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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)

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Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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	G Gross receipts \$ 47,751,138
	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33634		
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)	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW AMIKIDS ORG

H(c) Group exemption number: 8529

K Form of organization: Corporation Trust Association Other

L Year of formation

M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 THE ORGANIZATIONS INCLUDED IN THIS RETURN ARE AN AFFILIATED GROUP OF 55 CHARITABLE ORGANIZATIONS THAT OPERATE(D) PROGRAMS FOR TROUBLED KIDS AND TWELVE 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, COUNSELING, DISCIPLINE AND PRODUCTIVE WORK, AND MARINE, WILDERNESS AND OTHER ENVIRONMENTAL EDUCATION AND REHABILITATION PROGRAMS OUR JUVENILE JUSTICE PROGRAMS OFFER AN ATTRACTIVE ALTERNATIVE THAT IS LESS EXPENSIVE AND MORE EFFECTIVE THAN JUVENILE INCARCERATION OUR OTHER PROGRAMS ARE ALSO MORE EFFECTIVE AND LESS EXPENSIVE THAN THE ALTERNATIVE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	456
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	441
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,078
6 Total number of volunteers (estimate if necessary)	6	2,500
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	20,554
b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,439

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	42,434,213	45,296,703
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,516	443,370
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	557,260	360,367
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,135,989	46,100,440

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,777,809	29,961,287
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17,112,037	18,246,010
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	44,889,846	48,207,297	
19 Revenue less expenses Subtract line 18 from line 12	-1,753,857	-2,106,857	

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	27,430,947	27,155,097
	21 Total liabilities (Part X, line 26)	19,811,149	21,671,442
	22 Net assets or fund balances Subtract line 21 from line 20	7,619,798	5,483,655

Part II Signature Block

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

Sign Here	***** Signature of officer	2016-05-12 Date
	ROSEMARY BRACKMAN CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ANNE MCHUGH CPA	Preparer's signature ANNE MCHUGH CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P01066774
	Firm's name \rightarrow BDO USA LLP			Firm's EIN \rightarrow 13-5381590	
	Firm's address \rightarrow 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 Yes No

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 \$ 26,887,765 including grants of \$) (Revenue \$)
RESIDENTIAL AS AN ALTERNATIVE TO PRISON OR AN INSTITUTIONAL SETTING FOR KIDS THAT HAVE COMMITTED CRIMES, THE AMIKIDS' JUVENILE JUSTICE 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' JUVENILE JUSTICE 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 \$ 15,340,635 including grants of \$) (Revenue \$)
DAY TREATMENT KIDS ARE REFERRED TO THE DAY TREATMENT PROGRAMS BY JUVENILE JUSTICE AGENCIES, SCHOOL DISTRICTS AND THE COURTS KIDS LIVE AT HOME WHILE IN THE AMIKIDS' DAY TREATMENT PROGRAMS AND THIS GIVES OUR STAFF THE OPPORTUNITY TO ADDRESS CURRENT ISSUES IN BOTH THE HOME AND NEIGHBORHOOD KIDS ATTEND FIVE DAYS PER WEEK FOR A PERIOD RANGING FROM APPROXIMATELY FOUR TO SIX MONTHS GENDER SPECIFIC AND/OR EVIDENCED-BASED INTERVENTION MODELS ARE COMBINED WITH EDUCATION TO ADDRESS THE EDUCATIONAL, BEHAVIORAL, AND MENTAL HEALTH NEEDS 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 \$ 3,837,495 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

See Additional Data

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

4e Total program service expenses 46,065,895

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</i> (see instructions) <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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," 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

Table with columns for question number, question text, sub-column (e.g., 1a, 1b), and Yes/No columns. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, federal employment tax returns, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, and Form 720.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (456); 1b Enter the number of voting members included in line 1a, above, who are independent (441); 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: a The governing body? (Yes); b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); 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: FL, GA, SC, VA, 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: [X] Own website, [X] Another's website, [X] Upon request, [] 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, address, and telephone number of the person who possesses the organization's books and records: ROSEMARY BRACKMAN

5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634 (813) 887-3300

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(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			

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

(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			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	0	0	0

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CIRCLE OF CARE 2020 COMMERCE DR MELBOURNE, FL 32904	MENTAL HEALTH SERVICES	276,941
EXQUISITE CATERING 1800 NE 150TH STREET NORTH MIAMI, FL 33181	FOOD	183,227
MAXIM STAFFING SOLUTIONS 12558 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	NURSING SERVICES	177,086
CROSS FERNANDEZ & RILEY LLP 201 S ORANGE AVENUE ORLANDO, FL 32801	AUDITING SERVICE	113,463

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

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	328,854				
	d	Related organizations 1d	29,680,800				
	e	Government grants (contributions) 1e	13,181,895				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,105,154				
	g	Noncash contributions included in lines 1a-1f \$	139,400				
	h	Total. Add lines 1a-1f	45,296,703				
Program Service Revenue	2a	_____ Business Code _____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	77,243			77,243	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	166,050			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	166,050			
	d	Net rental income or (loss)	166,050			166,050	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	775,816			
			(ii) Other		1,033,407		
			b Less cost or other basis and sales expenses	725,962		717,134	
			c Gain or (loss)	49,854		316,273	
	d	Net gain or (loss)	366,127			366,127	
	8a	Gross income from fundraising events (not including \$ 328,854 of contributions reported on line 1c) See Part IV, line 18					
	a		191,345				
b	Less direct expenses b	188,162					
c	Net income or (loss) from fundraising events	3,183			3,183		
9a	Gross income from gaming activities See Part IV, line 19						
a		64,190					
b	Less direct expenses b	19,440					
c	Net income or (loss) from gaming activities	44,750			44,750		
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	INTERCO CLOSURE GAIN	900099	105,346	105,346			
b	MISCELLANEOUS INCOME	900099	41,038	20,484	20,554		
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d		146,384				
12	Total revenue. See Instructions		46,100,440	125,830	20,554	657,353	

