

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
AMIKIDS INC (GROUP)
Doing business as
Number and street (or P.O. box if mail is not delivered to street address)
5915 BENJAMIN CENTER DRIVE
Room/suite
City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33634

D Employer identification number
59-2878383

E Telephone number
(813) 887-3300

G Gross receipts \$ 55,064,051

F Name and address of principal officer
MICHAEL A THORNTON
5915 BENJAMIN CENTER DRIVE
TAMPA, FL 33634

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number 8529

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

J Website: WWW AMIKIDS ORG

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 52 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 MORE RESTRICTIVE PROGRAMS

Activities & Governance

Table with 2 columns: Description, Amount. Rows include: 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 (428); 4 Number of independent voting members of the governing body (427); 5 Total number of individuals employed in calendar year 2018 (1,209); 6 Total number of volunteers (1,500); 7a Total unrelated business revenue from Part VIII, column (C), line 12 (2,291); 7b Net unrelated business taxable income from Form 990-T, line 34 (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (51,128,999); 9 Program service revenue (0); 10 Investment income (95,768); 11 Other revenue (2,449,838); 12 Total revenue—add lines 8 through 11 (53,674,605).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (68,850); 14 Benefits paid to or for members (0); 15 Salaries, other compensation, employee benefits (35,665,279); 16a Professional fundraising fees (1,830); 16b Total fundraising expenses (1,830); 17 Other expenses (18,220,259); 18 Total expenses Add lines 13-17 (53,956,218); 19 Revenue less expenses Subtract line 18 from line 12 (-281,613).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (33,013,916); 21 Total liabilities (28,515,228); 22 Net assets or fund balances Subtract line 21 from line 20 (4,498,688).

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

Signature of officer: MARIA PORTO-DUARTE CFO
Date: 2020-05-13

Paid Preparer Use Only
Print/Type preparer's name: CARR RIGGS & INGRAM LLC
Preparer's signature
Date: 2020-05-13
Check if self-employed
PTIN: P00707792
Firm's EIN: 72-1396621
Firm's address: 600 CLEVELAND STREET SUITE 1000 CLEARWATER, FL 33755
Phone no: (727) 446-0504

**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 21,936,174 including grants of \$ 6,999 ) (Revenue \$ 23,280 )  
See Additional Data

**4b** (Code ) (Expenses \$ 21,398,682 including grants of \$ 30,701 ) (Revenue \$ 2,418,211 )  
See Additional Data

**4c** (Code ) (Expenses \$ 9,217,946 including grants of \$ 31,149 ) (Revenue \$ )  
See Additional Data

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

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

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

**4e Total program service expenses** ▶ 52,552,802

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

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

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

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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	304
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	1,209		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		<b>2b</b>	Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b>	Yes		
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .		<b>3b</b>	Yes		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .		<b>4a</b>		No	
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>		No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>		No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		<b>6a</b>		No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		<b>7a</b>	Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>	Yes		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		<b>7d</b>		7	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>		No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>		No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>	Yes		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>			
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .		<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .		<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .		<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year		<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .		<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .		<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>		No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<b>14b</b>			
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .		<b>15</b>		No	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .		<b>16</b>		No	

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



Section A. Governing Body and Management

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 (428); 1b Enter the number of voting members included in line 1a, above, who are independent (427); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (GA, NM); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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: Own website, Another's website, 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 (MARIA PORTO-DUARTE 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			
See Additional Data Table										

**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			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .	▶			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .	▶			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	▶	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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

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

**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 ▶ 0



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	333,097				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	37,162,658				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	8,291,556				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	5,341,688				
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		127,326				
	<b>h Total.</b> Add lines 1a-1f . . . . .			51,128,999			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>9 Total.</b> Add lines 2a-2f . . . . .							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			233,627		233,627	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses		1,127,883	13,193		
		<b>c</b> Gain or (loss)		1,129,796	149,139		
		<b>d</b> Net gain or (loss) . . . . .		-1,913	-135,946		
	<b>8a</b> Gross income from fundraising events (not including \$ 333,097 of contributions reported on line 1c) See Part IV, line 18 . . . . .		<b>a</b>				
	<b>b</b> Less direct expenses . . . . .		<b>b</b>		116,567		
	<b>c</b> Net income or (loss) from fundraising events . . . . .				110,511		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .		<b>a</b>				
	<b>b</b> Less direct expenses . . . . .		<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .				6,056		6,056
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .		<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue		Business Code					
<b>11a</b> MISC INCOME		900099	2,441,491	2,441,491			
<b>b</b> ICE SALE INCOME		900099	2,291		2,291		
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			2,443,782				
<b>12 Total revenue.</b> See Instructions . . . . .			53,674,605	2,441,491	2,291	101,824	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22	68,850	68,850		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	28,201,610	28,201,610		
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,178,942	1,178,942		
<b>9</b> Other employee benefits	4,227,522	4,227,522		
<b>10</b> Payroll taxes	2,057,205	2,057,205		
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	10,111		10,111	
<b>c</b> Accounting	116,696		116,696	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17	1,830			1,830
<b>f</b> Investment management fees	13,146		13,146	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	994,222	876,670	117,552	
<b>12</b> Advertising and promotion	87,787	87,787		
<b>13</b> Office expenses	1,163,618	763,891	399,727	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	1,656,127	1,639,162	16,965	
<b>17</b> Travel	524,369	524,369		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	879,312	853,998	25,314	
<b>20</b> Interest	817,140	817,140		
<b>21</b> Payments to affiliates	2,189,591	1,804,218	385,373	
<b>22</b> Depreciation, depletion, and amortization	1,026,025	1,026,025		
<b>23</b> Insurance	2,472,413	2,252,371	220,042	
<b>24</b> 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.)				
<b>a</b> STUDENT EXPENSES	3,652,604	3,652,604		
<b>b</b> EQUIPMENT & MAINT	2,598,642	2,501,982	96,660	
<b>c</b> MISC	18,456	18,456		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	53,956,218	52,552,802	1,401,586	1,830
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,985,146	<b>1</b>	3,719,179
	<b>2</b> Savings and temporary cash investments . . . . .	5,492,914	<b>2</b>	5,614,631
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	2,102,375	<b>4</b>	2,505,501
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	20,678
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,566,008	<b>9</b>	1,539,472
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 30,224,105		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 21,106,268	9,689,399	<b>10c</b> 9,117,837
	<b>11</b> Investments—publicly traded securities . . . . .	1,747,401	<b>11</b>	2,971,409
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	6,213,377	<b>15</b>	7,525,209
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	29,796,620	<b>16</b>	33,013,916	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,726,159	<b>17</b>	4,204,959
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	169,486	<b>19</b>	1,245,492
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> 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 . . . . .	122,061	<b>22</b>	119,388
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	968,491	<b>23</b>	884,242
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	20,075,307	<b>25</b>	22,061,147
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	25,061,504	<b>26</b>	28,515,228
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,364,465	<b>27</b>	2,165,108
	<b>28</b> Temporarily restricted net assets . . . . .	2,334,665	<b>28</b>	2,294,908
	<b>29</b> Permanently restricted net assets	35,986	<b>29</b>	38,672
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	4,735,116	<b>33</b>	4,498,688	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	29,796,620	<b>34</b>	33,013,916	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	53,674,605
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	53,956,218
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-281,613
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,735,116
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	45,184
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	4,498,688

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>	Yes	
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2878383

**Name:** AMIKIDS INC  
(GROUP)

Form 990 (2018)

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### **Form 990, Part III, Line 4a:**

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. THIS 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.

