



November 7, 2019

Emerald Coast Association of Realtors, Inc. 10 Hollywood Blvd SE Fort Walton Beach, FL 32548

Emerald Coast Association of Realtors, Inc.:

Enclosed is the organization's 2018 Exempt Organization return.

Specific filing instructions are as follows.

## FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2019.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Carr, Riggs & Ingram, LLC

# TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

### FOR THE YEAR ENDING

December 31, 2018

Pre	pa	rec	d F	or:
-----	----	-----	-----	-----

Emerald Coast Association of Realtors, Inc. 10 Hollywood Blvd SE Fort Walton Beach, FL 32548

# Prepared By:

Carr, Riggs & Ingram, LLC 500 Grand Boulevard, Suite 210 Miramar Beach, FL 32550

### **Amount Due or Refund:**

Not applicable

# Make Check Payable To:

Not applicable

# Mail Tax Return and Check (if applicable) To:

Not applicable

### **Return Must be Mailed On or Before:**

Not applicable

# **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – https://cricpa.sharefile.com/share/filedrop . We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2019

Form 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

alendar year 2018, or fiscal year beginning	, 2018, and ending	, 20

OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service Name of exempt organization

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

EMERALD COAST ASSOCIATION OF REALTORS, INC.

23-7420154

Name and title of officer KEITH DEAN

CEO

Part I Type of Return and Return Information (Whole Dolla	rs Onlv)
---	----------

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	2,701,991.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here <b>b Total tax</b> (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

#### **Declaration and Signature Authorization of Officer** Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

X I authorize	CARR,	RIGGS	&	INGRAM,	LLC
🔼 I authorize	CARR,	KIGGS	٥c	INGRAM,	ГГС

to enter my PIN

ERO firm name

Enter five numbers, but

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date 🕨

#### Part III **Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59219327401

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► CARR, RIGGS & INGRAM, LLC

Date ightharpoonup 11/07/19

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

Officer's signature

# EXTENDED TO NOVEMBER 15, 2019

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

Open to Public Inspection

AF	or tne	2018 calendar year, or tax year beginning and	enaing		
<b>B</b> c	heck if pplicable	EMERALD COASI ASSOCIATION OF		D Employer identifie	cation number
	Addres change Name				400154
	change □Initial				420154
	return _Final _return/	10 HOLLYWOOD BLVD SE	Room/suite		r 243-6145
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	3,698,760.
	Amend return	FORT WALTON BEACH, FL 32346		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: KELLII DEAN		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-exe	mpt status: $\bigcirc$ 501(c)(3) $\boxed{\mathbf{X}}$ 501(c) ( $\boxed{6}$ ) $\blacktriangleleft$ (insert no.) $\bigcirc$ 4947(a)(1) of	or 527	If "No," attach a	list. (see instructions)
J۷	Vebsit	e:▶ EMERALDCOASTREALTORS.COM		H(c) Group exemptio	n number 🕨
<b>K</b> F		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1964	<b>M</b> State of legal domicile: <b>FL</b>
Pa	art I	Summary			
	1 1	Briefly describe the organization's mission or most significant activities: PROV	IDING	MULTIPLE LIS	STING
Activities & Governance		SERVICE, EDUCATION AND SUPPORT TO PROFESS	IONAL	MEMBERS IN	THE LOCAL
rna	2 (	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	20
8 8	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	19
/iţi	6	Total number of volunteers (estimate if necessary)		6	0
Ċţ	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b l	Net unrelated business taxable income from Form 990-T, line 38		7b	0.
				Prior Year	Current Year
Ф	8 (	Contributions and grants (Part VIII, line 1h)		0.	0.
ž	9 1	Program service revenue (Part VIII, line 2g)		2,353,779.	2,708,410.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		46,445.	-110,355.
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		89,951.	103,936.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,490,175.	2,701,991.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,093,398.	1,176,257.
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
épe	b.	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Û	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,566,508.	1,739,908.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,659,906.	2,916,165.
		Revenue less expenses. Subtract line 18 from line 12		-169,731.	-214,174.
Net Assets or Fund Balances			Ве	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,329,866.	4,050,164.
t As	21	Total liabilities (Part X, line 26)		866,064.	1,006,709.
홢	22	Net assets or fund balances. Subtract line 21 from line 20		3,463,802.	3,043,455.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cignature of officer		Data	
Sigr	I	Signature of officer		Date	
Her	е	KEITH DEAN, CEO			
		Type or print name and title	<u> </u>	Doto Lau F	DTIN
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	- H	TIMOTHY FULMER TIMOTHY FULMER	]	L1/07/19 "self-employ	
	arer	Firm's name CARR, RIGGS & INGRAM, LLC		Firm's EIN ▶	72-1396621
Use	Only	Firm's address 500 GRAND BOULEVARD, SUITE 210		05	0 027 2141
		MIRAMAR BEACH, FL 32550		Phone no. 85	0.837.3141
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program Serv	ice Accomplishments		
	Check if Schedule O contains a resp	oonse or note to any line in this Part III		
1	Briefly describe the organization's mission			
	TO PROVIDE MEMBERS WI	TH RESOURCES TO ACHIEVE	AN EXEMPLARY LEVEL	OF
		GRITY, AND ETHICAL BUSI		
		OF LIFE IN THE COMMUNI		
	~			
2	Did the organization undertake any signific	cant program services during the year which	were not listed on the	
_				Yes X No
	If "Yes," describe these new services on S			103110
2	•	make significant changes in how it conducts	any program conjecco	Yes X No
3	-	-	, any program services?	res [21] NO
_	If "Yes," describe these changes on Sche			
4		ce accomplishments for each of its three large		
		ns are required to report the amount of grant	s and allocations to others, the total exp	enses, and
	revenue, if any, for each program service			
4a	(Code:) (Expenses \$1, 5	558,930 • including grants of \$	) (Revenue \$	)
	MLS, EDUCATION, OTHER	MEMBER SERVICES		
	-			
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
				,
	-			
4d	Other program services (Describe in Sche	dule O.)		
	,	including grants of \$	) (Revenue \$	)
4e	Total program service expenses	1,558,930.	) Tricycline φ	
46	Total program service expenses	1,330,330		Form <b>990</b> (2018)
				(2016)

