

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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) Room/suite
 5915 BENJAMIN CENTER DRIVE
 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

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

G Gross receipts \$ 48,912,645

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 56 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.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	400
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	400
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1,239
6 Total number of volunteers (estimate if necessary)	6	1,500
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-1,610
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	51,128,999	48,423,476
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,768	213,187
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,449,838	-148,600
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,674,605	48,488,063
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	68,850	70,465
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	35,665,279	32,762,035
16a Professional fundraising fees (Part IX, column (A), line 11e)	1,830	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,220,259	16,102,509
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	53,956,218	48,935,009
19 Revenue less expenses. Subtract line 18 from line 12	-281,613	-446,946
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	33,013,916	35,632,467
21 Total liabilities (Part X, line 26)	28,515,228	31,581,771
22 Net assets or fund balances. Subtract line 21 from line 20	4,498,688	4,050,696

Part II Signature Block

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

Sign Here

 Signature of officer
 Date 2021-05-11

MARIA PORTO-DUARTE CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01395474
Firm's name ▶ CARR RIGGS & INGRAM LLC			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 \$ 22,499,599 including grants of \$ 6,667) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 17,133,072 including grants of \$ 11,567) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 7,638,524 including grants of \$ 52,232) (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 ▶ 47,271,195

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 1,239			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		3b Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .		4a	No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c Yes		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 1			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h Yes		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
8				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
12a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
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	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	14b			
15 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? Note. See instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . Note. See instructions and file Form 4720, Schedule O.	16		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 (400), 1b (400), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA, NM, AL
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.
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.

See instructions for the order in which to list the persons above.

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										

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

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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
CIRCLES OF CARE 4450 W EAU GALLIE BLVD SUITE 200 MELBOURNE, FL 32934	MENTAL HEALTH SERVICES	267,663
PARAMOUNT YOUTH SERVICES PO BOX 12152 NORFOLK, VA 23541	RESIDENTIAL SERVICE PROVIDER	229,500

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 ▶ 2

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and noncash contributions, totaling 48,423,476.

Table for Program Service Revenue with 5 columns (A-D). Rows 2a-f include Business Code and descriptions of program service revenue, totaling 0.

Table for Other Revenue with 5 columns (A-D). Rows 3-12 include investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory, totaling 48,488,063.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	70,465	70,465		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	25,525,417	25,525,417		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,116,078	1,116,078		
9 Other employee benefits	4,253,584	4,253,584		
10 Payroll taxes	1,866,956	1,866,956		
11 Fees for services (non-employees):				
a Management				
b Legal	16,224		16,224	
c Accounting	154,081		154,081	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,149,513	1,043,090	106,423	
12 Advertising and promotion	45,190	45,190		
13 Office expenses	1,207,675	822,792	384,883	
14 Information technology				
15 Royalties				
16 Occupancy	1,625,285	1,605,984	19,301	
17 Travel	324,208	324,208		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	523,332	509,299	14,033	
20 Interest	886,295	886,295		
21 Payments to affiliates	2,254,369	1,576,929	677,440	
22 Depreciation, depletion, and amortization	1,116,691	1,116,691		
23 Insurance	2,244,619	2,038,732	205,887	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STUDENT EXPENSES	2,717,815	2,717,815		
b EQUIPMENT & MAINT	1,837,212	1,751,670	85,542	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	48,935,009	47,271,195	1,663,814	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,719,179	1	6,566,858
	2 Savings and temporary cash investments	5,614,631	2	5,462,710
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,505,501	4	2,985,675
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	20,678	8	16,986
	9 Prepaid expenses and deferred charges	1,539,472	9	416,612
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 32,598,351		
	b Less: accumulated depreciation	10b 21,866,673	9,117,837	10c 10,731,678
	11 Investments—publicly traded securities	2,971,409	11	3,126,873
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,525,209	15	6,325,075
16 Total assets. Add lines 1 through 15 (must equal line 34)	33,013,916	16	35,632,467	
Liabilities	17 Accounts payable and accrued expenses	4,204,959	17	3,295,321
	18 Grants payable		18	
	19 Deferred revenue	1,245,492	19	3,021,843
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	119,388	22	
	23 Secured mortgages and notes payable to unrelated third parties	884,242	23	750,490
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	22,061,147	25	24,514,117
	26 Total liabilities. Add lines 17 through 25	28,515,228	26	31,581,771
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,165,108	27	594,367
	28 Net assets with donor restrictions	2,333,580	28	3,456,329
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	4,498,688	32	4,050,696	
33 Total liabilities and net assets/fund balances	33,013,916	33	35,632,467	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	48,488,063
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,935,009
3	Revenue less expenses. Subtract line 2 from line 1	3	-446,946
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,498,688
5	Net unrealized gains (losses) on investments	5	-1,045
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,050,696

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
2a	Yes		
2b	Yes		
2c	Yes		
3a	Yes		
3b	Yes		

Additional Data

Software ID:

Software Version:

EIN: 59-2878383

Name: AMIKIDS INC
(GROUP)

Form 990 (2019)

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.

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.

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.