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**Form 990, Part III, Line 4b:**

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.

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**Form 990, Part III, Line 4c:**

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

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**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			
CHERYL T BOWIE ..... ACADIANA, BOARD CHAIR	5 00 .....	X						0	0	0
MICHAEL BERARD ..... ACADIANA, BOARD MBR	1 00 .....	X						0	0	0
TONY GORDON ..... ACADIANA, BOARD MBR	1 00 .....	X						0	0	0
CLAY HENRY ..... ACADIANA, BOARD MBR	1 00 .....	X						0	0	0
LENNY LEMOINE ..... ACADIANA, BOARD MBR	1 00 .....	X						0	0	0
KYLE LOVE ..... ACADIANA, BOARD MBR	1 00 .....	X						0	0	0
MILDRED METHVIN ..... ACADIANA, BOARD MBR	1 00 .....	X						0	0	0
MIKE NEUSTROM ..... ACADIANA, BOARD MBR	1 00 .....	X						0	0	0
JERRY PREJEAN ..... ACADIANA, BOARD MBR	1 00 .....	X						0	0	0
JOHN RAINEY ..... ACADIANA, BOARD MBR	5 00 .....	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHYLLIS THIBODEAUX ..... ACADIANA, BOARD MBR	1 00 .....	X						0	0	0
MICHAEL THORNTON ..... ALABAMA, BOARD MBR	1 00 .....	X						0	0	0
ROSEMARY BRACKMAN ..... ALABAMA, BOARD MBR	1 00 .....	X						0	0	0
MARIA PORTO-DUARTE ..... ALABAMA, BOARD MBR	1 00 .....	X						0	0	0
MICHAEL THORNTON ..... ALL MEMBER PROGRAMS, BOARD MBR	1 00 .....	X						0	0	0
HANK BRUSER ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
JOHN DINKEL ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
RICHARD DIX ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
MICHAEL FAIR ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
KATHLEEN HEIDI ..... AT LARGE 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			
JOE LETTLLEIR ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
NANCY LOEHR ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
DARRELL JENSEN ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
DAVID MITCHELL ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
PAMELA MOONEY ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
ROD PETREY ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
NICK PORTER ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
MICHAEL TRIPLETT ..... AT LARGE BOARD MEMBER	1 00 .....	X						0	0	0
TERRY GEITNER ..... BAEUFORT, BOARD MBR	1 00 .....	X						0	0	0
TROY D HEBERT ..... BATON ROUGE, BOARD CHAIR	5 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRENDA BIRKETT ..... BATON ROUGE, BOARD MBR	1 00 .....	X						0	0	0
BRETT N BRINSON ..... BATON ROUGE, BOARD MBR	1 00 .....	X						0	0	0
PATRICK MARTIN ..... BATON ROUGE, BOARD MBR	1 00 .....	X						0	0	0
DONNA M MAYEUX ..... BATON ROUGE, BOARD MBR	1 00 .....	X						0	0	0
BRENTON PERCELL ..... BATON ROUGE, BOARD MBR	1 00 .....	X						0	0	0
BART PHILLIPS ..... BATON ROUGE, BOARD MBR	1 00 .....	X						0	0	0
N LARON PHILLIPS ..... BATON ROUGE, BOARD MBR	1 00 .....	X						0	0	0
NEWTON B THOMAS ..... BATON ROUGE, BOARD MBR	1 00 .....	X						0	0	0
ERIC LANE ..... BATON ROUGE, BOARD MBR	1 00 .....	X						0	0	0
CURTIS A CALLOWAY ..... BATON ROUGE, BOARD MBR	1 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIC LANE ..... BATON ROUGE, PRESIDENT	5 00 .....	X						0	0	0
JOHN HARRIS ..... BEAUFORT, BOARD CHAIR	5 00 .....	X						0	0	0
CARL ALSTON ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
BILL ANTLEY ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
DARRELL BAUER ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
KEVIN DUKES ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
KENDALL ERICKSON ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
BILL EVANS ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
MALCOLM GOODRIDGE ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
MIKE HARRIS ..... 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			
W BRANTLEY HARVEY ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
STANLEY HERGOTT ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
HAMPTON LONG ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
STEVE MENDOZA ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
JIM PALMER ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
LAWRENCE PECK ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
EDWARD TAYLOR ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
PHYLLIS WHITE ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
JIMMY BOOZER ..... BEAUFORT, BOARD MBR	1 00 .....	X						0	0	0
JOHN WILLIAMS ..... BEAUFORT, 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			
ROSEMARY BRACKMAN ..... BEHAVIORAL HEALTH, BOARD MBR	1 00 .....	X						0	0	0
MARIA PORTO-DUARTE ..... BEHAVIORAL HEALTH, BOARD MBR	1 00 .....	X						0	0	0
MICHAEL THORNTON ..... BEHAVIORAL HEALTH, BOARD MBR	1 00 .....	X						0	0	0
LARRY MCNEIL ..... BENNETTSTVILLE, BOARD CHAIR	5 00 .....	X						0	0	0
JULIE AVENT ..... BENNETTSTVILLE, BOARD MBR	1 00 .....	X						0	0	0
CARRIE ASH ..... BENNETTSTVILLE, BOARD MBR	1 00 .....	X						0	0	0
JUSTIN F BLUM ..... BENNETTSTVILLE, BOARD MBR	1 00 .....	X						0	0	0
HANAH CHEEKS ..... BENNETTSTVILLE, BOARD MBR	1 00 .....	X						0	0	0
EDDIE DAVIS ..... BENNETTSTVILLE, BOARD MBR	1 00 .....	X						0	0	0
RHONDA FRAZIER ..... BENNETTSTVILLE, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILHELMINA GLADDEN ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
WILLIE GLADDEN ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
BENJAMIN GOODWIN ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
WILLIAM MORRIS HARRINGTON ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
JOHN TROY HENEGAN ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
RONALD HENEGAN ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
DEIDRE HEPBURN ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
FREDDIE HODGES ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
ASHLEY JOHNSON ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
DAVID S JOHNSON ..... BENNETTSVILLE, 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			
ROBERT JOHNSON ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
MASON KING ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
KIM MCLAURIN ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
ELISABETH MCNIEL ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
JULIUS PARNELL ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
VANESSA PEARSON ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
CAROLYN PRINCE ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
MARLON PRINCE ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
BRYAN SINGLETARY ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
DORIS SMITH ..... BENNETTSVILLE, 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			
LARRY TURNER ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
GAILON WISDOM ..... BENNETTSVILLE, BOARD MBR	1 00 .....	X						0	0	0
BECKY TALBERT ..... BENNETTSVILLE, BOARD VICE CHAIR	5 00 .....	X						0	0	0
GENERAL PEYTON COLE ..... CADDO, BOARD CHAIR	5 00 .....	X						0	0	0
SANDY CIMINO ..... CADDO, BOARD MBR	1 00 .....	X						0	0	0
TED COX ..... CADDO, BOARD MBR	1 00 .....	X						0	0	0
KLAY HARRISON ..... CADDO, BOARD MBR	1 00 .....	X						0	0	0
ROBERT MADISON SR ..... CADDO, BOARD MBR	1 00 .....	X						0	0	0
J DREW MOORE ..... CADDO, BOARD MBR	1 00 .....	X						0	0	0
TERRY PETZOLD ..... CADDO, 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			
ANGELA SHEPPARD ..... CLAY, BOARD CHAIR	5 00 .....	X						0	0	0
TRACY MAXWELL ..... CLAY, BOARD MBR	1 00 .....	X						0	0	0
APRIL MURDAUGH ..... CLAY, BOARD MBR	1 00 .....	X						0	0	0
LANTANYA PETERSON ..... CLAY, BOARD MBR	1 00 .....	X						0	0	0
JACQUILINE REID ..... CLAY, BOARD MBR	1 00 .....	X						0	0	0
NICOLE SAUNDERS ..... CLAY, BOARD MBR	1 00 .....	X						0	0	0
JORDAN CASTILLOW ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
CINDY RIGGENBACH BOARD CHAIR ..... EMERALD COAST, BOARD CHAIR	5 00 .....	X						0	0	0
MICHAEL ANDERSON ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
KATIE BYRD ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLA COTTON ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
ERIC ESMOND ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
TRISHA GRAHAM ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
TRACY HART ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
MARISSA LOWE ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
JEREMY MILLER ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
CHARLES NOONAN ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
JONATHAN SLATER ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
LUKE YUHICO ..... EMERALD COAST, BOARD MBR	1 00 .....	X						0	0	0
MICHAEL THORNTON ..... FAMILY SERVICES, 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			
ROSEMARY BRACKMAN ..... FAMILY SERVICES, BOARD MBR	1 00 .....	X						0	0	0
MARIA PORTO-DUARTE ..... FAMILY SERVICES, BOARD MBR	1 00 .....	X						0	0	0
NEWTON B THOMAS ..... FLORIDA PROP, BOARD CHAIR	0 10 .....	X						0	0	0
W BRANTLEY HARVEY ..... FLORIDA PROP, BOARD MBR	0 10 .....	X						0	0	0
DAVID B MITCHELL ..... FLORIDA PROP, BOARD MBR	0 10 .....	X						0	0	0
DANIEL J THOMPSON ..... FLORIDA PROP, BOARD MBR	0 10 .....	X						0	0	0
MICHAEL THORNTON ..... FLORIDA PROP, BOARD MBR	0 10 .....	X						0	0	0
JESSE W RIGBY ..... FLORIDA PROP, BOARD MBR	0 10 .....	X						0	0	0
MARK CRISER ..... FOUNDATION, BOARD CHAIR	5 00 .....	X						0	0	0
MELANIE A CIANCOTTO ..... FOUNDATION, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID J HULL ..... FOUNDATION, BOARD MBR	1 00 .....	X						0	0	0
MARVIN L METHENY ..... FOUNDATION, BOARD MBR	1 00 .....	X						0	0	0
PAMELA J MOONEY ..... FOUNDATION, BOARD MBR	1 00 .....	X						0	0	0
ROD PETREY ..... FOUNDATION, BOARD MBR	1 00 .....	X						0	0	0
OTIS B STANDER ..... FOUNDATION, BOARD MBR	1 00 .....	X						0	0	0
NEWTON B THOMAS ..... FOUNDATION, BOARD MBR	1 00 .....	X						0	0	0
DANIEL J THOMPSON ..... FOUNDATION, BOARD MBR	1 00 .....	X						0	0	0
ALISON K TOWNSEND ..... FOUNDATION, BOARD MBR	1 00 .....	X						0	0	0
ANTHONY TRAVIESA ..... FOUNDATION, BOARD MBR	1 00 .....	X						0	0	0
GREGORY DOWNING ..... GADSDEN CENTER, BOARD CHAIR	5 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARKARIUS BENTLEY ..... GADSDEN CENTER, BOARD MBR	1 00 .....	X						0	0	0
NATALIE DUPONT-BRADWELL ..... GADSDEN CENTER, BOARD MBR	1 00 .....	X						0	0	0
GLENN SAPP ..... GADSDEN CENTER, BOARD MBR	1 00 .....	X						0	0	0
BRYAN MCDONALD ..... GAINESVILLE, BOARD CHAIR	5 00 .....	X						0	0	0
ASHLEY BRYANT ..... GAINESVILLE, BOARD MBR	1 00 .....	X						0	0	0
APRIL GREEN ..... GAINESVILLE, BOARD MBR	1 00 .....	X						0	0	0
JOEL HOUSTON ..... GAINESVILLE, BOARD MBR	1 00 .....	X						0	0	0
JOE MUNSON ..... GAINESVILLE, BOARD MBR	1 00 .....	X						0	0	0
KRISTIN PICKENS ..... GAINESVILLE, BOARD MBR	1 00 .....	X						0	0	0
KELVIN WAITES ..... GEORGETOWN, BOARD CHAIR	5 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WHEELER BAKER ..... GEORGETOWN, BOARD MBR	1 00 .....	X						0	0	0
KIRBY COKER ..... GEORGETOWN, BOARD MBR	1 00 .....	X						0	0	0
LAWLY P FORD ..... GEORGETOWN, BOARD MBR	1 00 .....	X						0	0	0
REBECCA HEARL ..... GEORGETOWN, BOARD MBR	1 00 .....	X						0	0	0
MELVIN HUELL ..... GEORGETOWN, BOARD MBR	1 00 .....	X						0	0	0
AH LACHICOTTE ..... GEORGETOWN, BOARD MBR	1 00 .....	X						0	0	0
TYRON MCCRAY ..... GEORGETOWN, BOARD MBR	1 00 .....	X						0	0	0
BENEDICT ROSEN ..... GEORGETOWN, BOARD MBR	1 00 .....	X						0	0	0
DI WILSON ..... GEORGETOWN, BOARD MBR	1 00 .....	X						0	0	0
PAUL GARDNER ..... GEORGETOWN, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NEWTON B THOMAS ..... GEORGIA PROPS, BOARD CHAIR	0 10 .....	X						0	0	0
W BRANTLEY HARVEY ..... GEORGIA PROPS, BOARD MBR	0 10 .....	X						0	0	0
DAVID B MITCHELL ..... GEORGIA PROPS, BOARD MBR	0 10 .....	X						0	0	0
DANIEL J THOMPSON ..... GEORGIA PROPS, BOARD MBR	0 10 .....	X						0	0	0
MICHAEL THORNTON ..... GEORGIA PROPS, BOARD MBR	0 10 .....	X						0	0	0
JESSE W RIGBY ..... GEORGIA PROPS, BOARD MBR	0 10 .....	X						0	0	0
MICHAEL THORNTON ..... GEORGIA, BOARD MBR	1 00 .....	X						0	0	0
ROSEMARY BRACKMAN ..... GEORGIA, BOARD MBR	1 00 .....	X						0	0	0
MARIA PORTO-DUARTE ..... GEORGIA, BOARD MBR	1 00 .....	X						0	0	0
MARC WELCH ..... GTR FT LAUDERDALE, BOARD CHAIR	5 00 .....	X						0	0	0