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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	23,374,876	23,374,876		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,001,939	1,001,939		
9	Other employee benefits	3,863,826	3,863,826		
10	Payroll taxes	1,720,646	1,720,646		
11	Fees for services (non-employees)				
a	Management				
b	Legal	23,192	23,192		
c	Accounting	113,463		113,463	
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)	1,115,257	960,083	155,174	
12	Advertising and promotion	84,366	59,928	24,438	
13	Office expenses	121,342	28,302	93,040	
14	Information technology				
15	Royalties				
16	Occupancy	2,526,433	2,500,345	26,088	
17	Travel	530,097	530,097		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	764,061	764,061		
20	Interest	435,738	435,738		
21	Payments to affiliates	1,468,592	461,830	1,006,762	
22	Depreciation, depletion, and amortization	1,308,577	1,303,207	5,370	
23	Insurance	2,495,756	2,481,339	14,417	
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	3,413,534	3,184,798	228,736	
b	EQUIP & MAINTENANCE	1,921,496	1,726,806	194,690	
c	DISTRIBUTIONS TO SCHLS	1,587,162	1,587,162		
d	OTHER	336,944	57,720	279,224	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	48,207,297	46,065,895	2,141,402	0
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	1,960,304	1	2,101,223
	2 Savings and temporary cash investments	4,838,928	2	4,836,930
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,528,047	4	1,543,596
	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	1,476,584	9	1,474,921
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	32,319,237		
	b Less accumulated depreciation	22,786,786		
	11 Investments—publicly traded securities	670,501	10c	9,532,451
	12 Investments—other securities See Part IV, line 11		11	796,020
	13 Investments—program-related See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets See Part IV, line 11	6,701,631	14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,430,947	15	6,869,956	
		16	27,155,097	
Liabilities	17 Accounts payable and accrued expenses	2,454,725	17	2,638,865
	18 Grants payable		18	
	19 Deferred revenue	463,415	19	196,514
	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	100,000	22	91,297
	23 Secured mortgages and notes payable to unrelated third parties	1,414,662	23	1,310,650
	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	15,378,347	25	17,434,116
	26 Total liabilities. Add lines 17 through 25	19,811,149	26	21,671,442
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	5,037,099	27	2,811,427
	28 Temporarily restricted net assets	2,575,609	28	2,665,138
	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	7,619,798	33	5,483,655
34 Total liabilities and net assets/fund balances	27,430,947	34	27,155,097	

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	46,100,440
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,207,297
3	Revenue less expenses Subtract line 2 from line 1	3	-2,106,857
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,619,798
5	Net unrealized gains (losses) on investments	5	-36,786
6	Donated services and use of facilities	6	7,500
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	5,483,655

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 III - Line 4c: Program Service Accomplishments (See the Instructions)