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			
MILDRED METHVIN ACADIANA, BOARD CHAIR	5.00	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
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	1.00	X						0	0	0
PHYLLIS THIBODEAUX ACADIANA, BOARD MBR	1.00	X						0	0	0
CHERYL T BOWIE ACADIANA, BOARD MBR	1.00	X						0	0	0
MARIA PORTO-DUARTE ALABAMA, 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 ALABAMA, BOARD MBR	1.00	X						0	0	0
MICHAEL THORNTON 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
CHARLES POSTON AT LARGE BOARD MEMBER	1.00	X						0	0	0
MARK CODD AT LARGE BOARD MEMBER	1.00	X						0	0	0
HARRY DAVIS 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN HEIDI AT LARGE BOARD MEMBER	1.00	X						0	0	0
ROD PETREY AT LARGE BOARD MEMBER	1.00	X						0	0	0
JOE LETTLLEIR AT LARGE BOARD MEMBER	1.00	X						0	0	0
NANCY LOEHR 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
NICK PORTER AT LARGE BOARD MEMBER	1.00	X						0	0	0
RANDY SANDERSON AT LARGE BOARD MEMBER	1.00	X						0	0	0
MICHAEL TRIPLETT AT LARGE BOARD MEMBER	1.00	X						0	0	0
DARRELL JENSEN AT LARGE BOARD MEMBER	1.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TROY D HEBERT BATON ROUGE, BOARD CHAIR	5.00	X						0	0	0
BRENDA BIRKETT BATON ROUGE, BOARD MBR	1.00	X						0	0	0
PATRICK MARTIN 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
BRENTON PERCELL BATON ROUGE, BOARD MBR	1.00	X						0	0	0
DONNA M MAYEUX BATON ROUGE, BOARD MBR	1.00	X						0	0	0
BRETT N BRINSON BATON ROUGE, BOARD MBR	1.00	X						0	0	0
BART PHILLIPS BATON ROUGE, BOARD MBR	1.00	X						0	0	0
ERIC LANE BATON ROUGE, PRESIDENT	5.00	X						0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN WILLIAMS BEAUFORT, BOARD CHAIR	5.00	X						0	0	0
SCOTT DECKER BEAUFORT, BOARD MBR	1.00	X						0	0	0
CARL ALSTON BEAUFORT, BOARD MBR	1.00	X						0	0	0
LAWRENCE PECK 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
JIMMY BOOZER BEAUFORT, BOARD MBR	1.00	X						0	0	0
PHYLLIS WHITE BEAUFORT, BOARD MBR	1.00	X						0	0	0
JOHN HARRIS BEAUFORT, BOARD MBR	1.00	X						0	0	0
JIM PALMER BEAUFORT, BOARD MBR	1.00	X						0	0	0

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(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			
HAMPTON LONG BEAUFORT, BOARD MBR	1.00	X						0	0	0
MIKE INGRAM BEAUFORT, BOARD MBR	1.00	X						0	0	0
MIKE HARRIS BEAUFORT, BOARD MBR	1.00	X						0	0	0
TERRY GEITNER BEAUFORT, BOARD MBR	1.00	X						0	0	0
ALFREDO GIVENS BEAUFORT, BOARD MBR	1.00	X						0	0	0
EDWARD TAYLOR BEAUFORT, BOARD MBR	1.00	X						0	0	0
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
BECKY TALBERT BENNETTSVILLE, 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BENJAMIN GOODWIN BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
MASON KING BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
ELISABETH MCNIEL BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
WILHELMINA GLADDEN BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
RHONDA FRAZIER BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
EDDIE DAVIS BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
JULIE AVENT BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
JUSTIN F BLUM BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
THOMAS BENNETT BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
CARRIE ASH 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			
WILLIE GLADDEN BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
GAILON WISDOM BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
HANAH CHEEKS BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
LARRY TURNER BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
JOHN TROY HENEGAN 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
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

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID S JOHNSON BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
ROBERT JOHNSON BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
RONALD HENEGAN BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
WILLIAM MORRIS HARRINGTON 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
KIM MCLAURIN BENNETTSVILLE, BOARD MBR	1.00	X						0	0	0
GENERAL PEYTON COLE CADDO, 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY PETZOLD CADD0, BOARD MBR	1.00	X						0	0	0
SANDY CIMINO CADD0, BOARD MBR	1.00	X						0	0	0
TED COX CADD0, BOARD MBR	1.00	X						0	0	0
J DREW MOORE CADD0, BOARD MBR	1.00	X						0	0	0
ROBERT MADISON SR CADD0, BOARD MBR	1.00	X						0	0	0
HENRY WALKER CADD0, BOARD MBR	1.00	X						0	0	0
CLAY HARRISON CADD0, BOARD MBR	1.00	X						0	0	0
JACQULINE REID CLAY, BOARD CHAIR	5.00	X						0	0	0
APRIL MURDAUGH CLAY, BOARD MBR	1.00	X						0	0	0
NICOLE SAUNDERS CLAY, BOARD MBR	1.00	X						0	0	0