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		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD B FORUM ..... GTR FT LAUDERDALE, BOARD MBR	1 00 .....	X						0	0	0
ADAM GRANIT ..... GTR FT LAUDERDALE, BOARD MBR	1 00 .....	X						0	0	0
LONNIE GREENBERG ..... GTR FT LAUDERDALE, BOARD MBR	1 00 .....	X						0	0	0
JEFFREY HERSHMAN ..... GTR FT LAUDERDALE, BOARD MBR	1 00 .....	X						0	0	0
ANDREW HIGH ..... GTR FT LAUDERDALE, BOARD MBR	1 00 .....	X						0	0	0
FRANK A ORLANDO ..... GTR FT LAUDERDALE, BOARD MBR	1 00 .....	X						0	0	0
MICHAEL J ORLANDO ..... GTR FT LAUDERDALE, BOARD MBR	1 00 .....	X						0	0	0
CHRISTOPHER PALAMARA ..... GTR FT LAUDERDALE, BOARD MBR	1 00 .....	X						0	0	0
RYAN RABATIN ..... GTR FT LAUDERDALE, BOARD MBR	1 00 .....	X						0	0	0
SHERRIE POITIER-LISCOMBE ..... GTR FT LAUDERDALE, 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			
LARRY MCNEIL ..... INF MARLBORO, BOARD CHAIR	5 00 .....	X						0	0	0
BECKY TALBERT ..... INF MARLBORO, BOARD MBR	5 00 .....	X						0	0	0
JULIE AVENT ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
CARRIE ASH ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
JUSTIN F BLUM ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
HANAH CHEEKS ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
EDDIE DAVIS ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
RHONDA FRAZIER ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
WILHELMINA GLADDEN ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
WILLIE GLADDEN ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN GOODWIN ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
WILLIAM MORRIS HARRINGTON ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
JOHN TROY HENEGAN ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
RONALD HENEGAN ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
DEIDRE HEPBURN ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
FREDDIE HODGES ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
ASHLEY JOHNSON ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
DAVID S JOHNSON ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
ROBERT JOHNSON ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
MASON KING ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
KIM MCLAURIN ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
ELISABETH MCNIEL ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
JULIUS PARNELL ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
VANESSA PEARSON ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
CAROLYN PRINCE ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
MARLON PRINCE ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
BRYAN SINGLETARY ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
DORIS SMITH ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
LARRY TURNER ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0
GAILON WISDOM ..... INF MARLBORO, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MONICA LEACH ..... INF WAKE, BOARD CHAIR	5 00 .....	X						0	0	0
JASON MAHONEY ..... INF WAKE, BOARD MBR	1 00 .....	X						0	0	0
CEDRIC NELSON ..... INF WAKE, BOARD MBR	1 00 .....	X						0	0	0
BRADLEY NEWMAN ..... INF WAKE, BOARD MBR	1 00 .....	X						0	0	0
CHRISTOPHER SOLOMON ..... INF WAKE, BOARD MBR	1 00 .....	X						0	0	0
ONTARIO WOODEN ..... INF WAKE, BOARD MBR	1 00 .....	X						0	0	0
JULIE PROCTOR ..... JACKSONVILLE, BOARD CHAIR	5 00 .....	X						0	0	0
HARPER BRYAN ..... JACKSONVILLE, BOARD MBR	1 00 .....	X						0	0	0
DAVID HULL ..... JACKSONVILLE, BOARD MBR	1 00 .....	X						0	0	0
ALAN LEARCH ..... JACKSONVILLE, 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			
CHARICE LEE ..... JACKSONVILLE, BOARD MBR	1 00 .....	X						0	0	0
KATEENA MANNERS ..... JACKSONVILLE, BOARD MBR	1 00 .....	X						0	0	0
REBECCA MOORE ..... JACKSONVILLE, BOARD MBR	1 00 .....	X						0	0	0
FRANK SURFACE III ..... JACKSONVILLE, BOARD MBR	1 00 .....	X						0	0	0
JENNIFER WILLIAMS ..... JACKSONVILLE, BOARD MBR	1 00 .....	X						0	0	0
RYAN JONES ..... JACKSONVILLE, BOARD MBR	1 00 .....	X						0	0	0
NEWTON B THOMAS ..... LOUISIANA PROP, BOARD CHAIR	0 10 .....	X						0	0	0
W BRANTLEY HARVEY ..... LOUISIANA PROP, BOARD MBR	0 10 .....	X						0	0	0
DAVID B MITCHELL ..... LOUISIANA PROP, BOARD MBR	0 10 .....	X						0	0	0
DANIEL J THOMPSON ..... LOUISIANA PROP, BOARD MBR	0 10 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL THORNTON ..... LOUISIANA PROP, BOARD MBR	0 10 .....	X						0	0	0
JESSE W RIGBY ..... LOUISIANA PROP, BOARD MBR	0 10 .....	X						0	0	0
HARRY TRAYLOR ..... MANATEE, BOARD CHAIR	5 00 .....	X						0	0	0
ANDREW CHAPMAN ..... MANATEE, BOARD MBR	1 00 .....	X						0	0	0
JILL GASS ..... MANATEE, BOARD MBR	1 00 .....	X						0	0	0
JOSEPH KELLY ..... MANATEE, BOARD MBR	1 00 .....	X						0	0	0
ELOISE LISCH ..... MANATEE, BOARD MBR	1 00 .....	X						0	0	0
DIANA NIEVES-OAKE ..... MANATEE, BOARD MBR	1 00 .....	X						0	0	0
JARED PAULSON ..... MANATEE, BOARD MBR	1 00 .....	X						0	0	0
SCOTT TYLER ..... MANATEE, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDGE CHARLES SNIFFIN ..... MANATEE, BOARD MBR	1 00 .....	X						0	0	0
DAVID WYMER ..... MANATEE, BOARD MBR	1 00 .....	X						0	0	0
JORGE ALVAREZ ..... MIAMI DADE, BOARD CHAIR	5 00 .....	X						0	0	0
AMADO ALBELO ..... MIAMI DADE, BOARD MBR	1 00 .....	X						0	0	0
LUIS DE ARMAS ..... MIAMI DADE, BOARD MBR	1 00 .....	X						0	0	0
ALEKSANDRA CUPRYS ..... MIAMI DADE, BOARD MBR	1 00 .....	X						0	0	0
SUMMER DENNIS ..... MIAMI DADE, BOARD MBR	1 00 .....	X						0	0	0
LYNDALL LAMBERT ..... MIAMI DADE, BOARD MBR	1 00 .....	X						0	0	0
LAISE LOWACHEE ..... MIAMI DADE, BOARD MBR	1 00 .....	X						0	0	0
TRACEY NICHOLS ..... 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			
JESUS ROMERO ..... MIAMI DADE, BOARD MBR	1 00 .....	X						0	0	0
JOSHUA VEGA ..... MIAMI DADE, BOARD MBR	1 00 .....	X						0	0	0
ROBIN WEST ..... MIAMI DADE, BOARD MBR	1 00 .....	X						0	0	0
VT WILLIAMS ..... MIAMI DADE, BOARD MBR	1 00 .....	X						0	0	0
COREY A LEE ..... MIAMI DADE, PRESIDENT	5 00 .....	X						0	0	0
MONICA LEACH ..... NC FAMILY SERVICES, BOARD CHAIR	5 00 .....	X						0	0	0
JASON MAHONEY ..... NC FAMILY SERVICES, BOARD MBR	1 00 .....	X						0	0	0
CEDRIC NELSON ..... NC FAMILY SERVICES, BOARD MBR	1 00 .....	X						0	0	0
BRADLEY NEWMAN ..... NC FAMILY SERVICES, BOARD MBR	1 00 .....	X						0	0	0
CHRISTOPHER SOLOMON ..... NC FAMILY SERVICES, 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			
ONTARIO WOODEN ..... NC FAMILY SERVICES, BOARD MBR	1 00 .....	X						0	0	0
NEWTON B THOMAS ..... NEW MEXICO PROP, BOARD CHAIR	0 10 .....	X						0	0	0
W BRANTLEY HARVEY ..... NEW MEXICO PROP, BOARD MBR	0 10 .....	X						0	0	0
DAVID B MITCHELL ..... NEW MEXICO PROP, BOARD MBR	0 10 .....	X						0	0	0
DANIEL J THOMPSON ..... NEW MEXICO PROP, BOARD MBR	0 10 .....	X						0	0	0
MICHAEL THORNTON ..... NEW MEXICO PROP, BOARD MBR	0 10 .....	X						0	0	0
JESSE W RIGBY ..... NEW MEXICO PROP, BOARD MBR	0 10 .....	X						0	0	0
NEWTON B THOMAS ..... NORTH CAROLINA PROP, BOARD MBR	0 10 .....	X						0	0	0
W BRANTLEY HARVEY ..... NORTH CAROLINA PROP, BOARD MBR	0 10 .....	X						0	0	0
DANIEL J THOMPSON ..... NORTH CAROLINA PROP, BOARD MBR	0 10 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL THORNTON ..... NORTH CAROLINA PROP, BOARD MBR	0 10 .....	X						0	0	0
JESSE W RIGBY ..... NORTH CAROLINA PROP, BOARD MBR	0 10 .....	X						0	0	0
AMIRAH JOHNSON ..... ORLANDO, BOARD CHAIR	5 00 .....	X						0	0	0
WILLIAM ASBURY ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
