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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 private foundations)
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

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)		D Employer identification number 59-2878383
	Doing Business As		E Telephone number (813) 887-3300
	Number and street (or P O box if mail is not delivered to street address) 5915 BENJAMIN CTR DR	Room/suite	
City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33634			G Gross receipts \$ 43,936,590
F Name and address of principal officer OTIS B STANDER 5915 BENJAMIN CTR DR TAMPA, FL 33634			H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number <input type="checkbox"/> 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 INCLUDED IN THIS RETURN ARE AN AFFILIATED GROUP OF 60 CHARITABLE ORGANIZATIONS THAT OPERATE PROGRAMS FOR TROUBLED KIDS AND ELEVEN ENTITIES THAT HOLD PROPERTY AND PROVIDE FUNDRAISING AND OTHER SUPPORT FOR THE AFFILIATED GROUP (COLLECTIVELY, THE "GROUP MEMBERS") THE SOLE MEMBER OF EACH OF THE GROUP MEMBERS (EXCEPT PCMI PROPERTIES, INC , WHOSE SOLE MEMBER IS AMIKIDS PANAMA CITY MARINE INSTITUTE, INC , A GROUP MEMBER) IS AMIKIDS, INC ("AMIKIDS"), AN ENTITY NOT INCLUDED ON THIS RETURN THE GROUP MEMBERS' MOST SIGNIFICANT ACTIVITY IS THE OPERATION OF PROGRAMS TO REHABILITATE TROUBLED KIDS THROUGH EDUCATION, TRAINING, DISCIPLINE AND PRODUCTIVE WORK, AND THROUGH MARINE, WILDERNESS AND OTHER ENVIRONMENTAL EDUCATION AND REHABILITATION PROGRAMS OUR JUVENILE JUSTICE PROGRAMS OFFER AN ATTRACTIVE ALTERNATIVE TO JUVENILE INCARCERATION THAT IS LESS EXPENSIVE AND MORE EFFECTIVE THAN INCARCERATION OUR OTHER PROGRAMS ARE ALSO MORE EFFECTIVE AND LESS EXPENSIVE THAN THE ALTERNATIVE		
	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)	551
	4	Number of independent voting members of the governing body (Part VI, line 1b)	547
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	1,160
	6	Total number of volunteers (estimate if necessary)	2,500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	14,013	
7b	Net unrelated business taxable income from Form 990-T, line 34	-7,569	
Revenue	8	Contributions and grants (Part VIII, line 1h)	45,304,607
	9	Program service revenue (Part VIII, line 2g)	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	836,065
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,678,783
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,819,455
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,488,132
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 339,717	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22,239,316
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	57,727,448
19	Revenue less expenses Subtract line 18 from line 12	-2,907,993	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	28,145,049
	21	Total liabilities (Part X, line 26)	18,867,118
	22	Net assets or fund balances Subtract line 21 from line 20	9,277,931

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	*****	2015-04-20
	Signature of officer	Date
	WILLIAM L GRIFFIN CFO Type or print name and title	

Paid Preparer Use Only	Pnnt/Type preparer's name ANNE MCHUGH CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01066774
	Firm's name <input type="checkbox"/> CROSS FERNANDEZ & RILEY LLP			Firm's EIN <input type="checkbox"/> 59-3651466	
	Firm's address <input type="checkbox"/> 201 S ORANGE AVE SUITE 800 ORLANDO, FL 328013421			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 or note to any line in this Part III

1 Briefly describe the organization's mission

THE MISSION OF THE GROUP MEMBERS IS TO PROVIDE THE KIDS OF OUR COMMUNITIES WITH THE OPPORTUNITY TO TRANSFORM INTO RESPONSIBLE YOUNG ADULTS THE GROUP MEMBERS STRIVE TO POSITIVELY IMPACT AS MANY KIDS AS POSSIBLE THROUGH THE EFFORTS OF A DIVERSE AND INNOVATIVE STAFF

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 22,572,683 including grants of \$) (Revenue \$)

RESIDENTIAL BOYS AS AN ALTERNATIVE TO PRISON OR AN INSTITUTIONAL SETTING FOR KIDS THAT HAVE COMMITTED CRIMES, THE AMIKIDS' RESIDENTIAL PROGRAMS COMBINE EDUCATION, BEHAVIOR MODIFICATION, AND MENTAL HEALTH TREATMENT TO ADDRESS THE NEEDS OF TROUBLED KIDS. AMIKIDS' PROGRAMS HELP KIDS REDIRECT THEIR LIVES, WHICH PRODUCES SAFER COMMUNITIES AND KIDS WHO BECOME TAX PAYING MEMBERS OF SOCIETY. THE AMIKIDS' RESIDENTIAL PROGRAMS PROVIDE INTENSIVE GUIDANCE AND ROUND-THE-CLOCK STAFF-SECURE SUPERVISION, ATTENTION AND CARE. THE AVERAGE LENGTH OF STAY IS SIX MONTHS, BUT SOME KIDS STAY UP TO TWELVE MONTHS. THE GROUP MEMBERS' CHILD WELFARE RESIDENTIAL PROGRAMS PROVIDE SERVICES TO KIDS WHO STRUGGLE WITH ACCLIMATING TO THE FOSTER CARE SYSTEM AND SOCIETY IN GENERAL. KIDS ARE GIVEN THE OPPORTUNITY TO TRANSFORM THEIR LIVES THROUGH POSITIVE AND MOTIVATING PROGRAMMING THAT INSPIRES LEARNING, LEADERSHIP AND PERSONAL GROWTH. CARING, POSITIVE STAFF ROLE MODELS PROVIDE KIDS WITH THE TOOLS THEY NEED TO TRANSITION INTO A SUCCESSFUL HOME PLACEMENT OR AN INDEPENDENT LIVING PROGRAM.

4b (Code) (Expenses \$ 16,247,616 including grants of \$) (Revenue \$)

CO-ED DAY TREATMENT KIDS ARE REFERRED TO THE CO-ED DAY TREATMENT PROGRAMS BY JUVENILE JUSTICE AGENCIES, SCHOOL DISTRICTS AND THE COURTS. KIDS LIVE AT HOME WHILE IN THE AMIKIDS' CO-ED DAY TREATMENT PROGRAMS AND THIS GIVES OUR STAFF THE OPPORTUNITY TO ADDRESS CURRENT ISSUES IN BOTH THE HOME AND NEIGHBORHOOD. KIDS ATTEND MONDAY THROUGH FRIDAY FOR A PERIOD RANGING FROM APPROXIMATELY FOUR TO TWELVE MONTHS. EVIDENCED-BASED INTERVENTION MODELS ARE COMBINED WITH EDUCATION TO ADDRESS THE EDUCATIONAL NEEDS AND THE BEHAVIORAL AND MENTAL DISORDERS THAT HAVE KEPT KIDS FROM BECOMING PRODUCTIVE MEMBERS OF THEIR COMMUNITIES. KIDS PARTICIPATE IN COMMUNITY SERVICE PROJECTS AND ARE TAUGHT THE VALUE OF BEING PRODUCTIVE MEMBERS OF THEIR COMMUNITIES.