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TRACY MAXWELL CLAY, BOARD MBR	1.00	X						0	0	0
ANGELA SHEPPARD CLAY, BOARD MBR	1.00	X						0	0	0
GARY CROSS CLAY, BOARD MBR	1.00	X						0	0	0
LANA HARRIS CLAY, BOARD MBR	1.00	X						0	0	0
DON CHURCH CLAY, BOARD MBR	1.00	X						0	0	0
JULIE PROCTOR DUVAL, BOARD CHAIR	5.00	X						0	0	0
FRANK SURFACE III DUVAL, BOARD MBR	1.00	X						0	0	0
CHARICE LEE DUVAL, BOARD MBR	1.00	X						0	0	0
ALAN LEARCH DUVAL, BOARD MBR	1.00	X						0	0	0
REBECCA MOORE DUVAL, 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 HULL DUVAL, BOARD MBR	1.00	X						0	0	0
HARPER BRYAN DUVAL, BOARD MBR	1.00	X						0	0	0
RYAN JONES DUVAL, 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
ERIC ESMOND EMERALD COAST, BOARD MBR	1.00	X						0	0	0
MICHAEL ANDERSON EMERALD COAST, BOARD MBR	1.00	X						0	0	0
WILLIAM BROWN EMERALD COAST, BOARD MBR	1.00	X						0	0	0
KATIE BYRD EMERALD COAST, BOARD MBR	1.00	X						0	0	0
AUDREY JACOBS 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			
CHRIS KILEY EMERALD COAST, BOARD MBR	1.00	X						0	0	0
TRACY HART EMERALD COAST, BOARD MBR	1.00	X						0	0	0
TRISHA GRAHAM EMERALD COAST, BOARD MBR	1.00	X						0	0	0
JEREMY MILLER EMERALD COAST, BOARD MBR	1.00	X						0	0	0
MARISSA LOWE EMERALD COAST, BOARD MBR	1.00	X						0	0	0
SARA MITCHELL EMERALD COAST, BOARD MBR	1.00	X						0	0	0
CHARLES NOONAN EMERALD COAST, BOARD MBR	1.00	X						0	0	0
CHARLA COTTON EMERALD COAST, BOARD MBR	1.00	X						0	0	0
JOHN PACE II EMERALD COAST, BOARD MBR	1.00	X						0	0	0
JONATHAN SLATER EMERALD COAST, BOARD MBR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
LUKE YUHICO EMERALD COAST, BOARD MBR	1.00	X						0	0	0
MARIA PORTO-DUARTE FAMILY SERVICES, BOARD MBR	1.00	X						0	0	0
ROSEMARY BRACKMAN FAMILY SERVICES, BOARD MBR	1.00	X						0	0	0
MICHAEL THORNTON FAMILY SERVICES, BOARD MBR	1.00	X						0	0	0
NEWTON B THOMAS FLORIDA PROP, BOARD CHAIR	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
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
MARK CRISER FOUNDATION, 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			
MELANIE A CIANCOTTO FOUNDATION, BOARD MBR	1.00	X						0	0	0
DAVID J HULL FOUNDATION, BOARD MBR	1.00	X						0	0	0
ALISON K TOWNSEND FOUNDATION, BOARD MBR	1.00	X						0	0	0
DANIEL J THOMPSON FOUNDATION, BOARD MBR	1.00	X						0	0	0
NEWTON B THOMAS FOUNDATION, BOARD MBR	1.00	X						0	0	0
ANTHONY TRAVIESA FOUNDATION, BOARD MBR	1.00	X						0	0	0
ROD PETREY FOUNDATION, BOARD MBR	1.00	X						0	0	0
PAMELA J MOONEY FOUNDATION, BOARD MBR	1.00	X						0	0	0
MARK L METHENY FOUNDATION, BOARD MBR	1.00	X						0	0	0
OTIS B STANDER 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			
GREGORY DOWNING GADSDEN CENTER, BOARD CHAIR	5.00	X						0	0	0
GLENN SAPP GADSDEN CENTER, BOARD MBR	1.00	X						0	0	0
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
BRYAN MCDONALD GAINESVILLE, BOARD CHAIR	5.00	X						0	0	0
KRISTIN PICKENS GAINESVILLE, BOARD MBR	1.00	X						0	0	0
JOE MUNSON GAINESVILLE, BOARD MBR	1.00	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
DARRELL LINZY GAINESVILLE, BOARD MBR	1.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KELVIN WAITES GEORGETOWN, BOARD CHAIR	5.00	X						0	0	0
PAUL GARDNER GEORGETOWN, BOARD MBR	1.00	X						0	0	0
DI WILSON GEORGETOWN, BOARD MBR	1.00	X						0	0	0
BENEDICT ROSEN 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
REBECCA HEARL GEORGETOWN, BOARD MBR	1.00	X						0	0	0
MELVIN HUELL GEORGETOWN, BOARD MBR	1.00	X						0	0	0
WHEELER BAKER GEORGETOWN, BOARD MBR	1.00	X						0	0	0
KIRBY COKER 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			
LAWLY P FORD GEORGETOWN, BOARD MBR	1.00	X						0	0	0
NEWTON B THOMAS GEORGIA PROPS, BOARD CHAIR	0.10	X						0	0	0
JESSE W RIGBY GEORGIA PROPS, BOARD MBR	0.10	X						0	0	0
MICHAEL THORNTON 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, 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	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEVE BARROW GTR FT LAUDERDALE, BOARD CHAIR	1.00	X						0	0	0
JEFFREY HERSHMAN 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
ADAM GRANIT GTR FT LAUDERDALE, BOARD MBR	1.00	X						0	0	0
CHARLES VAUGHN GTR FT LAUDERDALE, BOARD MBR	2.00	X						0	0	0
EASTON HARRIS GTR FT LAUDERDALE, BOARD MBR	1.00	X						0	0	0
RICHARD B FORUM GTR FT LAUDERDALE, BOARD MBR	1.00	X						0	0	0
ANDREW HIGH GTR FT LAUDERDALE, BOARD MBR	1.00	X						0	0	0
RYAN RABATIN 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERRIE POITIER-LISCOMBE GTR FT LAUDERDALE, BOARD MBR	1.00	X						0	0	0
CRYSTAL SWINTON GTR FT LAUDERDALE, BOARD MBR	1.00	X						0	0	0
TIFFANY C TAIT GTR FT LAUDERDALE, BOARD MBR	2.00	X						0	0	0
CHRISTOPHER PALAMARA GTR FT LAUDERDALE, BOARD MBR	1.00	X						0	0	0
LONNIE GREENBERG GTR FT LAUDERDALE, BOARD MBR	1.00	X						0	0	0
BECKY TALBERT INF MARLBORO, BOARD CHAIR	5.00	X						0	0	0
RONALD HENEGAN INF MARLBORO, BOARD MBR	1.00	X						0	0	0
JOHN TROY HENEGAN INF MARLBORO, BOARD MBR	1.00	X						0	0	0