DANIELA BETANCOURT ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
PERNELL BUSH ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
TRACI DEEN ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
ASHLEY GAY ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
FRANCISCO GONZALEZ ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
JEROME MILLER ..... 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			
NELSON PENA ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
KAREN PURNELL-ENGRAM ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
SHARON RIVERA ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
RAPLPH SEEOBIN ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
DOUG WISE ..... ORLANDO, BOARD MBR	5 00 .....	X						0	0	0
CODEYE WOODY ..... ORLANDO, BOARD MBR	1 00 .....	X						0	0	0
CATHERINE WYNN ..... PANAMA CITY, BOARD CHAIR	5 00 .....	X						0	0	0
MILTON ACTON ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
TOM ADAMS ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
LAVOY ANDERSON ..... 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			
DAVID BLACKERBY ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
RICHARD BRUHN ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
JAMES COOK ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
TOMMY FORD ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
TARA GRIFFIN ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
TERRY JACK ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
JAMES R LOOKER ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
MIKE MICHEL ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
WILL PALFREY ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
ALVIN PETERS ..... 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			
LARRY PRESLEY ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
BRIAN ROBINSON ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
JIM ROBINSON ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
CECILE SCOON ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
GWENN SELLARS ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
PETER SOSTHEIM ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
MELISSA TRAXLER ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
ALAN W SWIGLER ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
RICHARD WHITE ..... PANAMA CITY, BOARD MBR	1 00 .....	X						0	0	0
DAVID BLACKERBY ..... PCMI PROP, BOARD CHAIR	0 10 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BRUHN ..... PCMI PROP, BOARD MBR	0 10 .....	X						0	0	0
MIKE MICHEL ..... PCMI PROP, BOARD MBR	0 10 .....	X						0	0	0
JAMES R LOOKER ..... PCMI PROP, BOARD MBR	0 10 .....	X						0	0	0
NORMAN GULKIS ..... PCMI PROP, BOARD MBR	0 10 .....	X						0	0	0
ALVIN PETERS ..... PCMI PROP, BOARD MBR	0 10 .....	X						0	0	0
CATHERINE WYNN ..... PCMI PROP, BOARD MBR	0 10 .....	X						0	0	0
LAURA BRANCH ..... PCMI PROP, BOARD MBR	0 10 .....	X						0	0	0
RYAN HATLER ..... PENSACOLA, BOARD CHAIR	5 00 .....	X						0	0	0
MALCOLM BALLINGER ..... PENSACOLA, BOARD MBR	1 00 .....	X						0	0	0
LAURA BRANCH ..... 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			
JACK BROWN ..... PENSACOLA, BOARD MBR	1 00 .....	X						0	0	0
JESSE CASEY ..... PENSACOLA, BOARD MBR	1 00 .....	X						0	0	0
MEREDITH CRAWFORD ..... PENSACOLA, BOARD MBR	1 00 .....	X						0	0	0
EARL CROSSWRIGHT ..... PENSACOLA, BOARD MBR	1 00 .....	X						0	0	0
STEPHANIE HOFFMAN ..... PENSACOLA, BOARD MBR	1 00 .....	X						0	0	0
MIKE HILL ..... PENSACOLA, BOARD MBR	1 00 .....	X						0	0	0
KISHANE PATEL ..... PENSACOLA, BOARD MBR	1 00 .....	X						0	0	0
DENNIS SHUMAN ..... PENSACOLA, BOARD MBR	1 00 .....	X						0	0	0
JESSE W RIGBY ..... PENSACOLA, BOARD MBR	1 00 .....	X						0	0	0
KENDALL GIVINS-LITTLE ..... PIEDMONT, BOARD CHAIR	5 00 .....	X						0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVEN EVANS ..... PIEDMONT, BOARD MBR	1 00 .....	X						0	0	0
CYNTHIA PITTS ..... PIEDMONT, BOARD MBR	1 00 .....	X						0	0	0
HENRY SIMMONS ..... PIEDMONT, BOARD MBR	1 00 .....	X						0	0	0
DONNA JACKSON ..... PIEDMONT, BOARD MBR	1 00 .....	X						0	0	0
BARRY WILSON ..... PIEDMONT, BOARD MBR	1 00 .....	X						0	0	0
GREG PORTER ..... PINELLAS, BOARD CHAIR	5 00 .....	X						0	0	0
ROBIN BURTON ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
JEFF BURZINSKI ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
DARREN DAVIS ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
LISA DODGE ..... 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			
MICHAEL GEORGEVICH ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
WATSON HAYNES II ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
MARK LETTLLEIR ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
CHRISTINA MACKEY ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
KEVIN PARKER ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
MELINDA PERRY ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
JIM PREVITERA ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
AMY RETTIG ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
STEVEN WARMINGTON ..... PINELLAS, BOARD MBR	1 00 .....	X						0	0	0
DARRYL WILSON ..... 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			
JOE LETTLLEIR ..... PINELLAS, PRESIDENT	5 00 .....	X						0	0	0
JARON BERMAN ..... RIO GRANDE VLY, BOARD CHAIR	5 00 .....	X						0	0	0
VELMA DE LA GARZA ..... RIO GRANDE VLY, BOARD MBR	1 00 .....	X						0	0	0
DONNA EYMARD ..... RIO GRANDE VLY, BOARD MBR	1 00 .....	X						0	0	0
BRUCE LOWNSBERRY ..... RIO GRANDE VLY, BOARD MBR	1 00 .....	X						0	0	0
BENITO OCHOA III ..... RIO GRANDE VLY, BOARD MBR	1 00 .....	X						0	0	0
CAROL RAUSCH ..... RIO GRANDE VLY, BOARD MBR	1 00 .....	X						0	0	0
GONZALO SALAZAR ..... RIO GRANDE VLY, BOARD MBR	1 00 .....	X						0	0	0
HILDA SILVA ..... RIO GRANDE VLY, BOARD MBR	1 00 .....	X						0	0	0
TIMOTHY THURBER ..... RIO GRANDE VLY, 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			
KAREN WATT ..... RIO GRANDE VLY, BOARD MBR	1 00 .....	X						0	0	0
ARMANDO SALAZAR ..... RIO GRANDE VLY, BOARD MBR	1 00 .....	X						0	0	0
JAMES DIXON ..... SAND HILLS, BOARD CHAIR	5 00 .....	X						0	0	0
GUSTAF ANDERSON ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
SHARON BENNETT ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
AMANDA BLACKWELL-GASKINS ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
HP BROOKS ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
JONATHAN CHRISTIAN-HODGES ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
SHEKITA SINCLAIR COVINGTON ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
PATRICIA DIXON ..... SAND HILLS, 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			
STEVEN DOUGLAS ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
SADE DUDLEY ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
FREDERICK FREEMAN ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
JJ JOHNSON ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
TONETTE JONES ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
CYNTHIA MCCORMICK ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
JOHNNIE MCCLENDON ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
JONI PENDERGRASS ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
NATHAN PHILLIPS ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
JAMES SWEENEY ..... SAND HILLS, 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			
CONNIE NIVENS - TOWNSEND ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
SPENCE VAUGHN ..... SAND HILLS, BOARD MBR	1 00 .....	X						0	0	0