4c (Code) (Expenses \$ 3,339,989 including grants of \$) (Revenue \$)

OTHER MAJOR PROGRAMS CENTER FOR ACADEMIC DISCIPLINE - THE AMIKIDS CENTER FOR ACADEMIC DISCIPLINE PROVIDES A COMPREHENSIVE PROGRAM TO ADDRESS THE ISSUES FACING KIDS IN SCHOOL WITH THE GOAL OF ACHIEVING EDUCATIONAL PROGRESS WHILE ADDRESSING INDIVIDUAL BEHAVIOR AND MENTAL HEALTH NEEDS. THIS HELPS KIDS BECOME PRODUCTIVE MEMBERS OF THEIR SCHOOLS, FAMILIES AND COMMUNITIES. THE AMIKIDS CENTER FOR ACADEMIC DISCIPLINE INTEGRATES THREE MODELS OF INTERVENTION AND SUPPORT FOCUSED ON THE DIVERSE NEEDS OF KIDS WHO HAVE BECOME SAFETY RISKS IN THEIR SCHOOLS AND COMMUNITIES OR WHO ARE AT-RISK OF DROPPING OUT. AMIKIDS FUNCTIONAL FAMILY THERAPY (FFT) - THE FUNCTIONAL FAMILY THERAPY PROGRAMS HELP OVER 600 KIDS AND THEIR FAMILIES EACH YEAR TO IMPROVE FAMILY DYNAMICS, COMMUNICATION AND SUPPORT, WHILE DECREASING NEGATIVITY AND DYSFUNCTIONAL PATTERNS OF BEHAVIOR. THIS INVOLVES WORKING WITH PARENTS ON DEVELOPING PARENTING SKILLS, IMPROVING FAMILY COMMUNICATIONS, CONTROLLING CRITICAL RISK FACTORS, AND DEVELOPING POSITIVE SOCIAL BEHAVIORS. THE FFT PROGRAMS ARE HIGHLY SUCCESSFUL IN HELPING KIDS DEVELOP INTO RESPONSIBLE AND PRODUCTIVE CITIZENS WITH IMPROVED FAMILY DYNAMICS.

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

VARIOUS PROGRAMS ARE ADMINISTERED AND/OR SUPPORTED BY ELEVEN ENTITIES THAT HOLD PROPERTY AND PROVIDE FUNDRAISING AND OTHER SUPPORT TO THE OTHER GROUP MEMBERS

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

4e Total program service expenses 42,160,288

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <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"/>	Yes	
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"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <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 and XII</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 and XII 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, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts 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 (see instructions)</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 hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 234		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 1,160		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	Yes	
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d 15		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> FL, <input type="checkbox"/> GA, <input type="checkbox"/> SC, <input type="checkbox"/> IL, <input type="checkbox"/> VA, <input type="checkbox"/> LA, <input type="checkbox"/> NM
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> WILLIAM L GRIFFIN 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634 (813) 887-3300

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c	341,015				
	d	Related organizations 1d	27,089,394				
	e	Government grants (contributions) 1e	12,559,725				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,444,079				
	g	Noncash contributions included in lines 1a-1f \$ 1g	76,738				
	h	Total. Add lines 1a-1f 1h	42,434,213				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue 2f					
	g	Total. Add lines 2a-2f 2g					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) 3	83,421			83,421	
	4	Income from investment of tax-exempt bond proceeds 4					
	5	Royalties 5					
	6a	Gross rents	(i) Real	259,512			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	259,512			
	d	Net rental income or (loss) 6d	259,512			259,512	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	572,661	157,989		
			(ii) Other				
			b Less cost or other basis and sales expenses	532,322	137,233		
			c Gain or (loss)	40,339	20,756		
	d	Net gain or (loss) 7d	61,095			61,095	
	8a	Gross income from fundraising events (not including \$ 341,015 of contributions reported on line 1c) See Part IV, line 18 8a	a	76,177			
			b Less direct expenses 8b	105,599			
c Net income or (loss) from fundraising events 8c			-29,422			-29,422	
9a	Gross income from gaming activities See Part IV, line 19 9a	a	81,919				
		b Less direct expenses 9b	25,447				
		c Net income or (loss) from gaming activities 9c	56,472			56,472	
10a	Gross sales of inventory, less returns and allowances 10a	a					
		b Less cost of goods sold 10b					
		c Net income or (loss) from sales of inventory 10c					
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME	900099	140,635	126,622	14,013		
b	INTERCO CLOSURE GAIN	900099	130,063	130,063			
c	_____						
d	All other revenue 11d						
e	Total. Add lines 11a-11d 11e		270,698				
12	Total revenue. See Instructions 12		43,135,989	256,685	14,013	431,078	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
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.	21,964,700	21,964,700		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	950,107	950,107		
9	Other employee benefits.	3,294,541	3,294,541		
10	Payroll taxes.	1,568,461	1,568,461		
11	Fees for services (non-employees)				
a	Management.				
b	Legal.	33,318	33,318		
c	Accounting.	123,175		123,175	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	997,611	819,439	170,886	7,286
12	Advertising and promotion.	68,215	48,852	17,117	2,246
13	Office expenses.	685,803	591,003	94,800	
14	Information technology.				
15	Royalties.				
16	Occupancy.	2,060,583	2,033,057	27,526	
17	Travel.	697,510	697,510		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	723,937	723,937		
20	Interest.	354,878	354,380	498	
21	Payments to affiliates.	1,437,015		1,437,015	
22	Depreciation, depletion, and amortization.	1,423,392	1,423,392		
23	Insurance.	2,643,613	2,627,215	16,398	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	STUDENT EXPENSES	3,154,206	2,965,548	188,658	
b	EQUIP & MAINTENANCE	1,784,122	1,475,758	269,909	38,455
c	DISTRIBUTIONS TO SCHLS	539,779	248,049		291,730
d	OTHER	384,880	341,021	43,859	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	44,889,846	42,160,288	2,389,841	339,717
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	1,227,207	1	1,960,304
	2 Savings and temporary cash investments	5,454,376	2	4,838,928
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,136,491	4	1,528,047
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,574,936	9	1,476,584
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	32,571,142		
	b Less accumulated depreciation	22,316,190	10c	10,254,952
	11 Investments—publicly traded securities	854,783	11	670,501
	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	7,068,577	15	6,701,631
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,145,049	16	27,430,947	
Liabilities	17 Accounts payable and accrued expenses	3,006,990	17	2,454,725
	18 Grants payable		18	
	19 Deferred revenue	647,801	19	463,415
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	100,000
	23 Secured mortgages and notes payable to unrelated third parties	1,990,492	23	1,414,662
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	13,221,835	25	15,378,347
	26 Total liabilities. Add lines 17 through 25	18,867,118	26	19,811,149
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,073,018	27	5,037,099
	28 Temporarily restricted net assets	2,197,823	28	2,575,609
	29 Permanently restricted net assets	7,090	29	7,090
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,277,931	33	7,619,798
34 Total liabilities and net assets/fund balances	28,145,049	34	27,430,947	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,135,989
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,889,846
3	Revenue less expenses Subtract line 2 from line 1	3	-1,753,857
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,277,931
5	Net unrealized gains (losses) on investments	5	95,724
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,619,798