(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

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			
(1) MICHAEL CHAHO FOUNDATION, BOARD MBR	1 00	X						0	0	0
(1) CHARLIE DUKE FOUNDATION, BOARD MBR	1 00	X						0	0	0
(2) W BRANTLEY HARVEY FOUNDATION, BOARD MBR	1 00	X						0	0	0
(3) DAVID J HULL FOUNDATION, BOARD MBR	1 00	X						0	0	0
(4) AJ JOHNSON FOUNDATION, BOARD MBR	1 00	X						0	0	0
(5) WALTER JOHNSON FOUNDATION, BOARD MBR	1 00	X						0	0	0
(6) AH LACHICOTTE FOUNDATION, BOARD MBR	1 00	X						0	0	0
(7) WILLIAM R MYERS FOUNDATION, BOARD MBR	1 00	X						0	0	0
(8) NEWTON B THOMAS FOUNDATION, BOARD MBR	1 00	X						0	0	0
(9) DANIEL J THOMPSON FOUNDATION, CHAIRMAN	5 00	X						0	0	0
(10) MIKE BERARD ACADIANA, BOARD MBR	1 00	X						0	0	0
(11) CHERYL BOWIE ACADIANA, BOARD MBR	2 00	X						0	0	0
(12) MIKE HARSON ACADIANA, BOARD MBR	1 00	X						0	0	0
(13) JENNIFER JACKSON ACADIANA, BOARD MBR	1 00	X						0	0	0
(14) KYLE LOVE ACADIANA, BOARD MBR	1 00	X						0	0	0
(15) MILDRED METHVIN ACADIANA, BOARD MBR	1 00	X						0	0	0
(16) MIKE NEUSTROM ACADIANA, BOARD MBR	1 00	X						0	0	0
(17) KENNETH ODINET ACADIANA, BOARD MBR	1 00	X						0	0	0
(18) LENNY LEMOINE ACADIANA, BOARD MBR	1 00	X						0	0	0
(19) GREGORY ELLISON ACADIANA, BOARD MBR	1 00	X						0	0	0
(20) JERRY PREJEAN ACADIANA, CHAIRMAN	5 00	X						0	0	0
(21) BRENDA BIRKETT BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(22) BRETT N BRINSON BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(23) WALTER S BROCK BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(24) 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			
(26) TIM HARDY BATON ROUGE, BOARD MBR	2 00	X						0	0	0
(1) CATHERINE HEITMAN BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(2) TROY D HEBERT BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(3) LEONARD C WYATT BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(4) DONNA M MAYEUX BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(5) MIKE MORAN BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(6) BART PHILLIPS BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(7) CARLOS THOMAS BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(8) PATRICK MARTIN BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(9) N LARON PHILLIPS BATON ROUGE, BOARD MBR	1 00	X						0	0	0
(10) NEWTON B THOMAS BATON ROUGE, CHAIR/PRES	5 00	X						0	0	0
(11) ERIC LANE BATON ROUGE, PRESIDENT	5 00	X						0	0	0
(12) BILL ANTLEY BEAUFORT, BOARD MBR	1 00	X						0	0	0
(13) DARELL BAUER BEAUFORT, BOARD MBR	1 00	X						0	0	0
(14) KEVIN DUKES BEAUFORT, BOARD MBR	1 00	X						0	0	0
(15) BILL EVANS BEAUFORT, BOARD MBR	1 00	X						0	0	0
(16) MALCOLM GOODRIDGE BEAUFORT, BOARD MBR	1 00	X						0	0	0
(17) CINDY HALSEY BEAUFORT, BOARD MBR	1 00	X						0	0	0
(18) MIKE HARRIS BEAUFORT, BOARD MBR	1 00	X						0	0	0
(19) JOHN HARRIS BEAUFORT, BOARD MBR	1 00	X						0	0	0
(20) W BRANTLEY HARVEY BEAUFORT, BOARD MBR	1 00	X						0	0	0
(21) DAVID HOUSE BEAUFORT, BOARD MBR	1 00	X						0	0	0
(22) MIKE INGRAM BEAUFORT, BOARD MBR	1 00	X						0	0	0
(23) VAN IRWIN BEAUFORT, BOARD MBR	1 00	X						0	0	0
(24) TERRY LURTZ 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			
(51) PAT F MCGARITY BEAUFORT, BOARD MBR	1 00	X						0	0	0
(1) STEVE MENDOZA BEAUFORT, BOARD MBR	1 00	X						0	0	0
(2) JIM PALMER BEAUFORT, BOARD MBR	1 00	X						0	0	0
(3) WARREN PARKER BEAUFORT, BOARD MBR	1 00	X						0	0	0
(4) LAURENCE PECK BEAUFORT, BOARD MBR	1 00	X						0	0	0
(5) EDWARD TAYLOR BEAUFORT, BOARD MBR	1 00	X						0	0	0
(6) JASON WARD BEAUFORT, BOARD MBR	1 00	X						0	0	0
(7) TOM WILSON BEAUFORT, BOARD MBR	1 00	X						0	0	0
(8) JOHN WILLIAMS BEAUFORT, BOARD MBR	1 00	X						0	0	0
(9) JIMMY BOOZER BEAUFORT, PRESIDENT	5 00	X						0	0	0
(10) JOHN HUNTLEY BEAUFORT, CHAIRMAN	5 00	X						0	0	0
(11) CARRIE ASH BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(12) JULIE AVENT BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(13) JUSTIN F BLUM BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(14) GLORIA DUDLEY BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(15) RHONDA FRAZIER BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(16) WILLIE GLADDEN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(17) WILLIAM MORRIS HARRINGTON BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(18) JOHN TROY HENEGAN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(19) RONALD HENEGAN BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(20) FREDDIE HODGES BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(21) MASON KING BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(22) ELISABETH MCNIEL BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(23) WILHELMINA PEGUES BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(24) LARRY PELHAM BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(76) CAROLYN A PRINCE BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(1) AW ANNIE SELLERS BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(2) DORIS SMITH BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(3) TERRY WHITEHEAD BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(4) BECKY TALBERT BENNETTSVILLE, BOARD MBR	1 00	X						0	0	0
(5) LARRY MCNEIL BENNETTSVILLE, CHAIRMAN	5 00	X						0	0	0
(6) CAROLE ARMSTRONG BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
(7) PATRICK ARNALL BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
(8) ARLENE AUSTIN BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
(9) SHEILA HARRIS-SCHUTZ BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
(10) BRIAN HERRICK BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
(11) THOMAS J JORDAN BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
(12) ANGELA LARSON BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
(13) MICHAEL MCCOMAS BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