EDWARD LOVATO ..... SANDOVAL, BOARD CHAIR	5 00 .....	X						0	0	0
AMY DEATHERAGE ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0
CLEMENTINA GARZA ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0
DON LEONARD ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0
BERNADINE MARTIN ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0
JENNIFER MCDONALD ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0
LOUIS MCDONALD ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0
JOYCE NASEYOWMA-CHALAN ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGIA RIROU ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0
LORRAINE RUGGLES ..... SANDOVAL, PRESIDENT	5 00 .....	X						0	0	0
TOM SWISSTACK ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0
RON WEST ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0
TERESA WOODFILL ..... SANDOVAL, BOARD MBR	1 00 .....	X						0	0	0
JULIE CANNON ..... SAVANNAH RIVER, PRESIDENT	5 00 .....	X						0	0	0
NEWTON B THOMAS ..... SOUTH CAROLINA PROP, BOARD CHAIR	0 10 .....	X						0	0	0
W BRANTLEY HARVEY ..... SOUTH CAROLINA PROP, BOARD MBR	0 10 .....	X						0	0	0
DAVID B MITCHELL ..... SOUTH CAROLINA PROP, BOARD MBR	0 10 .....	X						0	0	0
DANIEL J THOMPSON ..... SOUTH CAROLINA PROP, BOARD MBR	0 10 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
OB STANDER ..... SOUTH CAROLINA PROP, BOARD MBR	0 10 .....	X						0	0	0
JESSE W RIGBY ..... SOUTH CAROLINA PROP, BOARD MBR	0 10 .....	X						0	0	0
RICHARD FAIN ..... SOUTHWEST FLOR, BOARD CHAIR	5 00 .....	X						0	0	0
WILLIAM CROUCH ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
PHYLLIS ERSHOWSKY ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
STEVEN ERSHOWSKY ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
RODERICK GADSON ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
JOHN INGRAHAM ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
RITA KELTNER ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
ELI MCGINTY ..... SOUTHWEST FLOR, 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			
TONY SIZEMORE ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
CHENE THOMPSON ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
C VERNON TYUS ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
TARA WHEELER ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
COLE PEACOCK ..... SOUTHWEST FLOR, BOARD MBR	1 00 .....	X						0	0	0
MICHAEL SCHUR ..... SPACE COAST, BOARD CHAIR	5 00 .....	X						0	0	0
WILLIAM BOOTH ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
JASON ARTHUR ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
ERIC AUSTIN ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
JEAN BANDISH ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRIS BURNS ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
TINA DESCOVICH ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
GLEN DINGMAN ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
TERRI DINGMAN ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
BRIAN FISHER ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
ERIC FRECHETTE ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
DON HERNDON ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
BRETT HYDE ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
WAYNE IVEY ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
NEAL E JOHNSON ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY KING ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
KATHERINE LECHNER ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
LINDA J MAY ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
KIMBERLY MUSSELMAN ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
MICHAEL PETERSON ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
DAN RICHARDS ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
BRAD ROUB ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
RACHEL SADOFF ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
DAVID SPECTOR ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
TOM STUDSTILL ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDY ZIEGLER ..... SPACE COAST, BOARD MBR	1 00 .....	X						0	0	0
JULIE CLEVELAND ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
RANDY SANDERS ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
JOHN BANJAK ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
ANDREA JOHNSON LEE ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
JILL PACE ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
KAREN DREXLER ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
ALDERWOMAN TAMIKA HUBBARD ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
LT PERRI JOHNSON ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
LT PETER MORROW ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TASHA PETTIS BONDS ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
RANDY SANDERSON ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
CATINA SHANNON ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
ANNE-MARIE CLARKE ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
TRACY WHELPLEY ..... ST LOUIS, BOARD MBR	1 00 .....	X						0	0	0
REGINALD DICKSON ..... ST LOUIS, PRESIDENT	5 00 .....	X						0	0	0
DINA FOSTER ..... TALLAHASSEE, BOARD CHAIR/PRES	5 00 .....	X						0	0	0
MACKENZIE BAUGHN ..... TALLAHASSEE, BOARD MBR	1 00 .....	X						0	0	0
BARRY BLACKBURN ..... TALLAHASSEE, BOARD MBR	1 00 .....	X						0	0	0
BILLY CLOSE ..... TALLAHASSEE, 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			
SHERI N DEVORE ..... TALLAHASSEE, BOARD MBR	1 00 .....	X						0	0	0
ASHLEY GAY ..... TALLAHASSEE, BOARD MBR	1 00 .....	X						0	0	0
LEWIS K JOHNSON ..... TALLAHASSEE, BOARD MBR	1 00 .....	X						0	0	0
FELICIA RICHARDSON ..... TALLAHASSEE, BOARD MBR	1 00 .....	X						0	0	0
MIKHAIL SCOTT ..... TALLAHASSEE, BOARD MBR	1 00 .....	X						0	0	0
SAMANTHA VANCE ..... TALLAHASSEE, BOARD MBR	1 00 .....	X						0	0	0
MARK CRISER ..... TAMPA, BOARD CHAIR	5 00 .....	X						0	0	0
DEHART AYALA ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
LEONARD BURKE ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
JACK A COHEN ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
R JUSTIN DAY ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
MATT GREGORY ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
THOMAS HERMON ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
AARON JIMISON ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
BRUNO LOPES ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
MARK METHENY ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
ROBERT MONROE ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
ANDREW PELUSO ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
FRANK PYRTLE ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
ERIN PELTON ..... 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			
SARAH SCHLEICHER ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
DEBBI STONE ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
ALLEN THOMPSON ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
ERIC WARD ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
CHARLES B WEISSMAN ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
JENNIFER WILSON ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
FLETCHER DAVIDSON ..... TAMPA, BOARD MBR	1 00 .....	X						0	0	0
JB DAVIS ..... TAMPA, PRESIDENT	5 00 .....	X						0	0	0
NEWTON B THOMAS ..... TEXAS PROP, BOARD CHAIR	0 10 .....	X						0	0	0
W BRANTLEY HARVEY ..... TEXAS PROP, BOARD MBR	0 10 .....	X						0	0	0