WILLIAM MORRIS HARRINGTON INF MARLBORO, BOARD MBR	1.00	X						0	0	0
BENJAMIN GOODWIN 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			
WILLIE GLADDEN INF MARLBORO, BOARD MBR	1.00	X						0	0	0
WILHELMINA GLADDEN INF MARLBORO, BOARD MBR	1.00	X						0	0	0
HANAH CHEEKS INF MARLBORO, BOARD MBR	1.00	X						0	0	0
DEIDRE HEPBURN INF MARLBORO, BOARD MBR	1.00	X						0	0	0
JUSTIN F BLUM INF MARLBORO, BOARD MBR	1.00	X						0	0	0
THOMAS BENNETT INF MARLBORO, BOARD MBR	1.00	X						0	0	0
FREDDIE HODGES INF MARLBORO, BOARD MBR	1.00	X						0	0	0
JULIE AVENT INF MARLBORO, BOARD MBR	1.00	X						0	0	0
EDDIE DAVIS INF MARLBORO, BOARD MBR	1.00	X						0	0	0
DAVID S JOHNSON 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			
RHONDA FRAZIER INF MARLBORO, BOARD MBR	1.00	X						0	0	0
ROBERT JOHNSON INF MARLBORO, BOARD MBR	1.00	X						0	0	0
CARRIE ASH INF MARLBORO, BOARD MBR	1.00	X						0	0	0
GAILON WISDOM INF MARLBORO, BOARD MBR	1.00	X						0	0	0
LARRY TURNER INF MARLBORO, BOARD MBR	1.00	X						0	0	0
DORIS SMITH INF MARLBORO, BOARD MBR	1.00	X						0	0	0
ASHLEY JOHNSON 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
VANESSA PEARSON 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			
JULIUS PARNELL INF MARLBORO, BOARD MBR	1.00	X						0	0	0
ELISABETH MCNIEL INF MARLBORO, BOARD MBR	1.00	X						0	0	0
KIM MCLAURIN INF MARLBORO, BOARD MBR	1.00	X						0	0	0
MASON KING INF MARLBORO, BOARD MBR	1.00	X						0	0	0
CAROLYN PRINCE INF MARLBORO, BOARD MBR	1.00	X						0	0	0
MONICA LEACH INF WAKE, BOARD CHAIR	5.00	X						0	0	0
BRADLEY NEWMAN INF WAKE, BOARD MBR	1.00	X						0	0	0
CEDRIC NELSON INF WAKE, BOARD MBR	1.00	X						0	0	0
JASON MAHONEY INF WAKE, BOARD MBR	1.00	X						0	0	0
ONTARIO WOODEN INF WAKE, 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			
CHRISTOPHER SOLOMON INF WAKE, BOARD MBR	1.00	X						0	0	0
JULIE PROCTOR JACKSONVILLE, BOARD CHAIR	5.00	X						0	0	0
RYAN JONES JACKSONVILLE, BOARD MBR	1.00	X						0	0	0
REBECCA MOORE JACKSONVILLE, BOARD MBR	1.00	X						0	0	0
KATEENA MANNERS JACKSONVILLE, BOARD MBR	1.00	X						0	0	0
FRANK SURFACE III JACKSONVILLE, BOARD MBR	1.00	X						0	0	0
ALAN LEARCH JACKSONVILLE, BOARD MBR	1.00	X						0	0	0
DAVID HULL JACKSONVILLE, BOARD MBR	1.00	X						0	0	0
HARPER BRYAN JACKSONVILLE, BOARD MBR	1.00	X						0	0	0
CHARICE LEE 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			
NEWTON B THOMAS LOUISIANA PROP, BOARD CHAIR	0.10	X						0	0	0
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
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
HARRY TRAYLOR MANATEE, BOARD CHAIR	5.00	X						0	0	0
JOSEPH KELLY MANATEE, BOARD MBR	1.00	X						0	0	0
ANDREW CHAPMAN 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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JARED PAULSON MANATEE, BOARD MBR	1.00	X						0	0	0
JUDGE CHARLES SNIFFIN MANATEE, BOARD MBR	1.00	X						0	0	0
SCOTT TYLER MANATEE, BOARD MBR	1.00	X						0	0	0
JORGE ALVAREZ MIAMI DADE, BOARD CHAIR	5.00	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
AMADO ALBELO 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			
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
JESUS ROMERO MIAMI DADE, BOARD MBR	1.00	X						0	0	0
TRACEY NICHOLS 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
ONTARIO WOODEN NC FAMILY SERVICES, BOARD MBR	1.00	X						0	0	0
CHRISTOPHER SOLOMON NC FAMILY SERVICES, BOARD MBR	1.00	X						0	0	0
BRADLEY NEWMAN 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			
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
NEWTON B THOMAS NEW MEXICO PROP, BOARD CHAIR	0.10	X						0	0	0
JESSE W RIGBY NEW MEXICO PROP, BOARD MBR	0.10	X						0	0	0
MICHAEL THORNTON 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
DAVID B MITCHELL NEW MEXICO PROP, BOARD MBR	0.10	X						0	0	0
NEWTON B THOMAS NORTH CAROLINA PROP, BOARD CHAIR	0.10	X						0	0	0
JESSE W RIGBY NORTH CAROLINA PROP, BOARD MBR	0.10	X						0	0	0
MICHAEL THORNTON 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			
DAVID B MITCHELL 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
AMIRAH JOHNSON ORLANDO, BOARD CHAIR	5.00	X						0	0	0
JEROME MILLER ORLANDO, BOARD MBR	1.00	X						0	0	0
TRACI DEEN ORLANDO, BOARD MBR	1.00	X						0	0	0
FRANCISCO GONZALEZ ORLANDO, BOARD MBR	1.00	X						0	0	0
ASHLEY GAY ORLANDO, BOARD MBR	1.00	X						0	0	0
WILLIAM ASBURY ORLANDO, BOARD MBR	1.00	X						0	0	0
PERNELL BUSH ORLANDO, BOARD MBR	1.00	X						0	0	0
PAUL MCBRIDE ORLANDO, 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			
DANIELA BETANCOURT ORLANDO, BOARD MBR	1.00	X						0	0	0
MICHAEL J MILLER ORLANDO, BOARD MBR	1.00	X						0	0	0
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
DOUG WISE ORLANDO, BOARD MBR	5.00	X						0	0	0
CODEYE WOODY ORLANDO, BOARD MBR	1.00	X						0	0	0
RAPLPH SEEOBIN ORLANDO, BOARD MBR	1.00	X						0	0	0
CATHERINE WYNNE PANAMA CITY, BOARD CHAIR	5.00	X						0	0	0
RICHARD BRUHN PANAMA CITY, BOARD MBR	1.00	X						0	0	0