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	1		_ <u>X</u> _
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
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	3		_X_
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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		7.7	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
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	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
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	9		_X_
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	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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	11b		_X_
С	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	11c		<u> </u>
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	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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	12b		_ <u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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	14b		<u> </u>
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			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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	18		<u> </u>
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	19		_ <u>X</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	Schedule J	23		<u> X</u>					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		<u> X</u>					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b							
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c							
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
	Schedule L, Part I	25b							
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or								
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			.,					
	complete Schedule L, Part II	26		X					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial								
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			₩.					
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV								
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х					
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X					
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b							
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x					
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X					
30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29							
30		30		х					
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?	30							
31		31		x					
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 01							
UZ.	, ,	32		х					
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>							
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-00							
٠.	Part V, line 1	34		х					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х					
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity								
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," complete Schedule R, Part V, line 2	36							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization								
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?								
	Note. All Form 990 filers are required to complete Schedule O	38	X						
Par									
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	X						
832004	± 12-31-18	Form	990	(2018)					

#### EMERALD COAST ASSOCIATION OF REALTORS, INC 23-7420154 Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 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)? Х 4a **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). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 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). 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 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand

14b

X

Х

X

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

excess parachute payment(s) during the year?

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

23-7420154 Page 6

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	37	X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_	v	
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		v	
•	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	X	
a	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21
	tion 211 choice (This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)	e:	:-1	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ınanc	ıaı	
00	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 THE ORGANIZATION - 850-243-6145			
	10 HOLLYWOOD BLVD, FORT WALTON BEACH, FL 32548			
	10 HOLLINGOD DEVD, IONI WARRION DENGTH, II 32310			

### Form 990 (2018) 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 (Ď), (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, and 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.