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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID B MITCHELL ..... TEXAS PROP, BOARD MBR	0 10 .....	X						0	0	0
DANIEL J THOMPSON ..... TEXAS PROP, BOARD MBR	0 10 .....	X						0	0	0
OB STANDER ..... TEXAS PROP, BOARD MBR	0 10 .....	X						0	0	0
JESSE W RIGBY ..... TEXAS PROP, BOARD MBR	0 10 .....	X						0	0	0
ROSEMARY BRACKMAN ..... VIRGINIA, INC , BOARD MBR	1 00 .....	X						0	0	0
MARIA PORTO-DUARTE ..... VIRGINIA, INC , BOARD MBR	1 00 .....	X						0	0	0
MICHAEL THORNTON ..... VIRGINIA, INC , BOARD MBR	1 00 .....	X						0	0	0
MICHAEL THORNTON ..... VOLUSIA, BOARD MBR	1 00 .....	X						0	0	0
ROSEMARY BRACKMAN ..... VOLUSIA, BOARD MBR	1 00 .....	X						0	0	0
MARIA PORTO-DUARTE ..... VOLUSIA, 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			
JENNIFER KINDALL ..... WHITE PINES, BOARD CHAIR	5 00 .....	X						0	0	0
SANDY GOODSON ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
DARRYL GOODWIN ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
MARILYN IZZARD ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
GARY JONES ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
GARY KASPRZAK ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
STEVEN MARTIN ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
JAMES MCNEIL ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
BETH RAINEY ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
BENJAMIN SNOODY ..... 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			
SHERIFF DAVID TAYLOR ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
ALONZO THOMPSON ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
JAMES WILSON ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
WYMOND WILKINS ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
STEVE MARTIN ..... WHITE PINES, BOARD MBR	1 00 .....	X						0	0	0
MARCUS WRIGHT ..... YES, BOARD MBR	5 00 .....	X						0	0	0
DAN BENDER ..... YES, BOARD MBR	1 00 .....	X						0	0	0
STEVEN ALVAREZ ..... YES, BOARD MBR	1 00 .....	X						0	0	0
MICHAEL BUFFINGTON ..... YES, BOARD MBR	1 00 .....	X						0	0	0
CHARLOTTE CLARK ..... YES, 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			
JOSEPH CONROD ..... YES, BOARD MBR	1 00 .....	X						0	0	0
JOHN DEMURO ..... YES, BOARD MBR	1 00 .....	X						0	0	0
CHRISTIAN FLOWERS ..... YES, BOARD MBR	1 00 .....	X						0	0	0
KAREN FREDERICKS ..... YES, BOARD MBR	1 00 .....	X						0	0	0
DAVID GARCIA ..... YES, BOARD MBR	1 00 .....	X						0	0	0
JIM JOHNSON ..... YES, BOARD MBR	1 00 .....	X						0	0	0
ALBERT KNIGHT ..... YES, BOARD MBR	1 00 .....	X						0	0	0
R DONALD LEEDY ..... YES, BOARD MBR	1 00 .....	X						0	0	0
SHARI NIGRO ..... YES, BOARD MBR	1 00 .....	X						0	0	0
MELANIE RIMES ..... YES, 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			
SUSAN SEXTON ..... YES, BOARD MBR	1 00 .....	X						0	0	0
JORGE VALIENTE ..... YES, BOARD MBR	1 00 .....	X						0	0	0
HOWARD WOODEN ..... YES, BOARD MBR	1 00 .....	X						0	0	0