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(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			
JAMES COOK PANAMA CITY, BOARD MBR	1.00	X						0	0	0
DAVID BLACKERBY PANAMA CITY, BOARD MBR	1.00	X						0	0	0
TOMMY FORD PANAMA CITY, BOARD MBR	1.00	X						0	0	0
TOM ADAMS PANAMA CITY, BOARD MBR	1.00	X						0	0	0
MILTON ACTON PANAMA CITY, BOARD MBR	1.00	X						0	0	0
MIKE MICHEL PANAMA CITY, BOARD MBR	1.00	X						0	0	0
LAVOY ANDERSON 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
WILL PALFREY 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			
RICHARD WHITE 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
ALVIN PETERS PANAMA CITY, BOARD MBR	1.00	X						0	0	0
LARRY PRESLEY PANAMA CITY, BOARD PRESIDENT	5.00	X						0	0	0

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(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			
DAVID BLACKERBY PCMI PROP, BOARD CHAIR	0.10	X						0	0	0
CATHERINE WYNNE PCMI PROP, BOARD MBR	0.10	X						0	0	0
ALVIN PETERS PCMI PROP, BOARD MBR	0.10	X						0	0	0
RICHARD BRUHN PCMI PROP, BOARD MBR	0.10	X						0	0	0
MIKE MICHEL PCMI PROP, BOARD MBR	0.10	X						0	0	0
RYAN HATLER PENSACOLA, BOARD CHAIR	5.00	X						0	0	0
DENNIS SHUMAN PENSACOLA, BOARD MBR	1.00	X						0	0	0
JESSE E CASEY PENSACOLA, BOARD MBR	1.00	X						0	0	0
JESSE RIGBY PENSACOLA, BOARD MBR	1.00	X						0	0	0
MIKE HILL 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			
LAURA BRANCH PENSACOLA, BOARD MBR	1.00	X						0	0	0
STEFANIE HOFFMAN PENSACOLA, BOARD MBR	1.00	X						0	0	0
MALCOLM BALLINGER PENSACOLA, BOARD MBR	1.00	X						0	0	0
MEREDITH CRAWFORD PENSACOLA, BOARD MBR	1.00	X						0	0	0
JACK BROWN PENSACOLA, BOARD MBR	1.00	X						0	0	0
KENDALL GIVINS-LITTLE PIEDMONT, BOARD CHAIR	5.00	X						0	0	0
BARRY WILSON PIEDMONT, BOARD MBR	1.00	X						0	0	0
DONNA JACKSON PIEDMONT, BOARD MBR	1.00	X						0	0	0
STEVEN EVANS PIEDMONT, BOARD MBR	1.00	X						0	0	0
CYNTHIA PITTS PIEDMONT, BOARD MBR	1.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY SIMMONS PINELLS, BOARD MBR	1.00	X						0	0	0
GREG PORTER PINELLAS, BOARD CHAIR	5.00	X						0	0	0
AMY RETTIG PINELLAS, BOARD MBR	1.00	X						0	0	0
MELINDA PERRY PINELLAS, BOARD MBR	1.00	X						0	0	0
KEVIN PARKER PINELLAS, BOARD MBR	1.00	X						0	0	0
MARK LETTLLEIR PINELLAS, BOARD MBR	1.00	X						0	0	0
MICHAEL GEORGEVICH PINELLAS, BOARD MBR	1.00	X						0	0	0
JEFF BURZINSKI PINELLAS, BOARD MBR	1.00	X						0	0	0
ROBIN BURTON PINELLAS, BOARD MBR	1.00	X						0	0	0
TRACY MATER 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
KAREN WATT RIO GRANDE VLY, BOARD CHAIR	5.00	X						0	0	0
ARMANDO SALAZAR RIO GRANDE VLY, BOARD MBR	1.00	X						0	0	0
TIMOTHY THURBER 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
BENITO OCHOA III RIO GRANDE VLY, BOARD MBR	1.00	X						0	0	0
BRUCE LOWNSBERRY RIO GRANDE VLY, BOARD MBR	1.00	X						0	0	0
DONNA EYMARD RIO GRANDE VLY, BOARD MBR	1.00	X						0	0	0
JARON BERMAN RIO GRANDE VLY, BOARD MBR	1.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VELMA DE LA GARZA RIO GRANDE VLY, BOARD MBR	1.00	X						0	0	0
CAROL RAUSCH RIO GRANDE VLY, BOARD MBR	1.00	X						0	0	0
JAMES DIXON SAND HILLS, BOARD CHAIR	5.00	X						0	0	0
JJ JOHNSON SAND HILLS, BOARD MBR	1.00	X						0	0	0
SHARON BENNETT SAND HILLS, BOARD MBR	1.00	X						0	0	0
FREDERICK FREEMAN SAND HILLS, BOARD MBR	1.00	X						0	0	0
PATRICIA DIXON SAND HILLS, BOARD MBR	1.00	X						0	0	0
SADE DUDLEY SAND HILLS, BOARD MBR	1.00	X						0	0	0
SHEKITA SINCLAIR COVINGTON SAND HILLS, BOARD MBR	1.00	X						0	0	0
CYNTHIA MCCORMICK 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			
JONATHAN CHRISTIAN-HODGES 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
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
TONETTE JONES SAND HILLS, BOARD MBR	1.00	X						0	0	0
EDWARD LOVATO SANDOVAL, BOARD CHAIR	5.00	X						0	0	0
LOUIS MCDONALD 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			
AMY DEATHERAGE SANDOVAL, BOARD MBR	1.00	X						0	0	0
CLEMENTINA GARZA SANDOVAL, BOARD MBR	1.00	X						0	0	0
JENNIFER MCDONALD SANDOVAL, BOARD MBR	1.00	X						0	0	0
DON LEONARD SANDOVAL, BOARD MBR	1.00	X						0	0	0
GEORGIA RIROU SANDOVAL, BOARD MBR	1.00	X						0	0	0
LORRAINE RUGGLES 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
JOYCE NASEYOWMA-CHALAN SANDOVAL, BOARD MBR	1.00	X						0	0	0
JULIE CANNON SAVANNAH RIVER, PRESIDENT	5.00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NEWTON B THOMAS SOUTH CAROLINA PROP, BOARD CHAIR	0.10	X						0	0	0