(14) MA-TOSHA MCCULLOUGH BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
(15) ELLEN VANDERBURG BIG CYPRESS, BOARD MBR	1 00	X						0	0	0
(16) JOSEPH PATERNO BIG CYPRESS, CHAIRMAN	5 00	X						0	0	0
(17) KEITH CALLAGHEN CROSSROADS, BOARD MBR	1 00	X						0	0	0
(18) DAVID FAXON CROSSROADS, BOARD MBR	1 00	X						0	0	0
(19) ERIC LOCHE CROSSROADS, BOARD MBR	1 00	X						0	0	0
(20) BRITT MATTHIJSSEN CROSSROADS, BOARD MBR	1 00	X						0	0	0
(21) JOHN MCQUEEN CROSSROADS, BOARD MBR	1 00	X						0	0	0
(22) ROBERT MCQUEEN CROSSROADS, BOARD MBR	1 00	X						0	0	0
(23) BRETT SIFRIT CROSSROADS, BOARD MBR	1 00	X						0	0	0
(24) STEVE SMITH CROSSROADS, 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			
(101) LEE SWIFT CROSSROADS, BOARD MBR	1 00	X						0	0	0
(1) KEVIN VAN NOSTRAND CROSSROADS, BOARD MBR	1 00	X						0	0	0
(2) EDDIE WEBB III CROSSROADS, BOARD MBR	1 00	X						0	0	0
(3) WILLIAM BROWN EMERALD COAST, BOARD MBR	1 00	X						0	0	0
(4) ELIZABETH FORGETTE EMERALD COAST, BOARD MBR	1 00	X						0	0	0
(5) KATHY LAWHON EMERALD COAST, BOARD MBR	1 00	X						0	0	0
(6) CINDY RIGGENBACH EMERALD COAST, BOARD MBR	1 00	X						0	0	0
(7) KEVIN WANG EMERALD COAST, BOARD MBR	1 00	X						0	0	0
(8) RENEE WOOD EMERALD COAST, BOARD MBR	2 00	X						0	0	0
(9) CHARLES NOONAN EMERALD COAST, CHAIRMAN	5 00	X						0	0	0
(10) W BRANTLEY HARVEY FLORIDA PROP, BOARD MBR	1 00	X						0	0	0
(11) DAVID B MITCHELL FLORIDA PROP, BOARD MBR	1 00	X						0	0	0
(12) OB STANDER FLORIDA PROP, BOARD MBR	2 00	X						0	0	0
(13) NEWTON B THOMAS FLORIDA PROP, BOARD MBR	1 00	X						0	0	0
(14) DANIEL J THOMPSON FLORIDA PROP, BOARD MBR	1 00	X						0	0	0
(15) JESSE W RIGBY FLORIDA PROP, CHAIRMAN	5 00	X						0	0	0
(16) ROSEMARY BRACKMAN GADSDEN CENTER, BOARD MBR	1 00	X						0	0	0
(17) OB STANDER GADSDEN CENTER, BOARD MBR	1 00	X						0	0	0
(18) MIKE THORNTON GADSDEN CENTER, BOARD MBR	1 00	X						0	0	0
(19) SHELLIE BANFIELD GAINESVILLE, BOARD MBR	0 00	X						0	0	0
(20) GRETCHEN CASEY GAINESVILLE, BOARD MBR	1 00	X						0	0	0
(21) KEVIN COULSON GAINESVILLE, BOARD MBR	1 00	X						0	0	0
(22) JOEL HOUSTON GAINESVILLE, BOARD MBR	1 00	X						0	0	0
(23) SHERRY HOUSTON GAINESVILLE, BOARD MBR	2 00	X						0	0	0
(24) GREGORY PELHAM JR GAINESVILLE, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(126) THERESA SPURLING-WOOD GAINESVILLE, BOARD MBR	1 00	X						0	0	0
(1) KRISTIN SLAUGHTER PICKENS GAINESVILLE, BOARD MBR	1 00	X						0	0	0
(2) APRIL GREEN GAINESVILLE, CHAIRPERSON	5 00	X						0	0	0
(3) WHEELER BAKER GEORGETOWN, BOARD MBR	1 00	X						0	0	0
(4) LAWLY P FORD GEORGETOWN, BOARD MBR	1 00	X						0	0	0
(5) THEO KRAPELS GEORGETOWN, BOARD MBR	5 00	X						0	0	0
(6) AH LACHICOTTE FOUNDATION, BOARD MBR	1 00	X						0	0	0
(7) DI WILSON GEORGETOWN, BOARD MBR	1 00	X						0	0	0
(8) PAUL GARDNER GEORGETOWN, CHAIRMAN	5 00	X						0	0	0
(9) W BRANTLEY HARVEY GEORGIA PROPS, BOARD MBR	1 00	X						0	0	0
(10) DAVID B MITCHELL GEORGIA PROPS, BOARD MBR	1 00	X						0	0	0
(11) OB STANDER GEORGIA PROPS, BOARD MBR	1 00	X						0	0	0
(12) NEWTON B THOMAS GEORGIA PROPS, BOARD MBR	1 00	X						0	0	0
(13) DANIEL J THOMPSON GEORGIA PROPS, BOARD MBR	1 00	X						0	0	0
(14) JESSE W RIGBY GEORGIA PROPS, CHAIRMAN	5 00	X						0	0	0
(15) MATTHEW BOGDANOFF GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(16) CHARLES CHIP BURPEE GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(17) DAN DALEY GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(18) PAMELA D'ALO GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(19) RICHARD B FORUM GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(20) ADAM GRANIT GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(21) JEFFREY HERSHMAN GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(22) ANDREW HIGH GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(23) JULIE LAUDER GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(24) FRANK A ORLANDO GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(151) MICHAEL J ORLANDO GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(1) CHRISTOPHER PALAMARA GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(2) MARC WELCH GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(3) TC WOLFE GTR FT LAUDERDALE, BD MBR	1 00	X						0	0	0
(4) RAYMOND OCTAVEC GTR FT LAUDERDALE, CHAIRMAN	5 00	X						0	0	0
(5) CARRIE ASH INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(6) JULIE AVENT INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(7) JUSTIN F BLUM INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(8) GLORIA DUDLEY INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(9) RHONDA FRAZIER INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(10) WILLIE GLADDEN INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(11) WILLIAM MORRIS HARRINGTON INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(12) JOHN TROY HENEGAN INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(13) RONALD HENEGAN INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(14) FREDDIE HODGES INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(15) MASON KING INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(16) ELISABETH MCNIEL INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(17) WILHELMINA PEGUES INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(18) LARRY PELHAM INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(19) CAROLYN A PRINCE INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(20) AW ANNIE SELLERS INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(21) DORIS SMITH INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(22) TERRY WHITEHEAD INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(23) BECKY TALBERT INF MARLBORO, BOARD MBR	1 00	X						0	0	0
(24) LARRY MCNEIL INF MARLBORO, CHAIRMAN	5 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(176) WILLIAM H ADAMS III JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
(1) LORIE J HARLOW JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
(2) RONALD HEDGE JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
(3) DAVID HULL JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
(4) RYAN JONES JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
(5) ALAN LEARCH JACKSONVILLE, CHAIR/PRES	5 00	X						0	0	0
(6) KATEENA MANNERS JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
(7) PATRICK MCCABE JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
(8) RACHELLE SUNDY JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
(9) FRANK SURFACE III JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
(10) JOHN CRABTREE JACKSONVILLE, BOARD MBR	1 00	X						0	0	0
(11) W BRANTLEY HARVEY LOUISIANA PROP, BOARD MBR	1 00	X						0	0	0
(12) DAVID B MITCHELL LOUISIANA PROP, BOARD MBR	1 00	X						0	0	0
(13) NEWTON B THOMAS LOUISIANA PROP, BOARD MBR	1 00	X						0	0	0
(14) DANIEL J THOMPSON LOUISIANA PROP, BOARD MBR	1 00	X						0	0	0
(15) OB STANDER LOUISIANA PROP, BOARD MBR	1 00	X						0	0	0
(16) JESSE W RIGBY LOUISIANA PROP, CHAIRMAN	5 00	X						0	0	0
(17) LUIS DE ARMAS MIAMI DADE, BOARD MBR	1 00	X						0	0	0
(18) ALEKSANDRA CUPRYS MIAMI DADE, BOARD MBR	2 00	X						0	0	0
(19) BRANDI HAWKINS MIAMI DADE, BOARD MBR	3 00	X						0	0	0
(20) COREY A LEE MIAMI DADE, BOARD MBR	1 00	X						0	0	0
(21) LAISE LOWACHEE MIAMI DADE, BOARD MBR	1 00	X						0	0	0
(22) CRAIG MILAN MIAMI DADE, BOARD MBR	1 00	X						0	0	0
(23) JESUS ROMERO MIAMI DADE, BOARD MBR	2 00	X						0	0	0
(24) VT WILLIAMS MIAMI DADE, 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			
(201) RICARDO VALDIVIA MIAMI DADE, BOARD MBR	1 00	X						0	0	0
(1) LYNDA L LAMBERT MIAMI DADE, PRESIDENT	5 00	X						0	0	0
(2) JORGE ALVAREZ MIAMI DADE, CHAIRMAN	5 00	X						0	0	0
(3) WILLIAM GRIFFIN MISSOURI, BOARD MBR	1 00	X						0	0	0
(4) MIKE THORNTON MISSOURI, BOARD MBR	1 00	X						0	0	0
(5) W BRANTLEY HARVEY NEW MEXICO PROP, BOARD MBR	1 00	X						0	0	0
(6) DAVID B MITCHELL NEW MEXICO PROP, BOARD MBR	1 00	X						0	0	0
(7) NEWTON B THOMAS NEW MEXICO PROP, BOARD MBR	1 00	X						0	0	0
(8) DANIEL J THOMPSON NEW MEXICO PROP, BOARD MBR	1 00	X						0	0	0
(9) OB STANDER NEW MEXICO PROP, BOARD MBR	1 00	X						0	0	0
(10) JESSE W RIGBY NEW MEXICO PROP, CHAIRMAN	5 00	X						0	0	0
(11) MARTY CLAYTON NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
(12) R KENT HARRELL NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
(13) BERT KEMP NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
(14) MIKE MCCOMAS NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
(15) WILLIAM WINDHOLM NC FAMILY SERVICES, BOARD MBR	1 00	X						0	0	0
(16) DANIEL SMITH NC FAMILY SERVICES, CHAIRMAN	5 00	X						0	0	0
(17) W BRANTLEY HARVEY NORTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
(18) DAVID B MITCHELL NORTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
(19) NEWTON B THOMAS NORTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
(20) DANIEL J THOMPSON NORTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
(21) OB STANDER NORTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
(22) JESSE W RIGBY NORTH CAROLINA PROP, CHAIRMAN	5 00	X						0	0	0
(23) MAXIMINOMAXAYALA ORLANDO, BOARD MBR	1 00	X						0	0	0
(24) BRYAN BLAKE ORLANDO, 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			
(226) BRENDON BARBER ORLANDO, BOARD MBR	1 00	X						0	0	0
(1) PERNELL BUSH ORLANDO, BOARD MBR	1 00	X						0	0	0
(2) LYNN G FENSTER ORLANDO, BOARD MBR	1 00	X						0	0	0
(3) JENNIFER GOTLWESKI ORLANDO, BOARD MBR	1 00	X						0	0	0
(4) JAY MARKELL ORLANDO, BOARD MBR	1 00	X						0	0	0
(5) JANELL RAY ORLANDO, BOARD MBR	1 00	X						0	0	0
(6) DOUG WISE ORLANDO, BOARD MBR	1 00	X						0	0	0
(7) MATT CECIL ORLANDO, CHAIRMAN	5 00	X						0	0	0
(8) MILTON ACTON PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(9) SAMUEL T ADAMS PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(10) CAROL BEASLEY PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(11) DAVID BLACKERBY PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(12) TARA GRIFFIN PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(13) TERRY JACK PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(14) JAMES R LOOKER PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(15) MIKE MICHEL PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(16) GENE NAKAMURA PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(17) WILL PALFREY PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(18) LARRY PRESLEY PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(19) BRIAN ROBINSON PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(20) JIM ROBINSON PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(21) GWEEN SELLARS PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(22) PETER SOSTHEIM PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(23) ALAN W SWIGLER PANAMA CITY, BOARD MBR	1 00	X						0	0	0
(24) CATHERINE WYNN 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			
(251) NORMAN GULKIS PANAMA CITY, PRESIDENT	5 00	X						0	0	0
(1) ALVIN PETERS PANAMA CITY, CHAIRMAN	5 00	X						0	0	0
(2) STEVE BIANCO PASCO, BOARD MBR	1 00	X						0	0	0
(3) KAREN BRAYBOY PASCO, BOARD MBR	2 00	X						0	0	0
(4) JAMES COOK PASCO, BOARD MBR	1 00	X						0	0	0
(5) HOWELL GLOVER PASCO, BOARD MBR	1 00	X						0	0	0
(6) LARRY HART PASCO, BOARD MBR	1 00	X						0	0	0
(7) BOB HASE PASCO, BOARD MBR	1 00	X						0	0	0
(8) MARGARET HASE PASCO, BOARD MBR	1 00	X						0	0	0
(9) JEANNE MILLS PASCO, BOARD MBR	1 00	X						0	0	0
(10) STANLEY R MILLS PASCO, BOARD MBR	1 00	X						0	0	0
(11) JOSEPH TRIAS PASCO, BOARD MBR	1 00	X						0	0	0
(12) W LOWELL BRAY PASCO, BOARD MBR	1 00	X						0	0	0
(13) GLEN KIRKLAND PASCO, BOARD MBR	1 00	X						0	0	0
(14) ROBERT YOUNG PASCO, BOARD MBR	1 00	X						0	0	0
(15) STEVEN WILLIAMS PASCO, BOARD MBR	1 00	X						0	0	0
(16) BOB LANGFORD PASCO, CHAIRMAN	5 00	X						0	0	0
(17) RICHARD BRUHN PCMI PROP, BOARD MBR	1 00	X						0	0	0