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

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

(A)  Name and Title	(B) Average hours per	(do box	not c	Pos heck	c) ition more rson i	than o	one n an	(D)  Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated snat/ac		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LIZ MCMASTER	5.00			l						•
PRESIDENT		Х		Х				0.	0.	0.
(2) NINA MCCASLIN-HORN	5.00			l					•	•
PRESIDENT ELECT		Х		X				0.	0.	0.
(3) KITTY TAYLOR VICE PRESIDENT	5.00	х		x				0.	0.	0.
(4) TOM MIESEN	5.00	Λ		Λ				0.	0.	· ·
TREASURER	3.00	Х		х				0.	0.	0.
(5) KEITH WOOD	5.00	Λ		^				· ·	0.	<u> </u>
ASSISTANT TREASURER	3.00	Х		Х				0.	0.	0.
(6) TERRY PILCHER	2.00	21		21				•	<b></b>	
IMMEDIATE PAST PRESIDENT	2.00	Х						0.	0.	0.
(7) CHAD KNAEPPLE	2.00							•	•	
DIRECTOR		х						0.	0.	0.
(8) KATE BEAM	2.00									
DIRECTOR		Х						0.	0.	0.
(9) MARYANN WINDES	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ROB BROOKS	2.00									
DIRECTOR		Х						0.	0.	0.
(11) BRYAN WHITEHEAD	2.00									
DIRECTOR		Х						0.	0.	0.
(12) SHERRI ZIMMERMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) SALLY MERRIFIELD	2.00									
DIRECTOR		Х						0.	0.	0.
(14) TYLER CAPELOTTI	2.00									
DIRECTOR		Х						0.	0.	0.
(15) TULA TUCKER	2.00									
DIRECTOR		Х						0.	0.	0.
(16) MICHELE BAILEY	2.00									
DIRECTOR-AT-LARGE		Х						0.	0.	0.
(17) DAWN JOHNSON	2.00	<u>_</u> _								_
DIRECTOR-AT-LARGE		X						0.	0.	990 (2018)

Form **990** (2018) 832007 12-31-18

Form 990 (2018) REALTOR
Part VIII Statement of Revenue

			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s ts	1	a	Federated campaigns	1a					
ani			Membership dues	······					
s, Grants Amounts			Fundraising events						
o Q			Related organizations						
s, G nik			Government grants (contributi	·····					
Sis			All other contributions, gifts, grant						
outi her			similar amounts not included abov						
JĘĘ.		g	Noncash contributions included in lines 1						
Contributions, Gift and Other Similar		-	Total. Add lines 1a-1f						
					Business Code				
ø	2	а	MEMBER SERVICE		561000	1,484,160.	1,484,160.		
rvic		b	MEMBER DUES		561000	1,081,919.	1,081,919.		
Sel		С	COMMITTEES		561000	84,029.	84,029.		
am eve		d	OTHER PROGRAM SERVICE I	NCOME	561000	37,148.	37,148.		
Program Service Revenue		е	INFORMATION SYSTEM		561000	21,154.	21,154.		
Pr		f	All other program service reve	nue					
		g	Total. Add lines 2a-2f		<b>&gt;</b>	2,708,410.			
	3		Investment income (including	dividends, intere	st, and				
			other similar amounts)			36,629.	36,629.		
	4		Income from investment of tax	exempt bond p	roceeds				
	5		Royalties		<b></b>				
				(i) Real	(ii) Personal				
	6	а	Gross rents						
			Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		······				
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	535,565.	267,500.				
		b	Less: cost or other basis						
			and sales expenses	519,636.	430,413.				
			Gain or (loss)	15,929.	-162,913.				
			Net gain or (loss)		<b></b>	-146,984.	-146,984.		
e	8	а	Gross income from fundraising						
Other Revenu			including \$	of					
Rev			contributions reported on line	,					
er			Part IV, line 18						
Ŏŧ			Less: direct expenses						
			Net income or (loss) from fund		·····				
	9	a	Gross income from gaming ac						
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
	10	u	and allowances		150,656.				
		h	Less: cost of goods sold						
			Net income or (loss) from sales		•	103,936.			103,936.
			Miscellaneous Revenue		Business Code	,			,
	11	a	TVIICOONALTOOGO TTOVOTTA		222222				
		b		_					
		c		_					
			All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,701,991.	2,598,055.	0.	103,936.

	Check if Schedule O contains a respons			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	149,250.	89,550.	59,700.	
6	Compensation not included above, to disqualified	213 / 2301	03,0001	3377331	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	916,882.	550,129.	366,753.	
8	Pension plan accruals and contributions (include		-	•	
	section 401(k) and 403(b) employer contributions)	45,353.	27,212.	18,141.	
9	Other employee benefits				
10	Payroll taxes	64,772.	38,863.	25,909.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` '				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	100 700	1 007	100 401	
13	Office expenses	129,728.	1,297.	128,431.	
14	Information technology				
15	Royalties	261,461.		261,461.	
16	Occupancy	150,938.	90,563.	60,375.	
17	Travel	130,930.	90,303.	00,373.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20	·				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	139,940.		139,940.	
23	Insurance	21,875.		21,875.	
-0 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 0.)				
а	OTHER OPERATING EXPENSE	309,770.	179,667.	130,103.	
b	MLS EXPENSE	273,161.	273,161.		
С	COMMITTEES	181,226.	181,226.		
d	REPAIRS & MAINTENANCE	144,547.		144,547.	
е	All other expenses	127,262.	127,262.		
25	Total functional expenses. Add lines 1 through 24e	2,916,165.	1,558,930.	1,357,235.	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 if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