DAVID B MITCHELL SOUTH CAROLINA PROP, BOARD MBR	0.10	X						0	0	0
MICHAEL A THORNTON 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
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
RITA KELTNER SOUTHWEST FLOR, BOARD MBR	1.00	X						0	0	0
C VERNON TYUS SOUTHWEST FLOR, BOARD MBR	1.00	X						0	0	0
JOHN INGRAHAM 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			
RODERICK GADSON SOUTHWEST FLOR, BOARD MBR	1.00	X						0	0	0
CHENE THOMPSON SOUTHWEST FLOR, BOARD MBR	1.00	X						0	0	0
TARA WHEELER SOUTHWEST FLOR, BOARD MBR	1.00	X						0	0	0
WILLIAM CROUCH SOUTHWEST FLOR, BOARD MBR	1.00	X						0	0	0
TONY SIZEMORE SOUTHWEST FLOR, BOARD MBR	1.00	X						0	0	0
JENNIFER ROBINSON SOUTHWEST FLOR, BOARD MBR	1.00	X						0	0	0
WILLIAM BOOTH SPACE COAST, BOARD CHAIR	5.00	X						0	0	0
TINA DESCOVICH SPACE COAST, BOARD MBR	1.00	X						0	0	0
BRETT HYDE SPACE COAST, BOARD MBR	1.00	X						0	0	0
ERIC FRECHETTE 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			
BRIAN FISHER SPACE COAST, BOARD MBR	1.00	X						0	0	0
TERRI DINGMAN SPACE COAST, BOARD MBR	1.00	X						0	0	0
CHRIS BURNS SPACE COAST, BOARD MBR	1.00	X						0	0	0
ERIC AUSTIN SPACE COAST, BOARD MBR	1.00	X						0	0	0
JASON ARTHUR SPACE COAST, BOARD MBR	1.00	X						0	0	0
NEAL E JOHNSON SPACE COAST, BOARD MBR	1.00	X						0	0	0
MICHAEL SCHUR SPACE COAST, BOARD MBR	1.00	X						0	0	0
JEAN BANDISH SPACE COAST, BOARD MBR	1.00	X						0	0	0
DON HERNDON SPACE COAST, BOARD MBR	1.00	X						0	0	0
KATHY KING 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			
DAN RICHARDS SPACE COAST, BOARD MBR	1.00	X						0	0	0
ANDY ZIEGLER SPACE COAST, BOARD MBR	1.00	X						0	0	0
TOM STUDSTILL SPACE COAST, BOARD MBR	1.00	X						0	0	0
KATHERINE LECHNER SPACE COAST, BOARD MBR	1.00	X						0	0	0
DAVID SPECTOR 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
MICHAEL PETERSON SPACE COAST, BOARD MBR	1.00	X						0	0	0
KIMBERLY MUSSELMAN SPACE COAST, BOARD MBR	1.00	X						0	0	0
LINDA J MAY 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			
WAYNE IVEY SPACE COAST, BOARD MBR	1.00	X						0	0	0
SAMANTHA VANCE TALLAHASSEE, BOARD CHAIR	5.00	X						0	0	0
DINA FOSTER TALLAHASSEE, BOARD MBR	1.00	X						0	0	0
SHERI N DEVORE TALLAHASSEE, BOARD MBR	1.00	X						0	0	0
MIKHAIL SCOTT TALLAHASSEE, BOARD MBR	1.00	X						0	0	0
ERINE SIMS TALLAHASSEE, BOARD MBR	1.00	X						0	0	0
MACKENZIE BAUGHN TALLAHASSEE, BOARD MBR	1.00	X						0	0	0
ANDREW PELUSO TAMPA, BOARD MBR	1.00	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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACK A COHEN TAMPA, BOARD MBR	1.00	X						0	0	0
TERIN CREMER TAMPA, BOARD MBR	1.00	X						0	0	0
BRUNO LOPES TAMPA, BOARD MBR	1.00	X						0	0	0
R JUSTIN DAY TAMPA, BOARD MBR	1.00	X						0	0	0
KAYLEE GILBERT TAMPA, BOARD MBR	1.00	X						0	0	0
AARON JIMISON TAMPA, BOARD MBR	1.00	X						0	0	0
MARK METHENY TAMPA, BOARD MBR	1.00	X						0	0	0
MARK CRISER TAMPA, BOARD MBR	1.00	X						0	0	0
MATT GREGORY TAMPA, BOARD MBR	1.00	X						0	0	0
ROBERT MONROE 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			
CHANTAL QUINTANA TAMPA, BOARD MBR	1.00	X						0	0	0
SARAH SCHLEICHER TAMPA, BOARD MBR	1.00	X						0	0	0
ALLEN THOMPSON TAMPA, BOARD MBR	1.00	X						0	0	0
CHARLES B WEISSMAN TAMPA, BOARD MBR	1.00	X						0	0	0
DEBBI STONE TAMPA, BOARD MBR	1.00	X						0	0	0
JENNIFER WILSON TAMPA, BOARD MBR	1.00	X						0	0	0
FRANK PYRTL TAMPA, BOARD MBR	1.00	X						0	0	0
JAMEY WILSON TAMPA, BOARD MBR	1.00	X						0	0	0
FLETCHER DAVIDSON TAMPA, BOARD MBR	1.00	X						0	0	0
ERIC WARD TAMPA, BOARD MBR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
JB DAVIS TAMPA, CHAIR	5.00	X						0	0	0
NEWTON B THOMAS TEXAS PROP, BOARD CHAIR	0.10	X						0	0	0
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
JESSE W RIGBY TEXAS PROP, BOARD MBR	0.10	X						0	0	0
MICHAEL A THORNTON 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
ROSEMARY BRACKMAN VOLUSIA, 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			
MARIA PORTO-DUARTE VOLUSIA, BOARD MBR	1.00	X						0	0	0
MICHAEL THORNTON VOLUSIA, BOARD MBR	1.00	X						0	0	0
JENNIFER KINDALL WHITE PINES, BOARD CHAIR	5.00	X						0	0	0
MARILYN IZZARD WHITE PINES, BOARD MBR	1.00	X						0	0	0
GARY KASPRZAK WHITE PINES, BOARD MBR	1.00	X						0	0	0
WALTER LEE WHITE PINES, BOARD MBR	1.00	X						0	0	0
GARY JONES WHITE PINES, BOARD MBR	1.00	X						0	0	0
STEVEN MARTIN WHITE PINES, BOARD MBR	1.00	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