Part XII Financial Statements and Reporting

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 J 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, BOARD MBR	1 00	X						0	0	0
DANIEL J THOMPSON FOUNDATION, CHAIRMAN	5 00	X						0	0	0
MIKE BERARD ACADIANA, BOARD MBR	1 00	X						0	0	0
MIKE HARSON ACADIANA, BOARD MBR	1 00	X						0	0	0
KYLE LOVE ACADIANA, BOARD MBR	1 00	X						0	0	0
MILDRED METHVIN ACADIANA, BOARD MBR	1 00	X						0	0	0
DRU MILKE ACADIANA, BOARD MBR	1 00	X						0	0	0
MIKE NEUSTROM ACADIANA, BOARD MBR	1 00	X						0	0	0
KENNETH ODINET ACADIANA, BOARD MBR	1 00	X						0	0	0
LENNY LEMOINE ACADIANA, BOARD MBR	1 00	X						0	0	0
GREGORY ELLISON ACADIANA, BOARD MBR	1 00	X						0	0	0
JERRY PREJEAN ACADIANA, CHAIRMAN	5 00	X						0	0	0
BRENDA 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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY LEWIS BAYOU REGION, BOARD MBR	1 00	X						0	0	0
MICHELE R MOREL BAYOU REGION, BOARD MBR	1 00	X						0	0	0
PAT PIERRON BAYOU REGION, BOARD MBR	1 00	X						0	0	0
NOLAN SMITH JR BAYOU REGION, BOARD MBR	1 00	X						0	0	0
JOE WAITZ BAYOU REGION, BOARD MBR	1 00	X						0	0	0
CRAIG WEBRE BAYOU REGION, BOARD MBR	1 00	X						0	0	0
BERNARD LEVY BAYOU REGION, CHAIRMAN	5 00	X						0	0	0
KAYE BERGERON BAYOU REGION, PRESIDENT	5 00	X						0	0	0
BILL ANTLEY BEAUFORT, BOARD MBR	1 00	X						0	0	0
KEVIN DUKES BEAUFORT, BOARD MBR	1 00	X						0	0	0
BILL EVANS BEAUFORT, BOARD MBR	1 00	X						0	0	0
MALCOLM GOODRIDGE BEAUFORT, BOARD MBR	1 00	X						0	0	0
CINDY HALSEY BEAUFORT, BOARD MBR	1 00	X						0	0	0
MIKE 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
MIKE INGRAM BEAUFORT, BOARD MBR	1 00	X						0	0	0
VAN IRWIN BEAUFORT, BOARD MBR	1 00	X						0	0	0
TERRY LURTZ BEAUFORT, BOARD MBR	1 00	X						0	0	0
PAT F MCGARITY BEAUFORT, BOARD MBR	1 00	X						0	0	0
STEVE MENDOZA 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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN WILLIAMS BEAUFORT, BOARD MBR	1 00	X						0	0	0
TOM WILSON BEAUFORT, BOARD MBR	1 00	X						0	0	0
JOHN HUNTLEY BEAUFORT, CHAIRMAN	5 00	X						0	0	0
JIMMY BOOZER BEAUFORT, PRESIDENT	5 00	X						0	0	0
JULIE AVENT BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
JUSTIN F BLUM BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
CHRISTOPHER BROWN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
EDDIE DAVIS BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
GLORIA DUDLEY BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
RHONDA FRAZIER BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
WILLIE GLADDEN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
WILLIAM MORRIS HARRINGTON BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
JOHN TROY HENEGAN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
RONALD HENEGAN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
FREDDIE HODGES BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
ELISABETH MCNIEL BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
CHRISTY OVERSTREET BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
WHILEMANIA PEGUES BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
LARRY PELHAM BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
DORIS SMITH BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
TERRY WHITEHEAD BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
TYRONE ABRAHAM BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
BECKY TALBERT 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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WJ DUB NOEL DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
CLIFF OURSO DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
LEROY J SULLIVAN DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
MIKE WAGUESPACK DONALDSVILLE, CHAIRMAN	5 00	X						0	0	0
JEFF WILEY DONALDSVILLE, BOARD MBR	1 00	X						0	0	0
ELIZABETH BINGHAM EMERALD COAST, BOARD MBR	1 00	X						0	0	0
ERIC EVANS EMERALD COAST, BOARD MBR	1 00	X						0	0	0
DINA FOSTER EMERALD COAST, BOARD MBR	1 00	X						0	0	0
CANDY GALINDO EMERALD COAST, BOARD MBR	1 00	X						0	0	0
KATHY LAWHON EMERALD COAST, BOARD MBR	1 00	X						0	0	0
CHARLES NOONAN EMERALD COAST, BOARD MBR	1 00	X						0	0	0
CINDY RIGGENBACH EMERALD COAST, BOARD MBR	1 00	X						0	0	0
MARY SMITH EMERALD COAST, BOARD MBR	1 00	X						0	0	0
KEVIN WANG EMERALD COAST, BOARD MBR	1 00	X						0	0	0
RENEE WOOD EMERALD COAST, CHAIRMAN	5 00	X						0	0	0
W BRANTLEY HARVEY FLORIDA PROP, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS FLORIDA PROP, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL FLORIDA PROP, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS FLORIDA PROP, CHAIRMAN	1 00	X						0	0	0
DANIEL J THOMPSON FLORIDA PROP, BOARD MBR	1 00	X						0	0	0
OB STANDER FLORIDA PROP, BOARD MBR	1 00	X						0	0	0
JESSE W RIGBY FLORIDA PROP, BOARD MBR	5 00	X						0	0	0
GWENDOLYN MIDDLEBROOKS GA WILDERNESS, BOARD MBR	1 00	X						0	0	0
ANDREW H PRUSSACK GA WILDERNESS, BOARD MBR	1 00	X						0	0	0
DANIEL J THOMPSON GA WILDERNESS, 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AARON YOUNG GA WILDERNESS, BOARD MBR	1 00	X						0	0	0
R MILTON CROUCH GA WILDERNESS, CHAIRMAN	5 00	X						0	0	0
GRETCHEN CASEY GAINESVILLE, BOARD MBR	1 00	X						0	0	0
KEVIN COULSON GAINESVILLE, BOARD MBR	1 00	X						0	0	0
JOEL HOUSON GAINESVILLE, BOARD MBR	1 00	X						0	0	0
GREGORY PELHAM JR GAINESVILLE, BOARD MBR	1 00	X						0	0	0
THERESA SPURLING-WOOD GAINESVILLE, BOARD MBR	1 00	X						0	0	0
KRISTIN SLAUGHTER PICKENS GAINESVILLE, BOARD MBR	1 00	X						0	0	0
APRIL GREEN GAINESVILLE, CHAIRPERSON	5 00	X						0	0	0
JOHN CARR GEORGETOWN, BOARD MBR	1 00	X						0	0	0
LANE CRIBB GEORGETOWN, BOARD MBR	1 00	X						0	0	0
LAWLY P FORD GEORGETOWN, BOARD MBR	1 00	X						0	0	0
PAUL GARDNER GEORGETOWN, BOARD MBR	1 00	X						0	0	0
GEORGE R GEER GEORGETOWN, BOARD MBR	1 00	X						0	0	0
WALTER JOHNSON GEORGETOWN, BOARD MBR	1 00	X						0	0	0
THEO KRAPELS 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
CELESTE PRINGLE GEORGETOWN, BOARD MBR	1 00	X						0	0	0
BENEDICT ROSEN GEORGETOWN, BOARD MBR	1 00	X						0	0	0
DI WILSON GEORGETOWN, BOARD MBR	1 00	X						0	0	0
JAMES CHRISTIAN GEORGETOWN, CHAIRMAN	5 00	X						0	0	0
W BRANTLEY HARVEY GEORGIA PROPS, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS GEORGIA PROPS, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL GEORGIA PROPS, 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			
NEWTON B THOMAS GEORGIA PROPS, CHAIRMAN	1 00	X						0	0	0
DANIEL J THOMPSON GEORGIA PROPS, BOARD MBR	1 00	X						0	0	0
OB STANDER GEORGIA PROPS, BOARD MBR	1 00	X						0	0	0
JESSE W RIGBY GEORGIA PROPS, BOARD MBR	5 00	X						0	0	0
DAN DALEY GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
PAMELA D'ALO GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
CHARLES CHIP BURPEE GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
RICHARD B FORUM GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
MATTHEW BOGDANOFF GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
ADAM GRANIT GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
JEFFREY HERSHMAN GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
ANDREW HIGH GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
JULIE LAUDER GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