(18) MIKE MICHEL PCMI PROP, BOARD MBR	1 00	X						0	0	0
(19) JAMES R LOOKER PCMI PROP, BOARD MBR	1 00	X						0	0	0
(20) NORMAN GULKIS PCMI PROP, PRESIDENT	5 00	X						0	0	0
(21) ALVIN PETERS PCMI PROP, CHAIRMAN	5 00	X						0	0	0
(22) MALCOLM BALLINGER PENSACOLA, BOARD MBR	1 00	X						0	0	0
(23) EARL CROSSRIGHT PENSACOLA, BOARD MBR	1 00	X						0	0	0
(24) CALEB CURL PENSACOLA, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(276) MIKE HILL PENSACOLA, BOARD MBR	1 00	X						0	0	0
(1) JEFFREY JEAN-JACQUES PENSACOLA, BOARD MBR	1 00	X						0	0	0
(2) OLIVER JONES PENSACOLA, BOARD MBR	1 00	X						0	0	0
(3) JESSICA LEE PENSACOLA, BOARD MBR	1 00	X						0	0	0
(4) JESSE W RIGBY PENSACOLA, BOARD MBR	1 00	X						0	0	0
(5) DENNIS SHUMAN PENSACOLA, BOARD MBR	1 00	X						0	0	0
(6) RYAN HATLER PENSACOLA, CHAIRMAN	5 00	X						0	0	0
(7) JOHN CARTER PIEDMONT, BOARD MBR	1 00	X						0	0	0
(8) HERB CODINGTON PIEDMONT, BOARD MBR	1 00	X						0	0	0
(9) CHRISSIE COFIELD PIEDMONT, BOARD MBR	1 00	X						0	0	0
(10) JEAN DENMAN PIEDMONT, BOARD MBR	1 00	X						0	0	0
(11) DEBBIE FULTON PIEDMONT, BOARD MBR	1 00	X						0	0	0
(12) DONNA JACKSON PIEDMONT, BOARD MBR	1 00	X						0	0	0
(13) CYNTHIA PITTS PIEDMONT, BOARD MBR	1 00	X						0	0	0
(14) GENE SIMMONS PIEDMONT, BOARD MBR	1 00	X						0	0	0
(15) GEORGE WARD PIEDMONT, BOARD MBR	1 00	X						0	0	0
(16) HAL WHITE PIEDMONT, BOARD MBR	1 00	X						0	0	0
(17) ERNEST SEGARS PIEDMONT, PRESIDENT	5 00	X						0	0	0
(18) JACKIE WILLIAMS PIEDMONT, CHAIRMAN	5 00	X						0	0	0
(19) DIANNE COSTA PINELLAS, BOARD MBR	1 00	X						0	0	0
(20) RICK DANNENILLER PINELLAS, BOARD MBR	1 00	X						0	0	0
(21) DARREN DAVIS PINELLAS, BOARD MBR	1 00	X						0	0	0
(22) MICHAEL GEORGEVICH PINELLAS, BOARD MBR	1 00	X						0	0	0
(23) WATSON HAYNES II PINELLAS, BOARD MBR	1 00	X						0	0	0
(24) MARK P LETTELEIR PINELLAS, 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			
(301) NANCY LOEHR PINELLAS, BOARD MBR	1 00	X						0	0	0
(1) LISA MARONE PINELLAS, BOARD MBR	1 00	X						0	0	0
(2) KEVIN PARKER PINELLAS, BOARD MBR	1 00	X						0	0	0
(3) GREGORY PORTER PINELLAS, BOARD MBR	1 00	X						0	0	0
(4) JIM PREVITERA PINELLAS, BOARD MBR	1 00	X						0	0	0
(5) AMY RETTIG PINELLAS, BOARD MBR	1 00	X						0	0	0
(6) MARLA ROBERTS PINELLAS, BOARD MBR	1 00	X						0	0	0
(7) LISA B DODGE PINELLAS, CHAIRMAN	5 00	X						0	0	0
(8) BENITO OCHOA RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
(9) SERGIO PADILLA RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
(10) CAROL RAUSCH RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
(11) ARMANDO SALAZAR RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
(12) GONZALO SALAZAR RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
(13) TIMOTHY TURBER RIO GRANDE VLY, BOARD MBR	1 00	X						0	0	0
(14) VELMA DE LA GARZA RIO GRANDE VLY, PRESIDENT	5 00	X						0	0	0
(15) KAREN WATT RIO GRANDE VLY, CHAIRMAN	5 00	X						0	0	0
(16) DAMIAN ASHE SAND HILLS, BOARD MBR	1 00	X						0	0	0
(17) HP BROOKS SAND HILLS, BOARD MBR	1 00	X						0	0	0
(18) WAYNE CHAPMAN SAND HILLS, BOARD MBR	1 00	X						0	0	0
(19) JAMES SWEENEY SAND HILLS, BOARD MBR	1 00	X						0	0	0
(20) CONNIE TOWNSEND SAND HILLS, BOARD MBR	1 00	X						0	0	0
(21) ANDREA HAMPTON SAND HILLS, CHAIRMAN	5 00	X						0	0	0
(22) JOHN BATTS SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(23) JOE CAYADITTO SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(24) SHELLY CHIMONI SANDOVAL, BOARD MEMBER	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			
(326) AMY DEATHERAGE SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(1) JIM EATON SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(2) PAT GALLEGOS SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(3) JAMES JORDON SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(4) BILL LANGE SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(5) DON LEONARD SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(6) BERNADINE MARTIN SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(7) INGEBORG VICENTI SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(8) ELIAS M VIGIL SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(9) REX WILSON SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(10) THERESA WOODFILL SANDOVAL, BOARD MEMBER	1 00	X						0	0	0
(11) LUIS MCDONALD SANDOVAL, CHAIRMAN	5 00	X						0	0	0
(12) ROMAN DURAN SANDOVAL, PRESIDENT	5 00	X						0	0	0
(13) ROSEMARY BRACKMAN SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
(14) MIKE THORNTON SAVANNAH RIVER, BOARD MBR	1 00	X						0	0	0
(15) W BRANTLEY HARVEY SOUTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
(16) DAVID B MITCHELL SOUTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
(17) NEWTON B THOMAS SOUTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
(18) DANIEL J THOMPSON SOUTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
(19) OB STANDER SOUTH CAROLINA PROP, BOARD MBR	1 00	X						0	0	0
(20) JESSE W RIGBY SOUTH CAROLINA PROP, CHAIRMAN	5 00	X						0	0	0
(21) KENNETH CAMPBELL SC - STATEWIDE BD	1 00	X						0	0	0
(22) MICHAEL CAVANAUGH SC - STATEWIDE BD CHAIRMAN	1 00	X						0	0	0
(23) JEAN DENMAN SC - STATEWIDE BD	1 00	X						0	0	0
(24) MICHAEL GOODWIN SC - STATEWIDE BD	1 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(351) CELITA HASTIE SC - STATEWIDE BD	1 00	X						0	0	0
(1) DOUGLAS JENNINGS JR SC - STATEWIDE BD	1 00	X						0	0	0
(2) SHANNON JONES SC - STATEWIDE BD	1 00	X						0	0	0
(3) SHANITRIA KITTRELL SC - STATEWIDE BD	1 00	X						0	0	0
(4) BILL MEINEL SC - STATEWIDE BD	1 00	X						0	0	0
(5) ALEX POSTIC SC - STATEWIDE BD	1 00	X						0	0	0
(6) MARTIN WELLS SC - STATEWIDE BD	1 00	X						0	0	0
(7) LARRY MCNEIL SC - STATEWIDE BD	5 00	X						0	0	0