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			
BRYAN BYRD 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
STEVE MARTIN WHITE PINES, BOARD MBR	1.00	X						0	0	0
JAMES WILSON WHITE PINES, BOARD MBR	1.00	X						0	0	0
JAMES R RICE WHITE PINES, BOARD MBR	1.00	X						0	0	0
SHERIFF DAVID TAYLOR WHITE PINES, BOARD MBR	1.00	X						0	0	0
BENJAMIN SNOODY WHITE PINES, BOARD MBR	1.00	X						0	0	0
WYMOND WILKINS WHITE PINES, BOARD MBR	1.00	X						0	0	0
ALONZO THOMPSON WHITE PINES, BOARD MBR	1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN DEMURO YES, BOARD MBR	1.00	X						0	0	0
JIM JOHNSON YES, 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
JOSEPH CONROD YES, BOARD MBR	1.00	X						0	0	0
CHRISTIAN FLOWERS YES, BOARD MBR	1.00	X						0	0	0
ALBERT KNIGHT YES, BOARD MBR	1.00	X						0	0	0
SHARI NIGRO 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
CHARLOTTE CLARK YES, BOARD MBR	1.00	X						0	0	0
R DONALD LEEDY YES, BOARD MBR	1.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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	No	0	0
Total	1				0	0

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	50,665,815	51,881,105	52,735,090	51,128,999	48,423,476	254,834,485
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	50,665,815	51,881,105	52,735,090	51,128,999	48,423,476	254,834,485
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						4,636,234
6	Public support. Subtract line 5 from line 4.						250,198,251

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	50,665,815	51,881,105	52,735,090	51,128,999	48,423,476	254,834,485
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	288,744	352,651	142,334	233,627	179,601	1,196,957
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	353,826	578,880	1,069,289	2,441,491	-103,421	4,340,065
11	Total support. Add lines 7 through 10						260,371,507
12	Gross receipts from related activities, etc. (see instructions)					12	651,841

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	96.090 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	95.900 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	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>		
1		Yes	
2	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
2			No
3a	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
3a			No
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>		
3b			
c	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>		
3c			
4a	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
4a			No
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>		
4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
4c			
5a	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
5a			No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
6	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
6			No
7	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
7			No
8	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
8			No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
9a			No
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
9b			No
c	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
9c			No
10a	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
10a			No
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>		
10b			

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
		1	Yes
		2	No

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		1	
		2	
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		
		2a	
		2b	
		3a	
		3b	