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

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**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 12, 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 (Form 990 or 990-EZ) )
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - 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 1
- 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- 10 above (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		
(A) AMIKIDS INC	237440836	7	Yes		0	0
<b>Total</b>	1				0	0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	45,296,703	50,665,815	51,881,105	52,735,090	51,128,999	251,707,712
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	45,296,703	50,665,815	51,881,105	52,735,090	51,128,999	251,707,712
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,841,892
<b>6 Public support.</b> Subtract line 5 from line 4						246,865,820

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	45,296,703	50,665,815	51,881,105	52,735,090	51,128,999	251,707,712
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	243,293	288,744	352,651	142,334	233,627	1,260,649
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,484	353,826	578,880	1,069,289	2,441,491	4,463,970
<b>11 Total support.</b> Add lines 7 through 10						257,432,331

**12** Gross receipts from related activities, etc (see instructions) **12** 813,938

**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**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	95.900 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	96.800 %

**16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>1</b>	Yes	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>2</b>		No
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
<b>3a</b>		No
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>3b</b>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>3c</b>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		No
<b>4a</b>		No
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>4b</b>		
<b>c</b> 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)? <i>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.</i>		
<b>4c</b>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		No
<b>5a</b>		No
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
<b>6</b>		No
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
<b>7</b>		No
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
<b>8</b>		No
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		No
<b>9a</b>		No
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
<b>9b</b>		No
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
<b>9c</b>		No
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
<b>10a</b>		No
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		<b>11a</b>	No
		<b>11b</b>	No
		<b>11c</b>	No

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		
		<b>1</b>	Yes
		<b>2</b>	No

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		
		<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		<b>1</b>	
		<b>2</b>	
		<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		<b>2a</b>	
		<b>2b</b>	
		<b>3a</b>	
		<b>3b</b>	

**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

**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)

<b>Facts And Circumstances Test</b>
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**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART 1, LINE 7	THE FOLLOWING GROUP MEMBERS ARE TYPE 1 SUPPORTING ORGANIZATIONS OF AMIKIDS, INC AMIKIDS LOUISIANA PROPERTIES INC , AMIKIDS GEORGIA PROPERTIES, INC , AMIKIDS SOUTH CAROLINA PROPERTIES, INC , AMIKIDS TEXAS PROPERTIES, INC , AMIKIDS FLORIDA PROPERTIES, INC , AMIKIDS NORTH CAROLINA PROPERTIES, INC , AMIKIDS NEW MEXICO PROPERTIES, INC & AMIKIDS SOUTH CAROLINA STATEWIDE, INC

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
PART 1, LINE 12G VI	THE SUPPORTING ORGANIZATIONS ARE ORGANIZED TO SUPPORT THE PARENT AND GROUP MEMBERS' CHARITABLE PURPOSES BY PROVIDING FACILITIES TO GROUP MEMBERS AND/OR BY MAKING CONTRIBUTIONS TO THEM

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
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**If the organization answered "Yes" on 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" on 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" on 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
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**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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**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

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?