MARLENE NIEMEIER GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
FRANK A ORLANDO GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
MICHAEL J ORLANDO GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
ARI PORTH GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
CHRISTOPHER PALAMARA GTR FT LAUDERDALE, BD MBR	5 00	X						0	0	0
TC WOLFE GTR FT LAUDERDALE, BD MBR	6 30	X						0	0	0
RAYMOND OCTAVEC GTR FT LAUDERDALE, PRESIDENT	5 00	X						0	0	0
TYRONE ABRAHAM INF MARLBORO, BOARD MBR	1 00	X						0	0	0
JULIE AVENT INF MARLBORO, BOARD MBR	1 00	X						0	0	0
JUSTIN F BLUM INF MARLBORO, BOARD MBR	1 00	X						0	0	0
CHRISTOPHER BROWN INF MARLBORO, BOARD MBR	1 00	X						0	0	0
EDDIE DAVIS INF MARLBORO, 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			
ALAN LEARCH JACKSONVILLE, CHAIR/PRES	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
CONNIE L CASENTE JEFFERSON, BOARD MBR	1 00	X						0	0	0
DIANE HUNTER JEFFERSON, BOARD MBR	1 00	X						0	0	0
LAURA V ROUZAN JEFFERSON, BOARD MBR	1 00	X						0	0	0
PAMELA WATSON JEFFERSON, BOARD MBR	1 00	X						0	0	0
BARRA L BIRRCHEER JEFFERSON, CHAIRMAN	5 00	X						0	0	0
MACK CARROLL LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
NORMAN CHURCH LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
PAUL HINMAN LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
DARIN HOOD LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
JEFFERY G MECHLIN LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
CHUCK WISEMAN LAST CHANCE RNCH, BOARD MBR	1 00	X						0	0	0
DARRELL JENSEN LAST CHANCE RNCH, CHAIRMAN	5 00	X						0	0	0
W BRANTLEY HARVEY LOUISIANA PROP, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS LOUISIANA PROP, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL LOUISIANA PROP, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS LOUISIANA PROP, CHAIRMAN	1 00	X						0	0	0
DANIEL J THOMPSON LOUISIANA PROP, BOARD MBR	1 00	X						0	0	0
OB STANDER LOUISIANA PROP, BOARD MBR	1 00	X						0	0	0
JESSE W RIGBY LOUISIANA PROP, BOARD MBR	5 00	X						0	0	0
JUNE BARBER MANATEE, BOARD MBR	1 00	X						0	0	0
BOB FEARON MANATEE, BOARD MBR	1 00	X						0	0	0
MARK HASS MANATEE, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY LEWIS MANATEE, BOARD MBR	1 00	X						0	0	0
ELOISE T LISCH MANATEE, BOARD MBR	1 00	X						0	0	0
SARAH MEAKER MANATEE, BOARD MBR	1 00	X						0	0	0
DAVID WYMER MANATEE, BOARD MBR	1 00	X						0	0	0
CHARLIE SNIFFEN MANATEE, CHAIRMAN	5 00	X						0	0	0
CREIGHTON BEDDOW MANATEE, PRESIDENT	5 00	X						0	0	0
LUIS DE ARMAS MIAMI DADE, BOARD MBR	1 00	X						0	0	0
COREY A LEE MIAMI DADE, BOARD MBR	1 00	X						0	0	0
LAISE LOWACHEE MIAMI DADE, BOARD MBR	1 00	X						0	0	0
RILEY SMITH 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
SCOTT PERDIGON MIAMI DADE, BOARD MBR	1 00	X						0	0	0
JUAN VALDES MIAMI DADE, BOARD MBR	1 00	X						0	0	0
LYNDALL LAMBERT MIAMI DADE, PRESIDENT	5 00	X						0	0	0
JORGE ALVAREZ MIAMI DADE, CHAIRMAN	5 00	X						0	0	0
GARY ATES MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
ERIC BISHER MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
BOB BROCHMAN MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
CHRISTY COLLINS MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
RICHY EVERLY MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
CINDY FELKINS MIDDLE GEORGIA, BOARD MBR	1 00	X						0	0	0
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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL J THOMPSON NORTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
OB STANDER NORTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
JESSE W RIGBY NORTH CAROLINA PROP, BOARD MBR	5 00	X						0	0	0
ANTHONY BRIDGEWATER NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
DARRYL ELLERBEE NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
MARY ANN GILFOIL NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
PAT GILFOIL NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
PAUL MEEKS NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
EDWIN MOBERLEY NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
WYDETTE WILLIAMS NORTHEAST LOUIS, BOARD MBR	1 00	X						0	0	0
MARY TRICHELL NORTHEAST LOUIS, CHAIRMAN	5 00	X						0	0	0
BRENDON BARBER ORLANDO, BOARD MBR	1 00	X						0	0	0
JENNIFER GOTLWESKI ORLANDO, BOARD MBR	1 00	X						0	0	0
JANELL RAY ORLANDO, BOARD MBR	1 00	X						0	0	0
AUGUSTUS SOL INVICTUS ORLANDO, BOARD MBR	1 00	X						0	0	0
DOUG WISE ORLANDO, BOARD MBR	1 00	X						0	0	0
MATT CECIL ORLANDO, 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
DAVID BLACKERBY PANAMA CITY, BOARD MBR	1 00	X						0	0	0
RICHARD BRUHN PANAMA CITY, BOARD MBR	1 00	X						0	0	0
TERRY JACK PANAMA CITY, BOARD MBR	1 00	X						0	0	0
JAMES R LOOKER PANAMA CITY, BOARD MBR	1 00	X						0	0	0
MIKE MICHEL 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			
NORMAN GULKIS PCMI PROP, PRESIDENT	5 00	X						0	0	0
ALVIN PETERS PCMI PROP, CHAIRMAN	5 00	X						0	0	0
ANTONIO FONTAIN PENSACOLA, BOARD MBR	1 00	X						0	0	0
MARK O'BRIEN PENSACOLA, BOARD MBR	1 00	X						0	0	0
OLIVER JONES PENSACOLA, BOARD MBR	1 00	X						0	0	0
KAREN WRIGHT PENSACOLA, BOARD MBR	1 00	X						0	0	0
MALCOLM BALLINGER PENSACOLA, BOARD MBR	1 00	X						0	0	0
GREG KLEINPETER PENSACOLA, BOARD MBR	1 00	X						0	0	0
EARL EVANS PENSACOLA, BOARD MBR	1 00	X						0	0	0
RYAN HATLER PENSACOLA, BOARD MBR	1 00	X						0	0	0
MIKE HILL PENSACOLA, BOARD MBR	1 00	X						0	0	0
JOHN W MATHIS PENSACOLA, BOARD MBR	1 00	X						0	0	0
JESSE W RIGBY PENSACOLA, BOARD MBR	1 00	X						0	0	0
DENNIS SHUMAN PENSACOLA, BOARD MBR	1 00	X						0	0	0
JESSICA LEE PENSACOLA, CHAIRMAN	5 00	X						0	0	0
JOHN CARTER PIEDMONT, BOARD MBR	1 00	X						0	0	0
HERB CODINGTON PIEDMONT, BOARD MBR	1 00	X						0	0	0
CHRISSIE COFIELD PIEDMONT, BOARD MBR	1 00	X						0	0	0
JEAN DENMAN PIEDMONT, BOARD MBR	1 00	X						0	0	0
MELODY DUNCAN PIEDMONT, BOARD MBR	1 00	X						0	0	0
DEBBIE FULTON PIEDMONT, BOARD MBR	1 00	X						0	0	0
DONNA JACKSON PIEDMONT, BOARD MBR	1 00	X						0	0	0
AMANCA MUNYAN PIEDMONT, BOARD MBR	1 00	X						0	0	0
CYNTHIA PITTS PIEDMONT, BOARD MBR	1 00	X						0	0	0
LAURA SAUNDERS 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			
MARVIN L METHENY SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
COLE PEACOCK SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
MATT VISAGGIO SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
KATE WALTER SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
HERMAN WILLIAMS SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
DANIEL ZEUGIN SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
PHYLLIS ERSHOWSKY SOUTHWEST FLOR, PRESIDENT	5 00	X						0	0	0
ERIC DOSHIER SOUTHWEST LOUIS, BOARD MBR	1 00	X						0	0	0
KEVIN GUIDRY SOUTHWEST LOUIS, BOARD MBR	1 00	X						0	0	0
RONALD J HARRIS SOUTHWEST LOUIS, BOARD MBR	1 00	X						0	0	0
WILLIE SAMUEL KING SOUTHWEST LOUIS, BOARD MBR	1 00	X						0	0	0
DINAH ROBINSON SOUTHWEST LOUIS, BOARD MBR	1 00	X						0	0	0
LANCE WALLACE SOUTHWEST LOUIS, CHAIRMAN	5 00	X						0	0	0
RANDY VINCENT SOUTHWEST LOUIS, PRESIDENT	5 00	X						0	0	0
JASON ARTHUR SPACE COAST, BOARD MBR	1 00	X						0	0	0
ERIC AUSTIN 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
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