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

- 1** 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

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
--	--

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

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

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	THE GROUP MEMBERS PERIODICALLY SEND STUDENTS, STAFF AND BOARD MEMBERS TO VISIT THEIR RESPECTIVE STATE LEGISLATURES, INDIVIDUAL LEGISLATORS AND THEIR STAFF IN ORDER TO GIVE PRESENTATIONS AND GENERALLY EDUCATE THE STATE LEGISLATURES ABOUT THE GROUP MEMBERS' PROGRAMS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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 for instructions and the latest information.**

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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
1a Beginning of year balance	113,672	35,986	35,041	32,090	7,090
b Contributions	488,411	75,000			25,000
c Net investment earnings, gains, and losses	-19,660	2,686	945	2,951	
d Grants or scholarships					
e Other expenditures for facilities and programs	32,810				
f Administrative expenses					
g End of year balance	549,613	113,672	35,986	35,041	32,090

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶
- The percentages 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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	No	No
3b		

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
1a Land		2,680,274		2,680,274
b Buildings		21,886,852	15,079,740	6,807,112
c Leasehold improvements				
d Equipment		7,474,170	6,278,622	1,195,548
e Other		557,055	508,311	48,744
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				10,731,678

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)		
Total. (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)		
Total. (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	6,061,449
(2) ASSETS HELD FOR SALE	263,626
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	6,325,075

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO PARENT & GROUP MEMBERS	23,862,635
(3) OBLIGATIONS UNDER CAPITAL LEASE	651,482
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	24,514,117

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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 59-2878383

Name: AMIKIDS INC
(GROUP)

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	AMIKIDS ENDOWMENTS CONSISTS OF FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING BOTH DONOR-RESTRICTED AND UNRESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. INCOME FROM THE ENDOWMENTS IS USED IN ACCORDANCE WITH THE DONOR STIPULATIONS FOR PROGRAMS; IN THE ABSENCE OF ANY DONOR STIPULATIONS, THE INCOME IS USED TO SUPPORT THE MISSION OF THE ORGANIZATION ACCORDING TO THE SPENDING POLICY ESTABLISHED BY THE BOARD OF TRUSTEES.

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.

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.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	TAMPA (event type)	SPACE COAST (event type)	11 (total number)	(add col. (a) through col. (c))	
1 Gross receipts	91,046	111,333	118,273	320,652	
2 Less: Contributions	55,945	105,989	99,287	261,221	
3 Gross income (line 1 minus line 2)	35,101	5,344	18,986	59,431	
Direct Expenses	4 Cash prizes		7,500	8,500	
	5 Noncash prizes		1,286	1,286	
	6 Rent/facility costs	8,100	3,400	12,480	23,980
	7 Food and beverages	6,649	254	16,154	23,057
	8 Entertainment		449	688	1,137
	9 Other direct expenses	18,314	6,433	20,293	45,040
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				103,000	
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-43,569	

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.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 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
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 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:

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

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**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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.

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? 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.

(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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(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	38	70,465			
(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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 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	68,472	ESTIMATED FMV
8 Intellectual property				
9 Securities—Publicly traded	X	2	24,815	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				
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 ▶ (AUCTION ITEMS)	X	0	56,497	ESTIMATED FMV
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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30a 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 isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31	Yes	
-----------	-----	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	Yes	
------------	-----	--

b If "Yes," describe in Part II.

33 If the organization didn't 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 for the latest information.

OMB No. 1545-0047

2019**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 400 TRUSTEES GOVERNING ALL OF THE GROUP MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AMIKIDS IS THE SOLE MEMBER OF EACH OF THE GROUP MEMBERS, EXCEPT PCMI PROPERTIES, INC. (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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	AMIKIDS IS THE SOLE MEMBER OF EACH OF THE GROUP MEMBERS EXCEPT PCMI PROPERTIES, INC. (WHOSE SOLE MEMBER IS AMIKIDS PANAMA CITY MARINE INSTITUTE, INC., A GROUP MEMBER) AND IS REQUIRED TO APPROVE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS PROPOSED BY THE BOARD OF TRUSTEES OF ANY OF THE GROUP MEMBERS. IN ADDITION, CERTAIN SPECIFIED ACTIONS ARE REQUIRED TO BE APPROVED IN ADVANCE BY AMIKIDS. 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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CHAIRMAN OF THE BOARD OF TRUSTEES AND EXECUTIVE DIRECTOR OF EACH GROUP MEMBER IS REQUIRED TO COMPLETE AND SUBMIT A 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

Return Reference	Explanation
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

Return Reference	Explanation
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 ASPEN, INC . K. AMIKIDS SARASOTA COUNTY, INC. L. AMIKIDS INFINITY CHICAGO, INC. M. AMIKIDS INFINITY NEWBERRY, INC. N. AMIKIDS INFINITY ORANGEBURG, INC. O. AMIKIDS NEW ORLEANS, INC. P. AMIKIDS NORFOLK, INC. Q. AMIKIDS WINGS FOR LIFE - PENNSYLVANIA, INC. R. AMIKIDS ST. LOUIS, INC. S . AMIKIDS SOUTH CAROLINA STATEWIDE, INC.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	ROUNDING -1.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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 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
(1) AMIKIDS INC (PARENT) 5915 BENJAMIN CENTER DR TAMPA, FL 33634 23-7440836	REHABILITATING DEPENDENT AND DELINQUENT YOUTH	FL	501(C)(3)	170(B)(1)(A)			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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)	Yes	
h Purchase of assets from related organization(s)	Yes	
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	Yes	

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation