NM PROPERTIES, BOARD MBR	1 00	X						0	0	0
W BRANTLEY HARVEY NC PROPERTIES, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS NC PROPERTIES, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL NC PROPERTIES, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS NC PROPERTIES, BOARD MBR	1 00	X						0	0	0
OB STANDER NC PROPERTIES, BOARD MBR	1 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
SHERWOOD EURE NORFOLK, BOARD MBR	1 00	X						0	0	0
DELORES R GEE NORFOLK, BOARD MBR	1 00	X						0	0	0
DENISE GOODE NORFOLK, 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			
LEROY HILL NORFOLK, BOARD MBR	1 00	X						0	0	0
REEVES MAHONEY 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
KEN NEWMAN NORFOLK, BOARD MBR	1 00	X						0	0	0
ERIC RISSLING NORFOLK, BOARD MBR	1 00	X						0	0	0
GREG UNDERWOOD NORFOLK, BOARD MBR	1 00	X						0	0	0
GARNZIE WEST NORFOLK, BOARD MBR	1 00	X						0	0	0
ANGELIA WILLIAMS NORFOLK, BOARD MBR	1 00	X						0	0	0
JOHN ORD NORFOLK, CHAIRMAN	5 00	X						0	0	0
MARTY CLAYTON NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
HEIDI DENT NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
CHARLOTTE FOX NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
PETE HARRISON NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
SUSAN KLUTTZ NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
HILDA PINNIX-RAGLAND NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
JAMES SPEIGHT NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
R KENT HARRELL NC FAMILY SERVICES, CHAIRMAN	5 00	X						0	0	0
ANTHONY BRIDGEWATER NE LOUISIANA, BOARD MBR	1 00	X						0	0	0
DARRYL ELLERBEE NE LOUISIANA, BOARD MBR	1 00	X						0	0	0
MARY ANN GILFOIL NE LOUISIANA, BOARD MBR	1 00	X						0	0	0
JOY JACKSON NE LOUISIANA, BOARD MBR	1 00	X						0	0	0
PAUL MEEKS NE LOUISIANA, BOARD MBR	1 00	X						0	0	0
EDWIN MOBERLEY NE LOUISIANA, BOARD MBR	1 00	X						0	0	0
MARY TRICHELL NE LOUISIANA, 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WYDETTTE WILLIAMS NE LOUISIANA, BOARD MBR	1 00	X						0	0	0
PAT GILFOIL NE LOUISIANA, CHAIRMAN	5 00	X						0	0	0
BRENDON BARBER ORLANDO, BOARD MBR	1 00	X						0	0	0
ANDY GARDINER 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
JANELL RAY ORLANDO, BOARD MBR	1 00	X						0	0	0
MATT CECIL ORLANDO, CHAIRMAN	5 00	X						0	0	0
MICHAEL ANTHEIL PALM BEACH, BOARD MBR	1 00	X						0	0	0
MARK R BOGERT PALM BEACH, BOARD MBR	1 00	X						0	0	0
DAVE DECKER PALM BEACH, BOARD MBR	1 00	X						0	0	0
CHRISTINE JAX PALM BEACH, BOARD MBR	1 00	X						0	0	0
KELLI JOHNSON PALM BEACH, BOARD MBR	1 00	X						0	0	0
JOCK MERRIAM PALM BEACH, BOARD MBR	1 00	X						0	0	0
RICK L SARTORY PALM BEACH, CHAIRMAN	5 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILL PALFREY PANAMA CITY, BOARD MBR	1 00	X						0	0	0
ALVIN PETERS PANAMA CITY, PRESIDENT	5 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
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
MIKE MICHEL PANAMA CITY, CHAIRMAN	5 00	X						0	0	0
LYNN BIANCO PASCO, BOARD MBR	1 00	X						0	0	0
STEVE BIANCO PASCO, BOARD MBR	1 00	X						0	0	0
EDWARD BECKMAN PASCO, BOARD MBR	1 00	X						0	0	0
GUS BILIRAKIS PASCO, BOARD MBR	1 00	X						0	0	0
W LOWELL BRAY PASCO, BOARD MBR	1 00	X						0	0	0
JIM COOK 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
HELEN HANLEY 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
BOB LANGFORD PASCO, BOARD MBR	1 00	X						0	0	0
DAVID MEGLAY PASCO, BOARD MBR	1 00	X						0	0	0
JEANNE MILLS PASCO, 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			
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
STEVE WOOD PASCO, BOARD MBR	1 00	X						0	0	0
STEVEN WILLIAMS PASCO, CHAIRMAN	5 00	X						0	0	0
DAVID FLAAT PCMI PROPERTIES, BOARD MBR	1 00	X						0	0	0
RICHARD BRUHN PCMI PROPERTIES, BOARD MBR	1 00	X						0	0	0
MIKE MICHEL PCMI PROPERTIES, BOARD MBR	1 00	X						0	0	0
JAMES LOOKER PCMI PROPERTIES, BOARD MBR	1 00	X						0	0	0
NORMAN GULKIS PCMI PROPERTIES, BOARD MBR	1 00	X						0	0	0
ANTONIO FONTAIN PENSACOLA, BOARD MBR	1 00	X						0	0	0
MALCOLM BALLINGER PENSACOLA, BOARD MBR	1 00	X						0	0	0
DANA CERVANTES RICHARDSON PENSACOLA, BOARD MBR	1 00	X						0	0	0
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
MARK O'BRIEN PENSACOLA, BOARD MBR	1 00	X						0	0	0
SHERRIE MITCHELL PENSACOLA, BOARD MBR	1 00	X						0	0	0
JESSE RIGBY PENSACOLA, BOARD MBR	1 00	X						0	0	0
DENNIS SHUMAN PENSACOLA, BOARD MBR	1 00	X						0	0	0
BERNARD WILLIAMS PENSACOLA, BOARD MBR	1 00	X						0	0	0
KAREN WRIGHT 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN CARTER PIEDMONT, BOARD MBR	1 00	X						0	0	0
HERB CODINGTON PIEDMONT, BOARD MBR	1 00	X						0	0	0
JEAN DENMAN PIEDMONT, BOARD MBR	1 00	X						0	0	0
DEBBIE FULTON PIEDMONT, BOARD MBR	1 00	X						0	0	0
ROBIN MORSE PIEDMONT, BOARD MBR	1 00	X						0	0	0
ERNEST SEGARS PIEDMONT, BOARD MBR	1 00	X						0	0	0
ERIK WEIR PIEDMONT, BOARD MBR	1 00	X						0	0	0
DONNA JACKSON PIEDMONT, CHAIRMAN	5 00	X						0	0	0
GENE SIMMONS PIEDMONT, CHAIRMAN	5 00	X						0	0	0
RICK DANNENMILLER 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
L DON MIDDLETON 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
LAURA LEIGH SNELL PINELLAS, BOARD MBR	1 00	X						0	0	0
RENE Y ROBINSON-FLOWERS 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
ILEANA 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 M CIMINO RED RIVER, BOARD MBR	1 00	X						0	0	0
TED COX RED RIVER, BOARD MBR	1 00	X						0	0	0
JOHN M LEGRAND JR 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 H 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
MARTIN ARAMBULA RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
VELMA DELAGARZA RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
DAVID L FARRAR 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 PENA RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
JAVIER REYNA RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
ED RIVERA 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
DAMIAN ASHE SAND HILLS, BOARD MBR	1 00	X						0	0	0
HP BROOKS 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
JAMES SWEENEY SAND HILLS, CHAIRMAN	5 00	X						0	0	0
JOE CAYADITO SANDOVAL, BOARD MBR	1 00	X						0	0	0
SHELLY CHIMONI SANDOVAL, BOARD MBR	1 00	X						0	0	0
AMY DEATHERAGE SANDOVAL, BOARD MBR	1 00	X						0	0	0
PADDY DOMIER SANDOVAL, BOARD MBR	1 00	X						0	0	0
ROMAN DURAN SANDOVAL, BOARD MBR	1 00	X						0	0	0
JIM EATON SANDOVAL, BOARD MBR	1 00	X						0	0	0
KEN EICHWALD SANDOVAL, BOARD MBR	1 00	X						0	0	0
PAT GALLEGOS SANDOVAL, BOARD MBR	1 00	X						0	0	0
BILL LANGE SANDOVAL, BOARD MBR	1 00	X						0	0	0
BERNADINE MARTIN SANDOVAL, BOARD MBR	1 00	X						0	0	0
LOUIS MCDONALD SANDOVAL, BOARD MBR	1 00	X						0	0	0
RICHARD VELARDE SANDOVAL, 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			
INGEBORG VICENTI SANDOVAL, BOARD MBR	1 00	X						0	0	0
ELIAS VIGILL SANDOVAL, BOARD MBR	1 00	X						0	0	0
REX WILSON SANDOVAL, BOARD MBR	1 00	X						0	0	0
SAM WINDER SANDOVAL, BOARD MBR	1 00	X						0	0	0
TERESA WOODFILL SANDOVAL, BOARD MBR	1 00	X						0	0	0
JANE ARMSTRONG SARASOTA COUNTY, BOARD MBR	1 00	X						0	0	0
CLAY LONG SARASOTA COUNTY, BOARD MBR	1 00	X						0	0	0
MARY LONG SARASOTA COUNTY, BOARD MBR	1 00	X						0	0	0
ELLIOTT METCALFE SARASOTA COUNTY, BOARD MBR	1 00	X						0	0	0
JAN SCHNEIDER SARASOTA COUNTY, BOARD MBR	1 00	X						0	0	0
BIANCA STRAUSS SARASOTA COUNTY, BOARD MBR	1 00	X						0	0	0
ELLA WILLIAMS SARASOTA COUNTY, BOARD MBR	1 00	X						0	0	0
WILLIAM F GOINS SARASOTA COUNTY, CHAIRMAN	5 00	X						0	0	0
JULIE CANNON 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
MARGARET EVANS 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
EDWIN LOVETT SAVANNAH RIVER, 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			
GARY WEAVER SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
JIM RICHARDS SAVANNAH RIVER, CHAIRMAN	5 00	X						0	0	0
BRENDON BARBER SC - STATEWIDE BOARD	1 00	X						0	0	0
HARRY W DAVIS SC - STATEWIDE BOARD	1 00	X						0	0	0
JEAN DENMAN SC - STATEWIDE BOARD	1 00	X						0	0	0
SHARON EARLE SC - STATEWIDE BOARD	1 00	X						0	0	0
MARY BETH FREEMAN SC - STATEWIDE BOARD	1 00	X						0	0	0
FRED HANNA SC - STATEWIDE BOARD	1 00	X						0	0	0
DWAYNE HARPER SC - STATEWIDE BOARD	1 00	X						0	0	0
WILLIAM MEINEL SC - STATEWIDE BOARD	1 00	X						0	0	0
WADE SHEALY SC - STATEWIDE BOARD, CHAIRMAN	5 00	X						0	0	0
W BRANTLEY HARVEY SC PROPERTIES, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS SC PROPERTIES, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL SC PROPERTIES, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS SC PROPERTIES, BOARD MBR	1 00	X						0	0	0
OB STANDER SC PROPERTIES, BOARD MBR	1 00	X						0	0	0
VASILIKL AYOTTE SOUTHWEST FLORIDA, BOARD MBR	1 00	X						0	0	0
MIKE BECKER SW FLORIDA, BOARD MBR	1 00	X						0	0	0
BETH COUNTYMAN SW FLORIDA, BOARD MBR	1 00	X						0	0	0
JOSEPH P D'ALESSANDRO SW FLORIDA, BOARD MBR	1 00	X						0	0	0
DANE EAGLE SW FLORIDA, BOARD MBR	1 00	X						0	0	0
PHYLLIS ERSHOWSKY SW FLORIDA, BOARD MBR	1 00	X						0	0	0
STEVEN ERSHOWSKY SW FLORIDA, BOARD MBR	1 00	X						0	0	0
DONALD R FEWELL SW FLORIDA, BOARD MBR	1 00	X						0	0	0
BETTY GOODACRE SW FLORIDA, 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			
ERIK JORGENSEN SW FLORIDA, BOARD MBR	1 00	X						0	0	0
RUTHIE LOHMEYER SW FLORIDA, BOARD MBR	1 00	X						0	0	0
MARVIN L METHENY SW FLORIDA, BOARD MBR	1 00	X						0	0	0
JOANNE SEMMERS SW FLORIDA, BOARD MBR	1 00	X						0	0	0
ROB WELLS SW FLORIDA, BOARD MBR	1 00	X						0	0	0
HERMAN WILLIAMS SW FLORIDA, BOARD MBR	1 00	X						0	0	0
JOHN INGRAHAM SW FLORIDA, CHAIRMAN	5 00	X						0	0	0
FAYE BLACKWELL SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
ERIC DOSHIER SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
KEVIN GUIDRY SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
RONALD J HARRIS SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
JACKIE JACKSON SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
TOMMY MUMFORD SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
PAUL PETTERFER SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
DINAH ROBINSON SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
RANDY VINCENT SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
LANCE WALLACE SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
JUDITH WASHINGTON SW LOUISIANA, BOARD MBR	1 00	X						0	0	0
WILLIE SAMUEL KING SW LOUISIANA, CHAIRMAN	5 00	X						0	0	0
CAMILLE ALBERT SPACE COAST, BOARD MBR	1 00	X						0	0	0
SUSAN ANSWAY 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

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			
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
TOM STUDSTILL SPACE COAST, BOARD MBR	1 00	X						0	0	0
ANDY ZIEGLER SPACE COAST, BOARD MBR	1 00	X						0	0	0
NEAL E JOHNSON SPACE COAST, CHAIRMAN	5 00	X						0	0	0
BILLY CLOSE TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