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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
DON HERNDON SPACE COAST, PRESIDENT	5 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
LEWIS K JOHNSON TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
GLENN SAPP TALLAHASSEE, CHAIR/PRES	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
KEVIN COOL TAMPA, BOARD MBR	1 00	X						0	0	0
MARK CRISER TAMPA, BOARD MBR	1 00	X						0	0	0
FLETCHER DAVIDSON TAMPA, BOARD MBR	1 00	X						0	0	0
JB DAVIS TAMPA, BOARD MBR	1 00	X						0	0	0
JOHN DEMURO TAMPA, BOARD MBR	1 00	X						0	0	0
THOMAS HERMAN 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 PYRTL TAMPA, BOARD MBR	1 00	X						0	0	0

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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 B WEISSMAN TAMPA, BOARD MBR	1 00	X						0	0	0
JAMEY WILSON TAMPA, BOARD MBR	1 00	X						0	0	0
R JUSTIN DAY TAMPA, PRESIDENT	5 00	X						0	0	0
MARK METHENY TAMPA, CHAIRMAN	5 00	X						0	0	0
W BRANTLEY HARVEY TEXAS PROP, BOARD MBR	1 00	X						0	0	0
WILLIAM R MYERS TEXAS PROP, BOARD MBR	1 00	X						0	0	0
DAVID B MITCHELL TEXAS PROP, BOARD MBR	1 00	X						0	0	0
NEWTON B THOMAS TEXAS PROP, CHAIRMAN	1 00	X						0	0	0
DANIEL J THOMPSON TEXAS PROP, BOARD MBR	1 00	X						0	0	0
OB STANDER TEXAS PROP, BOARD MBR	1 00	X						0	0	0
JESSE W RIGBY TEXAS PROP, BOARD MBR	5 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
BILL NEELEY VIRGINIA, BOARD MBR	1 00	X						0	0	0
TOM WITTEN VIRGINIA, BOARD MBR	1 00	X						0	0	0
TONY LOTITO VIRGINIA, CHAIRMAN	5 00	X						0	0	0
STEPHEN GRANT VOLUSIA, BOARD MBR	1 00	X						0	0	0
HILARY ROWLEY VOLUSIA, BOARD MBR	1 00	X						0	0	0
DENZIL SYKES VOLUSIA, BOARD MBR	1 00	X						0	0	0
PAULA REED VOLUSIA, CHAIRPERSON	5 00	X						0	0	0