Yes  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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



**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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			0
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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

**Employer identification number**  
59-2878383

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	35,986	35,041	32,090	7,090	7,090
<b>b</b> Contributions . . . . .	75,000			25,000	
<b>c</b> Net investment earnings, gains, and losses	2,686	945	2,951		
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	113,672	35,986	35,041	32,090	7,090

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 65 980 %
  - b** Permanent endowment ▶ 34 020 %
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   | Yes |    |
| <b>(ii)</b> related organizations . . . . .  |     | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		2,653,085		2,653,085
<b>b</b> Buildings . . . . .		20,176,866	14,533,292	5,643,574
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		6,868,292	6,110,504	757,788
<b>e</b> Other . . . . .		525,862	462,472	63,390
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				9,117,837

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

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

(a) Description	(b) Book value
(1) DUE FROM PARENT & GROUP MEMBERS	7,153,789
(2) OTHER ASSETS	221
(3) ASSETS HELD FOR SALE	371,199
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	7,525,209

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO PARENT & GROUP MEMBERS	22,061,147
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	22,061,147

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

**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
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-2878383

**Name:** AMIKIDS INC  
(GROUP)

## Supplemental 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

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IDENTIFIES AND EVALUATES UNCERTAIN TAX POSITIONS, IF ANY, AND RECOGNIZES THE IMPACT OF UNCERTAIN TAX POSITIONS FOR WHICH THERE IS A LESS THAN MORE-LIKELY-THAN-NOT PROBABILITY OF THE POSITION BEING UPHeld WHEN REVIEWED BY THE RELEVANT TAXING AUTHORITY SUCH POSITIONS ARE DEEMED TO BE UNRECOGNIZED TAX BENEFITS AND A CORRESPONDING LIABILITY IS ESTABLISHED ON THE COMBINED STATEMENT OF FINANCIAL POSITION THE ORGANIZATION HAS NOT RECOGNIZED A LIABILITY FOR UNCERTAIN TAX POSITIONS IF THERE WERE AN UNRECOGNIZED TAX BENEFIT, THE ORGANIZATION WOULD RECOGNIZE INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSES



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

**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Complete if the organization answered "Yes" on 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

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" on 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

(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
		Yes	No			
<b>Total</b> ▶						

**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" on 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)
		<b>CROQUET</b> (event type)	<b>FALL FUNDRAISER</b> (event type)	<b>12</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	118,946	111,142	219,575	449,663
	<b>2</b> Less Contributions . . . . .	89,107	101,582	142,408	333,097
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	29,839	9,560	77,167	116,566
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .	976		8,113	9,089
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	3,763	2,975	30,063	36,801
	<b>7</b> Food and beverages . . . . .	8,933	76	18,672	27,681
	<b>8</b> Entertainment . . . . .	600	300	786	1,686
	<b>9</b> Other direct expenses . . . . .	6,831	1,134	27,290	35,255
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				110,512
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				6,054

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 activity conducted in
 

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

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

Name ▶ .....  
 Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  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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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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 General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP/VOCATIONAL ASSISTANCE	35	68,850			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SCHOLARSHIP APPLICANTS MUST SUBMIT DOCUMENTATION DEMONSTRATING THAT THEY ARE ENROLLED IN AN ACCREDITED INSTITUTION STUDENTS APPLYING FOR SUBSEQUENT ASSISTANCE MUST DEMONSTRATE THAT THEY ARE IN GOOD STANDING ACADEMICALLY

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**  
 ▶ 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.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**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 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

1	(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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			Yes	No			Yes	No	Yes	No	Yes	No
(1) JESSE RIGBY	BOARD MEMBER	THIS LOAN WAS PROVIDED TO PAY OFF AN EXISTING MORTGAGE AND FUND OPERATIONS	X		130,000	119,388		No	Yes		Yes	
<b>Total</b>						▶ \$	119,388					

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount 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
PART II (CONTINUED)	THE LOAN WILL BE REPAID OVER A 10 YEAR PERIOD AT A 2.5% INTEREST RATE PER ANNUM, WHICH IS BELOW THE PREVAILING MARKET RATE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**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 Types of Property**

	(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
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .	X	6	8,939	ESTIMATED FMV
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	2	6,500	ESTIMATED FMV
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .	X	1	71,505	
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( OFFICE/STUDENT SUPPLIES ) . . . . .	X	0	22,823	ESTIMATED FMV
26 Other ▶ ( AUCTION ITEMS ) . . . . .	X	0	17,993	ESTIMATED FMV
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 7

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



**Part II 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)**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public  
Inspection**

Department of the Treasury

Name of the organization

AMIKIDS INC  
(GROUP)

Employer identification number

59-2878383

**990 Schedule O, Supplemental Information**

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 440 TRUSTEES GOVERNING ALL OF THE GROUP MEMBERS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	AMIKIDS INC 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)

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	AMIKIDS IS THE SOLE MEMBER OF EACH OF THE GROUP MEMBERS, EXCEPT PCMI PROPERTIES, INC (WHO SE 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 O F WHICH IT IS THE SOLE MEMBER

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	AMIKIDS IS THE SOLE MEMBER OF EACH OF THE GROUP MEMBERS EXCEPT PCMI PROPERTIES, INC (WHOS E SOLE MEMBER IS AMIKIDS PANAMA CITY MARINE INSTITUTE, INC , A GROUP MEMBER) AND IS REQUIR ED TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS PROPOSED BY THE BO ARD OF TRUSTEES OF ANY OF THE GROUP MEMBERS IN ADDITION, CERTAIN SPECIFIED ACTIONS ARE RE QUIRED TO BE APPROVED IN ADVANCE BY AMIKIDS AMIKIDS 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	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 EXTERNAL 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 WEBSITE FOR REVIEW AND COMMENT BY EACH MEMBER OF THE BOARD OF TRUSTEES OF THE GROUP MEMBERS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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 CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY QUESTIONNAIRES ARE REVIEWED ANNUALLY BY EXTERNAL AUDITORS A PERSON WITH A CONFLICT MUST RECUSE THEMSELVES FROM VOTING ON THE MATTER AMIKIDS INTERNAL AUDIT DEPARTMENT AUDITS THE REPORTED TRANSACTIONS IN DEPTH AND REPORTS NON-COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY TO THE MANAGEMENT OF AMIKIDS AND TO THE AMIKIDS AUDIT COMMITTEE

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	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).



# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VII	<p>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 THE FOLLOWING ENTITIES WERE INACTIVE DURING THE YEAR AND THEREFORE THE BOARD MEMBERS HAVE NOT BEEN LISTED A AMIKIDS WINGS TEXAS, INC B AMIKIDS GRADUATE SCHOOL, INC C AMIKIDS PALMETTO, INC D AMIKIDS PENINSULA, INC E CAMP WHITE PINES II F AMIKIDS PASCO, INC G AMIKIDS BIG CYPRESS, INC H BAY AREA MARINE INSTITUTE, INC I AMIKIDS VIRGINIA WILDERNESS, INC J AMIKIDS INFINITY SCHOOLS, INC K AMIKIDS SARASOTA COUNTY, INC L AMIKIDS INFINITY CHICAGO, INC</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	ROUNDING 1

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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
<b>(1)</b> 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)			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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b> Yes	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b> Yes	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b> Yes	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b> Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> Yes	

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

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



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

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

<b>Return Reference</b>	<b>Explanation</b>