(8) VASILIKI AYOTTE SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(9) WILLIAM CROUCH SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(10) RYAN DOYLE SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(11) STEVEN ERSHOWSKY SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(12) DONALD R FEWELL SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(13) ERIN GAFFNEY SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(14) JOHN INGRAHAM SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(15) RITA KELTNER SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(16) MARVIN L METHENY SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(17) COLE PEACOCK SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(18) KATE WALTER SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(19) HERMAN WILLIAMS SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(20) DANIEL ZEUGIN SOUTHWEST FLOR, BOARD MBR	1 00	X						0	0	0
(21) PHYLLIS ERSHOWSKY SOUTHWEST FLOR, CHAIRMAN	5 00	X						0	0	0
(22) JASON ARTHUR SPACE COAST, BOARD MBR	1 00	X						0	0	0
(23) ERIC AUSTIN SPACE COAST, BOARD MBR	1 00	X						0	0	0
(24) JEAN BANDISH SPACE COAST, BOARD MBR	1 00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(376) WILLIAM BOOTH SPACE COAST, BOARD MBR	1 00	X						0	0	0
(1) BRIAN FISHER SPACE COAST, BOARD MBR	1 00	X						0	0	0
(2) WAYNE IVEY SPACE COAST, BOARD MBR	1 00	X						0	0	0
(3) JANICE KERSHAW SPACE COAST, BOARD MBR	1 00	X						0	0	0
(4) LINDA J MAY SPACE COAST, BOARD MBR	1 00	X						0	0	0
(5) KIMBERLY MUSSELMAN SPACE COAST, BOARD MBR	1 00	X						0	0	0
(6) DAN RICHARDS SPACE COAST, BOARD MBR	1 00	X						0	0	0
(7) BRAD ROUB SPACE COAST, BOARD MBR	1 00	X						0	0	0
(8) RACHEL SADOFF SPACE COAST, BOARD MBR	1 00	X						0	0	0
(9) MICHAEL SCHUR SPACE COAST, BOARD MBR	1 00	X						0	0	0
(10) DAVID SPECTOR SPACE COAST, BOARD MBR	1 00	X						0	0	0
(11) TOM STUDSTILL SPACE COAST, BOARD MBR	1 00	X						0	0	0
(12) ANDY ZIEGLER SPACE COAST, BOARD MBR	1 00	X						0	0	0
(13) DON HERNDON SPACE COAST, PRESIDENT	5 00	X						0	0	0
(14) NEAL E JOHNSON SPACE COAST, CHAIRMAN	5 00	X						0	0	0
(15) BILLY CLOSE TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
(16) SHERI N DEVORE TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
(17) LEWIS K JOHNSON TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
(18) GLENN SAPP TALLAHASSEE, BOARD MBR	1 00	X						0	0	0
(19) BENJAMIN H PINGREE TALLAHASSEE, CHAIR/PRES	5 00	X						0	0	0
(20) DEHART AYALA TAMPA, BOARD MBR	1 00	X						0	0	0
(21) TRAVIS BERRY TAMPA, BOARD MBR	1 00	X						0	0	0
(22) JACK A COHEN TAMPA, BOARD MBR	1 00	X						0	0	0
(23) MARK CRISER TAMPA, BOARD MBR	1 00	X						0	0	0
(24) FLETCHER DAVIDSON TAMPA, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(401) JB DAVIS TAMPA, BOARD MBR	1 00	X						0	0	0
(1) JOHN DEMURO TAMPA, BOARD MBR	1 00	X						0	0	0
(2) THOMAS HERMAN TAMPA, BOARD MBR	1 00	X						0	0	0
(3) LEROY MOORE TAMPA, BOARD MBR	1 00	X						0	0	0
(4) FRANK PYRTLE TAMPA, BOARD MBR	1 00	X						0	0	0
(5) ERIN RYDZINSKI TAMPA, BOARD MBR	1 00	X						0	0	0
(6) DEBBI STONE TAMPA, BOARD MBR	1 00	X						0	0	0
(7) ALLEN THOMPSON TAMPA, BOARD MBR	1 00	X						0	0	0
(8) CHARLES B WEISSMAN TAMPA, BOARD MBR	1 00	X						0	0	0
(9) JAMEY WILSON TAMPA, BOARD MBR	1 00	X						0	0	0
(10) R JUSTIN DAY TAMPA, PRESIDENT	5 00	X						0	0	0
(11) MARK METHENY TAMPA, CHAIRMAN	5 00	X						0	0	0
(12) W BRANTLEY HARVEY TEXAS PROP, BOARD MBR	1 00	X						0	0	0
(13) DAVID B MITCHELL TEXAS PROP, BOARD MBR	1 00	X						0	0	0
(14) NEWTON B THOMAS TEXAS PROP, BOARD MBR	1 00	X						0	0	0
(15) DANIEL J THOMPSON TEXAS PROP, BOARD MBR	1 00	X						0	0	0
(16) OB STANDER TEXAS PROP, BOARD MBR	1 00	X						0	0	0
(17) JESSE W RIGBY TEXAS PROP, CHAIRMAN	5 00	X						0	0	0
(18) BARRY ELSWICK VIRGINIA, BOARD MBR	1 00	X						0	0	0
(19) RAY FOSTER VIRGINIA, BOARD MBR	1 00	X						0	0	0
(20) JOHN KEENE VIRGINIA, BOARD MBR	1 00	X						0	0	0
(21) STEPHEN GRANT VOLUSIA, BOARD MBR	1 00	X						0	0	0
(22) DENZIL SYKES VOLUSIA, CHAIRPERSON	5 00	X						0	0	0
(23) LAURIE BALLENGER WHITE PINES, BOARD MBR	1 00	X						0	0	0
(24) CATHERINE BROWN WHITE PINES, BOARD MBR	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(426) RENEE DEAN WHITE PINES, BOARD MBR	1 00	X						0	0	0
(1) MICKEY GIST WHITE PINES, BOARD MBR	1 00	X						0	0	0
(2) GARY JONES WHITE PINES, BOARD MBR	1 00	X						0	0	0
(3) GARY KASPRZAK WHITE PINES, BOARD MBR	1 00	X						0	0	0
(4) JENNIFER KINDALL WHITE PINES, BOARD MBR	1 00	X						0	0	0
(5) ALONZO THOMPSON WHITE PINES, BOARD MBR	1 00	X						0	0	0
(6) MICHELLE J WILLINGHAM WHITE PINES, BOARD MBR	1 00	X						0	0	0
(7) JAMES WILSON WHITE PINES, BOARD MBR	1 00	X						0	0	0
(8) CARL WRIGHT WHITE PINES, BOARD MBR	1 00	X						0	0	0
(9) DESMOND CATO WHITE PINES, CHAIRMAN	5 00	X						0	0	0
(10) NATHANIEL STEPHEN BAHILL YES, BOARD MBR	1 00	X						0	0	0
(11) MICHAEL BUFFINGTON YES, BOARD MBR	1 00	X						0	0	0
(12) CHARLOTTE CLARK YES, BOARD MBR	1 00	X						0	0	0
(13) JACK A COHEN YES, BOARD MBR	1 00	X						0	0	0
(14) JOHN DEMURO YES, BOARD CHAIRMAN	1 00	X						0	0	0
(15) ALBERT KNIGHT YES, BOARD MBR	1 00	X						0	0	0
(16) TERRI LANCASTER YES, BOARD MBR	1 00	X						0	0	0
(17) ROBERT LUCAS YES, BOARD MBR	1 00	X						0	0	0
(18) JORGE VALIENTE YES, BOARD MBR	1 00	X						0	0	0
(19) JOEL WALTERS YES, BOARD MBR	5 00	X						0	0	0
(20) NICOLAS C PORTER YES, CHAIRMAN	5 00	X						0	0	0
(21) OB STANDER ALL MEMBER PROGRAMS, BOARD MBR	1 00	X						0	0	0
(22) MARJORIE ARRINGTON AT LARGE BOARD MEMBER	1 00	X						0	0	0
(23) HANK BRUSER AT LARGE BOARD MEMBER	1 00	X						0	0	0
(24) JOHN DINKEL AT LARGE BOARD MEMBER	1 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(451) DAVID MITCHELL AT LARGE BOARD MEMBER	1 00	X						0	0	0
(1) PAMELA MOONEY AT LARGE BOARD MEMBER	1 00	X						0	0	0
(2) WILLIAM R MYERS AT LARGE BOARD MEMBER	1 00	X						0	0	0
(3) CHARLES POSTON AT LARGE BOARD MEMBER	1 00	X						0	0	0
(4) GLADYS COLES SC - STATEWIDE BD	1 00	X						0	0	0
(5) DENISE MURPHY BIG CYPRESS, BOARD MBR	1 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.

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

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	64,544,405	61,452,679	45,304,607	42,434,213	45,296,703	259,032,607
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	64,544,405	61,452,679	45,304,607	42,434,213	45,296,703	259,032,607
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)						1,703,769
6 Public support. Subtract line 5 from line 4						257,328,838

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	64,544,405	61,452,679	45,304,607	42,434,213	45,296,703	259,032,607
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,089,217	605,933	545,498	330,933	243,293	2,814,874
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 VI)	2,418,008	1,906,853	8,219,307	282,698	146,384	12,973,250
11 Total support Add lines 7 through 10						274,820,731
12 Gross receipts from related activities, etc (see instructions)					12	610,355

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	93.640 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	93.050 %

16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2013. 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

17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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

2014

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.

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the organization AMIKIDS INC (GROUP)

Employer identification number

59-2878383

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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, lines 1 and 2 (see instructions), 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

2014

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.

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed consent.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and various questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts for revenue and assets.

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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.

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

2 Provide the estimated percentage of the 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

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

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

Table with 3 columns: 3b, Yes, No

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.

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

Part XI Reconciliation of 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 (losses) 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

2014

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.

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 a Total row at the bottom.

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
		CROQUET TOURNAMENT (event type)	AUCTION (event type)	34 (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	97,679	123,993	298,527	520,199
	2 Less Contributions	88,454	49,152	191,248	328,854
	3 Gross income (line 1 minus line 2)	9,225	74,841	107,279	191,345
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		9,750	16,423	26,173
	6 Rent/facility costs	2,778	500	15,832	19,110
	7 Food and beverages	2,511	39,971	11,539	54,021
	8 Entertainment		466		466
	9 Other direct expenses	13,461	15,641	59,290	88,392
	10 Direct expense summary Add lines 4 through 9 in column (d)				
11 Net income summary Subtract line 10 from line 3, column (d)					3,183

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			64,190
Direct Expenses	2 Cash prizes			11,000	11,000
	3 Non-cash prizes				
	4 Rent/facility costs			2,871	2,871
	5 Other direct expenses			5,569	5,569
	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)					19,440
8 Net gaming income summary Subtract line 7 from line 1, column (d)					44,750

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

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

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

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

b If "Yes," explain _____

- 11** Does the organization conduct 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 activities conducted 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 ▶ ROSEMARY BRACKMAN

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 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

2014

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.

Information about Schedule L (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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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 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 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)

Total \$ 91,297

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 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

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

2014

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	AMIKIDS, INC ASSISTS THE GROUP MEMBERS WITH PROCESSING BOAT AND VEHICLE DONATIONS, INCLUDING BUT NOT LIMITED TO TITLE TRANSFERS, VALUATION AND TAX REPORTING

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 990-EZ 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.

2014

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 464 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' SALARY AND INCENTIVE 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 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 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 LAFAYETTE, INC 46-1851386 801 MUDD AVENUE LAFAYETE LA 70501 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 TAMPA FL 33634 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 WHITE PINES, INC 58-2335222 742 T BISHOP ROAD JONESVILLE SC 29353</p>

Return Reference	Explanation
FORM 990, LINE H(B), CONTINUED	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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

**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.**
- ▶ **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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)	Yes	
h Purchase of assets from related organization(s)	Yes	
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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 VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference**Explanation**