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LYNDALL LAMBERT WINGS - S FL, CHAIRMAN	5 00	X						0	0	0
MICHELLE JOHNSON WINGS - S FL, PRESIDENT	5 00	X						0	0	0
ERIC BAINTER WINGS - TEXAS, BOARD MBR	1 00	X						0	0	0
ELAINE CHERRY WINGS - TEXAS, BOARD MBR	1 00	X						0	0	0
MARCENE MYRIE WINGS - TEXAS, BOARD MBR	1 00	X						0	0	0
CARLOS URESTI WINGS - TEXAS, BOARD MBR	1 00	X						0	0	0
SUZETTE KINDER PATTON WINGS - TEXAS, CHAIRMAN	5 00	X						0	0	0
LAURA PARKER WINGS - TEXAS, PRESIDENT	5 00	X						0	0	0
NATHANIEL STEPHEN BAHILL YES, BOARD MBR	1 00	X						0	0	0
MICHAEL BUFFINGTON YES, BOARD MBR	1 00	X						0	0	0
RONALD A CHRISTALDI YES, BOARD MBR	1 00	X						0	0	0
CHARLOTTE CLARK 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
JOHN DEMURO YES, BOARD MBR	1 00	X						0	0	0
JERNICE HOLLIMON YES, BOARD MBR	1 00	X						0	0	0
ALBERT KNIGHT YES, BOARD MBR	1 00	X						0	0	0
TERRI LANCASTER YES, BOARD MBR	1 00	X						0	0	0
ROBERT LUCAS YES, BOARD MBR	1 00	X						0	0	0
MELANIE MORRIS YES, BOARD MBR	1 00	X						0	0	0
PAUL PORTMAN YES, BOARD MBR	1 00	X						0	0	0
JOHN RETTIG 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	5 00	X						0	0	0
NICOLAS C PORTER YES, CHAIRMAN	5 00	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

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

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	66,815,526	64,544,405	61,452,679	45,304,607	42,434,213	280,551,430
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	66,815,526	64,544,405	61,452,679	45,304,607	42,434,213	280,551,430
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)						2,816,183
6 Public support. Subtract line 5 from line 4						277,735,247

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	66,815,526	64,544,405	61,452,679	45,304,607	42,434,213	280,551,430
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,235,357	1,089,217	605,933	545,498	330,933	3,806,938
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,281,219	2,418,008	1,906,853	8,219,307	282,698	14,108,085
11 Total support (Add lines 7 through 10)						298,466,453
12 Gross receipts from related activities, etc. (see instructions)					12	1,281,409
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	93.050%
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	93.240%
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

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

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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?		No	
j Total Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE GROUP MEMBERS PERIODICALLY 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 LEGISLATURES ABOUT THE GROUP MEMBERS' PROGRAMS

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a-2d for total number, acreage, and historic structures.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	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 XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,090	107,090	107,090	107,090	107,090
b Contributions					
c Net investment earnings, gains, and losses		208	321		
d Grants or scholarships					
e Other expenditures for facilities and programs		100,000	321		
f Administrative expenses					
g End of year balance	7,090	7,090	107,090	107,090	107,090

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000 %
- c** Temporarily restricted endowment
The percentages in lines 2a, 2b, and 2c should equal 100%

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

	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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,051,017		2,051,017
b Buildings		20,375,664	13,562,542	6,813,122
c Leasehold improvements		1,299,210	1,151,256	147,954
d Equipment		8,717,881	7,602,392	1,115,489
e Other		127,370		127,370
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,254,952

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ASSETS HELD FOR SALE	1,384,391
(2) DUE FROM GROUP MEMBERS	5,317,240
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	6,701,631

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DUE TO GROUP MEMBERS	15,378,347
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	15,378,347

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	INCOME FROM ENDOWMENT FUNDS IS RESTRICTED FOR USE IN ASSISTING FORMER STUDENTS OF AMIKIDS' PROGRAMS WITH EDUCATIONAL OR EMPLOYMENT-RELATED EXPENSES AND FOR PROVIDING SUPPORT TO THE MARINE PROGRAM AT A PARTICULAR INSTITUTE
PART X, LINE 2	AMIKIDS IDENTIFIES AND EVALUATES UNCERTAIN TAX POSITIONS, IF ANY, AND RECOGNIZES THE TAX CONSEQUENCES RESULTING FROM UNCERTAIN TAX POSITIONS THAT DO NOT HAVE A "MORE-LIKELY-THAN-NOT" PROBABILITY OF BEING UPHELD WHEN REVIEWED BY THE RELEVANT TAXING AUTHORITY SUCH POSITIONS ARE REPORTED AS UNRECOGNIZED TAX BENEFITS AND A CORRESPONDING LIABILITY IS DISCLOSED ON THE COMBINED STATEMENT OF FINANCIAL POSITION FOR THE GROUP MEMBERS NONE OF AMIKIDS OR THE GROUP MEMBERS HAS HAD ANY LIABILITY FOR UNCERTAIN TAX POSITIONS IF THERE IS AN UNRECOGNIZED TAX BENEFIT, THE GROUP MEMBERS WILL RECOGNIZE INTEREST ACCRUED WITH RESPECT TO SUCH UNRECOGNIZED TAX BENEFITS AS INTEREST EXPENSE AND ANY RESULTING PENALTIES AS OPERATING EXPENSES

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email 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 (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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 rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>27</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	101,528	78,110	237,554	417,192
	2 Less Contributions	76,750	62,442	201,823	341,015
	3 Gross income (line 1 minus line 2)	24,778	15,668	35,731	76,177
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	7,471	695	6,682	14,848
	6 Rent/facility costs	355	2,010	11,765	14,130
	7 Food and beverages	2,425	8,250	16,423	27,098
	8 Entertainment				
	9 Other direct expenses	5,872	5,334	38,317	49,523
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(105,599)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-29,422

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))
		1 Gross revenue			81,919
Direct Expenses	2 Cash prizes			6,500	6,500
	3 Non-cash prizes				
	4 Rent/facility costs			4,015	4,015
	5 Other direct expenses			14,932	14,932
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					25,447
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					56,472

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 _____

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

Name ▶ LARA SHANE

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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **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 Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

Transactions with Interested Persons

OMB No 1545-0047

2013

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, line 38a or 40b.

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

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

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART II, COLUMN C	THIS LOAN WAS PROVIDED TO A GROUP MEMBER TO PAY OFF AN EXISTING MORTGAGE AND FUND OPERATIONS THE LOAN WILL BE REPAID OVER A 5 YEAR PERIOD AT A 3% INTEREST RATE PER ANNUM, WHICH IS BELOW THE PREVAILING MARKET RATE

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization AMIKIDS INC (GROUP)

Employer identification number

59-2878383

Part I Types of Property

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

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

29

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. Contains questions about property holding periods and gift acceptance policies.

Part III Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B	THE GROUP MEMBERS HAVE ESTABLISHED RELATIONSHIPS WITH BOAT BROKERS THROUGHOUT THE COUNTRY THESE BROKERS ARE PAID A STANDARD COMMISSION AT THE TIME THEY BROKER A DONATION AND AT THE TIME THEY BROKER A LEASE OR SALE OF A DONATED BOAT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
AMIKIDS INC (GROUP)

Employer identification number

59-2878383

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	EACH GROUP MEMBER HAS A GOVERNING BODY THAT RANGES IN SIZE FROM APPROXIMATELY THREE TO TWENTY TRUSTEES DEPENDING ON THE GROUP MEMBER'S NEEDS THE BOARD OF TRUSTEES FOR EACH GROUP MEMBER IS SELF-PERPETUATING WITH VACANCIES FILLED BY THE REMAINING MEMBERS OF THE BOARD OF TRUSTEES THERE ARE A TOTAL OF 551 TRUSTEES GOVERNING ALL OF THE GROUP MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	A MIKIDS IS THE SOLE MEMBER OF EACH OF THE GROUP MEMBERS EXCEPT PCMI PROPERTIES, INC AND A MIKIDS PANAMA CITY MARINE INSTITUTE, INC IS ITS SOLE MEMBER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AMIKIDS IS THE SOLE MEMBER OF EACH OF THE GROUP MEMBERS, EXCEPT PCMI PROPERTIES, INC (WHOSE SOLE MEMBER IS AMIKIDS PANAMA CITY MARINE INSTITUTE, INC , A GROUP MEMBER) AND HAS THE AUTHORITY TO REMOVE AND REPLACE ANY MEMBER OF THE BOARD OF TRUSTEES OF EACH GROUP MEMBER OF WHICH IT IS THE SOLE MEMBER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AMIKIDS IS THE SOLE MEMBER OF EACH OF THE GROUP MEMBERS EXCEPT PCMI PROPERTIES, INC (WHOSE SOLE MEMBER IS A MIKIDS PANAMA CITY MARINE INSTITUTE, INC , A GROUP MEMBER) AND IS REQUIRED TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS PROPOSED BY THE BOARD OF TRUSTEES OF ANY OF THE GROUP MEMBERS IN ADDITION, CERTAIN SPECIFIED ACTIONS ARE REQUIRED TO BE APPROVED IN ADVANCE BY AMIKIDS A MIKIDS SETS COMPREHENSIVE PAY PLAN POLICIES THAT ARE ADHERED TO BY EACH OF THE GROUP MEMBERS, AND ADMINISTERS THE CONFLICT OF INTEREST POLICY AND SETS COMPETITIVE BID PROCESSES FOR EACH OF THE GROUP MEMBERS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE GROUP MEMBERS' 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, ONCE SATISFIED, PROVIDES THE FORM 990 TO THE EXECUTIVE COMMITTEE FOR REVIEW. THE GENERAL COUNSEL PRESENTS AND DISCUSSES RELEVANT PORTIONS OF THE FORM 990 WITH THE EXECUTIVE COMMITTEE. A FULL COPY OF THE FORM 990 IS AVAILABLE ON A CONFIDENTIAL WEB SITE FOR REVIEW AND COMMENT BY EACH MEMBER OF THE BOARD OF TRUSTEES OF THE GROUP MEMBERS.

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	LINE 15A THE CEO AND MANAGERS OF AMIKIDS SET THE COMPENSATION FOR THE EXECUTIVE DIRECTOR FOR EACH GROUP MEMBER THE BOARD OF TRUSTEES OF EACH GROUP MEMBER REVIEWS AND APPROVES THE COMPENSATION OF ITS EXECUTIVE DIRECTOR EXECUTIVE DIRECTOR COMPENSATION IS DETERMINED ACCORDING TO A COMPREHENSIVE PAY PLAN POLICY SET BY AMIKIDS LINE 15B NOT APPLICABLE OFFICERS OF THE GROUP MEMBERS ARE NOT COMPENSATED AS DEFINED IN THE INSTRUCTIONS TO THE FORM 990, THE GROUP MEMBERS HAVE NO KEY EMPLOYEES (I.E. EMPLOYEES PAID MORE THAN \$150,000 IN THE CALENDAR YEAR ENDING WITH OR WITHIN THE GROUP MEMBERS' TAX YEAR)

Return Reference**Explanation**

FORM 990, PART VI, SECTION C,
LINE 19

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST

Return Reference	Explanation
FORM 990, PART VII, LINE 1A	EACH EXECUTIVE DIRECTOR OF A GROUP MEMBER IS ALSO AN EX OFFICIO OFFICER OF THAT MEMBER 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 ALTHOUGH THE EXECUTIVE DIRECTORS ARE ALSO EX OFFICIO OFFICERS OF THEIR RESPECTIVE ORGANIZATIONS, THEY ARE NOT COMPENSATED FOR SERVICES PROVIDED IN THEIR CAPACITIES AS OFFICERS ACCORDINGLY , COMPENSATION OF THE EXECUTIVE DIRECTORS OF THE GROUP MEMBERS HAS NOT BEEN DISCLOSED AS IT DOES NOT EXCEED THE RELEVANT THRESHOLDS EXECUTIVE DIRECTORS OF EACH GROUP MEMBER RECEIVE VARYING LEVELS OF COMPENSATION BASED UPON THEIR PERFORMANCE, EXPERIENCE AND THE SIZE OF THEIR RESPECTIVE ORGANIZATIONS NO OFFICER COMPENSATION IS REPORTABLE IN THIS RETURN OFFICER COMPENSATION IS REPORTED IN THE RETURN FOR AMIKIDS, EIN 23-7440836