SHERI N DEVORE TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
GLENN SAPP TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
LEWIS K JOHNSON TALLAHASSEE, CHAIRMAN	5 00	X						0	0	0
DEHART AYALA 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KEVIN COOL TAMPA, BOARD MBR	1 00	X						0	0	0
R JUSTIN DAY TAMPA, BOARD MBR	1 00	X						0	0	0
THOMAS HERMAN TAMPA, BOARD MBR	1 00	X						0	0	0
MARK METHENY TAMPA, BOARD MBR	1 00	X						0	0	0
JAMES MOODY III TAMPA, BOARD MBR	1 00	X						0	0	0
LEROY MOORE TAMPA, BOARD MBR	1 00	X						0	0	0
FRANK PYRTLE TAMPA, BOARD MBR	1 00	X						0	0	0
DEBBI STONE TAMPA, BOARD MBR	1 00	X						0	0	0
ALLEN THOMPSON TAMPA, BOARD MBR	1 00	X						0	0	0
A TREY TRAVIESA TAMPA, BOARD MBR	1 00	X						0	0	0
CHARLES WEISSMAN TAMPA, BOARD MBR	1 00	X						0	0	0
MARK CRISER TAMPA, CHAIRMAN	5 00	X						0	0	0
W BRANTLEY HARVEY TEXAS PROPERTIES, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS TEXAS PROPERTIES, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL TEXAS PROPERTIES, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS TEXAS PROPERTIES, BOARD MBR	1 00	X						0	0	0
OB STANDER TEXAS PROPERTIES, BOARD MBR	1 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
JOHN KEENE 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, CHAIRMAN	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN GRANT VOLUSIA, BOARD MBR	1 00	X						0	0	0
WENDY MIESZALSKI VOLUSIA, BOARD MBR	1 00	X						0	0	0
DENZIL SYKES VOLUSIA, BOARD MBR	1 00	X						0	0	0
PAULA REED VOLUSIA, CHAIRMAN	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
ANTHONY REGISTER WEST FLORIDA, BOARD MBR	1 00	X						0	0	0
JERRY SEWELL 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, CHAIRMAN	5 00	X						0	0	0
EARL ALEXANDER WHITE PINES, BOARD MBR	1 00	X						0	0	0
CHARLES ATCHISON WHITE PINES, BOARD MBR	1 00	X						0	0	0
LAWSON HAYES WHITE PINES, BOARD MBR	1 00	X						0	0	0
MITCH KENNEDY WHITE PINES, BOARD MBR	1 00	X						0	0	0
TONY 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
JAMES WILSON WHITE PINES, BOARD MBR	1 00	X						0	0	0
RONALD JACKSON WHITE PINES, CHAIRMAN	5 00	X						0	0	0
STACEY BERRIOS WINGS - S FL, BOARD MBR	1 00	X						0	0	0
LUIS CASADO WINGS - S FL, BOARD MBR	1 00	X						0	0	0
LILLIAN COOPER WINGS - S FL, 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			
JODY FINVER WINGS - S FL, BOARD MBR	1 00	X						0	0	0
MICHELLE JOHNSON WINGS - S FL, BOARD MBR	1 00	X						0	0	0
PORTIA LANGE WINGS - S FL, BOARD MBR	1 00	X						0	0	0
MIROSLAV MLADENOVIC 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
BENJAMIN H PINGREE WINGS - S FL, BOARD MBR	1 00	X						0	0	0
JENNY 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, PRESIDENT	5 00	X						0	0	0
ROLAND SANCHEZ-MEDINA WINGS - S FL, CHAIRMAN	5 00	X						0	0	0
MICHAEL BUFFINGTON YES, BOARD MBR	1 00	X						0	0	0
RONALD A CRISTALDI 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
ALBERT KNIGHT YES, BOARD MBR	1 00	X						0	0	0
ROBERT M LUCAS 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
NICOLAS C PORTER YES, CHAIRMAN	5 00	X						0	0	0
WILLIAM ADAMS AT LARGE BOARD MBR	1 00	X						0	0	0
JERRAULD JONES AT LARGE 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			
DAVID MITCHELL AT LARGE BOARD MBR	1 00	X						0	0	0
BILL MYERS AT LARGE BOARD MBR	1 00	X						0	0	0
ROD PETREY AT LARGE BOARD MBR	1 00	X						0	0	0
CHARLES POSTON AT LARGE BOARD MBR	1 00	X						0	0	0
DOUG SEDGWICK AT LARGE BOARD MBR	1 00	X						0	0	0
RAYMOND LORETTO AT LARGE BOARD MBR	1 00	X						0	0	0
PAM MOONEY AT LARGE BOARD MBR	1 00	X						0	0	0
SUZETTE PATTON AT LARGE BOARD MBR	1 00	X						0	0	0
JOHN DINKEL AT LARGE BOARD MBR	1 00	X						0	0	0