Return Reference	Explanation
FORM 990, LINE H(B)	<p>LIST OF AFFILIATED ORGANIZATIONS INCLUDED IN GROUP RETURN AMIKIDS ACADIANA, INC 26-0211141 611 CELESTINE LA TORTUE RD BRANCH LA 70516 AMIKIDS BATON ROUGE, INC 58-1712853 5555 BEECHWOOD DRIVE BATON ROUGE LA 70805 AMIKIDS BAXLEY WILDERNESS, INC 58-1937806 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS BAYOU REGION, INC 59-3737922 942 HIGHWAY 90 RACELAND LA 70394 AMIKIDS BEAUFORT, INC 57-0791258 60 HONEYBEE ISLAND ROAD SEABROOK SC 29940 AMIKIDS BENNETTSVILLE, INC 57-1060912 620 MARLBORO ROAD BENNETTSVILLE SC 29512 AMIKIDS BIG CYPRESS, INC 59-3326596 25959 TURNER RIVER ROAD OCHOPEE FL 34141 AMIKIDS CROSSROADS, INC 59-2661387 45991 BERMONT ROAD PUNTA GORDA FL 33982 AMIKIDS DONALDSONVILLE, INC 20-5404838 1200 ST PATRICK STREET DONALDSONVILLE LA 70346 AMIKIDS EMERALD COAST, INC 59-3531532 207 4TH STREET SE FT WALTON BEACH FL 32548 AMIKIDS FAMILY SERVICES, INC 20-4525491 1153 US HWY 41 NW, STE 17 JASPER FL 32052 AMIKIDS FLORIDA PROPERTIES, INC 27-1980951 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS FOUNDATION, INC 59-3095734 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS GADSDEN CENTER FOR ACADEMIC DISCIPLINE, INC 47-1160200 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS GAINESVILLE, INC 59-3048922 6815 SW ARCHER ROAD GAINESVILLE FL 32608 AMIKIDS GEORGETOWN, INC 65-0101637 PO BOX 638 GEORGETOWN SC 29442 AMIKIDS GEORGIA PROPERTIES, INC 26-4132820 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS GEORGIA, INC 59-3082682 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS GRADUATE SCHOOL, INC 27-4233301 5555 BEECHWOOD DRIVE BATON ROUGE LA 70805 AMIKIDS GRAND BOIS, INC 26-0211169 396 BOURG LAROSE HWY BOURG LA 70343 AMIKIDS GREATER FORT LAUDERDALE, INC 59-1163198 3220 SW 4TH AVENUE FT LAUDERDALE FL 33315 AMIKIDS INFINITY MARLBORO, INC 20-5117121 801 COUNTRY CLUB DRIVE BENNETTSVILLE SC 29512 AMIKIDS INFINITY SCHOOL OF ENVIRONMENTAL STUDIES, INC 45-3526030 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS INFINITY WAKE COUNTY, INC 27-4233587 1150 FORESTVILLE RD WAKE FOREST NC 27587 AMIKIDS INFINITY, INC 59-3525382 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS JACKSONVILLE, INC 59-1447527 13375 BEACH BLVD JACKSONVILLE FL 32246 AMIKIDS JEFFERSON, INC 59-3737943 1149 MACARTHUR AVE HARVEY LA 70058 AMIKIDS LAFAYETTE, INC 46-1851386 801 MUDD AVENUE LAFAYETE LA 70501 AMIKIDS LAST CHANCE RANCH, INC 59-2218777 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS LOUISIANA PROPERTIES, INC 26-2264274 5555 BEECHWOOD DRIVE BATON ROUGE LA 70805 AMIKIDS MANATEE, INC 59-2553270 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS MIAMI-DADE, INC 59-1561549 1820 ARTHUR LAMB JR ROAD MIAMI FL 33149 AMIKIDS MIDDLE GEORGIA, INC 58-2170318 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS MISSOURI, INC 47-1150680 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS NEW MEXICO PROPERTIES, INC 45-3526063 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS NORTH CAROLINA FAMILY SERVICES, INC 45-3067896 717 S MARSHALL STREET STE 204 WINSTON SALEM NC 27101 AMIKIDS NORTH CAROLINA PROPERTIES, INC 27-4233434 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS NORTHEAST LOUISIANA, INC 81-0660005 PO BOX 216 TALLULAH LA 71284 AMIKIDS ORLANDO, INC 59-3045041 1461 SOUTH LAKE PLEASANT DRIVE APOPKA FL 32703 AMIKIDS PALMETTO, INC 46-1707657 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS PANAMA CITY MARINE INSTITUTE, INC 59-1546202 200 E BEACH DR PANAMA CITY FL 32401 AMIKIDS PASCO, INC 59-3191294 6807 MADISON STREET NEW PORT RICHEY FL 34652 AMIKIDS PENINSULA, INC 59-2898416 3614 HUNTINGTON AVENUE NEWPORT NEWS VA 23607 AMIKIDS PENSACOLA, INC 59-3051944 3685 MULDOON ROAD PENSACOLA FL 32526 AMIKIDS PIEDMONT, INC 57-0925626 20238 HWY 72 EAST CLINTON SC 29325 AMIKIDS PINELLAS, INC 23-7228523 3101 GULF BLVD ST PETERSBURG BEACH FL 33706 AMIKIDS RED RIVER, INC 58-2499962 2890 DOUGLAS DRIVE BOSSIER CITY LA 71111 AMIKIDS RIO GRANDE VALLEY, INC 74-2401524 27615 BUENA VISTA BLVD LOS FRESNOS TX 78566 AMIKIDS SAND HILLS, INC 59-3392379 2391 CAMPBELL LAKE ROAD PATRICK SC 29584 AMIKIDS SANDOVAL, INC 27-2827321 20 POND ROAD CUBA NM 87013 AMIKIDS SARASOTA COUNTY, INC 65-0706618 1130 INDIAN HILLS BLVD VENICE FL 34293 AMIKIDS SAVANNAH RIVER, INC 58-2622478 626 OLD RIVER ROAD SYLVANIA GA 30467 AMIKIDS SOUTH CAROLINA PROPERTIES, INC 27-1234477 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS SOUTH CAROLINA STATEWIDE, INC 47-2067922 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS SOUTHWEST FLORIDA, INC 59-3052865 1190 MAIN STREET FORT MYERS BEACH FL 33931 AMIKIDS SOUTHWEST LOUISIANA, INC 58-2554219 425 KINGSLEY ST LAKE CHARLES LA 70601 AMIKIDS SPACE COAST, INC 59-2869412 1000 INSPIRATION LANE MELBOURNE FL 32934 AMIKIDS TALLAHASSEE, INC 59-3213051 2514 WEST THARPE STREET TALLAHASSEE FL 32303 AMIKIDS TAMPA, INC 23-7155996 1730 MARITIME BLVD TAMPA FL 33605 AMIKIDS TEXAS PROPERTIES, INC 27-1738261 5915 BENJAMIN CENTER DRIVE</p>

Return Reference	Explanation
FORM 990, LINE H(B), CONTINUED	AMIKIDS VIRGINIA WILDERNESS, INC 59-3498450 PO BOX 613 OAKWOOD VA 24631 AMIKIDS VOLUSIA, INC 20-4439611 1420 MASON AVENUE, UNIT 110 DAYTONA BEACH FL 32117 AMIKIDS WEST FLORIDA, INC 59-3191292 1912 OLD MT ZION ROAD PONCE DE LEON FL 32455 AMIKIDS WHITE PINES, INC 58-2335222742 T BISHOP ROAD JONESVILLE SC 29353 AMIKIDS WINGS SOUTH FLORIDA, INC 20-0954347 11000 SW 220TH STREET MIAMI FL 33170 AMIKIDS WINGS TEXAS, INC 20-0954381 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 AMIKIDS YES, INC 59-3217810 4337 SAFFOLD ROAD WIMAUMA FL 33598 BAY AREA MARINE INSTITUTE, INC 59-3343504 12022 GANDY BLVD N ST PETERSBURG FL 33702 CAMP WHITE PINES II 59-3012877 PO BOX 617 JONESVILLE SC 29353 PCMI PROPERTIES, INC 20-3267389 PO BOX 268 PANAMA CITY FL 32402 SOUTH CAROLINA WILDERNESS INSTITUTE, INC 59-3392378 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634 WINGS FOR LIFE, INC 59-3662308 5915 BENJAMIN CENTER DRIVE TAMPA FL 33634

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

Open to Public Inspection

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

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

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

Return Reference**Explanation**