Form **990** (2018)

Form 990 (2018)
Part X | Balance Sheet

		Check if Schedule O contains a response or note	e to anv	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			853,569.	1	1,413,133.
	2	Savings and temporary cash investments			1,401,285.	2	1,221,637.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			264,893.	4	60,745.
	5	Loans and other receivables from current and fo			·		
		trustees, key employees, and highest compensa		· · · · · ·			
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of secti					
,,		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			7,114.	8	
	9	Down and design and de			11,073.	9	6,990.
		Land, buildings, and equipment: cost or other	I				0,000
	iou		10a	2.654.702			
	h	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10h	1.313.010.	1,785,865.	10c	1,341,692.
	11	Investments - publicly traded securities	100	2/020/0200	2770070001	11	2,012,0320
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		I		14	
	15	Other assets. See Part IV, line 11			6,067.	15	5,967.
	16	Total assets. Add lines 1 through 15 (must equa			4,329,866.	16	4,050,164.
	17	Accounts payable and accrued expenses			135,915.	17	169,766.
	18	Grants payable		I		18	
	19	Deferred revenue			515,600.	19	638,962.
	20	Tax-exempt bond liabilities			,	20	
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to current and former					
ţi		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
Lia	23	Secured mortgages and notes payable to unrela		I		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D	-	· .	214,549.	25	197,981.
	26	Total liabilities. Add lines 17 through 25			866,064.	26	197,981. 1,006,709.
		Organizations that follow SFAS 117 (ASC 958)					
ဖွ		complete lines 27 through 29, and lines 33 and	d 34.				
- L	27	Unrestricted net assets			3,460,941.	27	3,040,594.
ala	28	Temporarily restricted net assets			2,861.	28	2,861.
g	29	Permanently restricted net assets				29	
ا ج <u>.</u>		Organizations that do not follow SFAS 117 (AS	SC 958)	, check here 🕨 🗌			
P		and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, o	r other funds		32	
ž	33	Total net assets or fund balances			3,463,802.	33	3,043,455.
	34	Total liabilities and net assets/fund balances			4,329,866.	34	4,050,164.

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	2,70 2,91		
3	Revenue less expenses. Subtract line 2 from line 1	3			74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,46	3,8	02.
5	Net unrealized gains (losses) on investments	5	-5	2,7	92.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-15	3,3	81.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,04	3 4	55.
Pa	column (B)) rt XII Financial Statements and Reporting	10	3,01	J , I	<del>55.</del>
	Check if Schedule O contains a response or note to any line in this Part XII				X
	oncok ii ooncodic o oontaino a response of note to any line iir thio r art XII			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	X	
	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:  X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	an availte availaire valavi in Calandula O and describe any atendatal and to valence availe availte		) AL	I	I

Form **990** (2018)

### SCHEDULE C

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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) organizat			Τ_	
Nam		COAST ASSOCIATION	ON OF	Empl	loyer identification number
	REALTOR				23-7420154
Pa	rt I-A Complete if the org	janization is exempt unde	er section 501(c) o	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	tures		<b>&gt;</b> \$	
Pa	rt I-B Complete if the org	janization is exempt unde	er section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	<b>&gt;</b> \$	
2	Enter the amount of any excise tax	incurred by organization manage			
	If the organization incurred a sectio				
	Was a correction made?				
	If "Yes." describe in Part IV.				
Pa	rt I-C Complete if the org	janization is exempt unde	er section 501(c), o	except section 501(c	)(3).
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt function	on activities > \$	
2	Enter the amount of the filing organ	nization's funds contributed to oth	ner organizations for sec	ction 527	
	exempt function activities			<b>▶</b> \$	( <u> </u>
3	Total exempt function expenditures				
	line 17b			▶\$	
4	Did the filing organization file Form				
5	Enter the names, addresses and en	nployer identification number (EIN	I) of all section 527 poli	tical organizations to which	n the filing organization
	made payments. For each organization	tion listed, enter the amount paid	I from the filing organiza	ation's funds. Also enter the	e amount of political
	contributions received that were pro-	omptly and directly delivered to a	separate political orga	nization, such as a separat	e segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	de information in Part I'	V.	
	<b>(a)</b> 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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

Part II-A Complete if the org section 501(h)).	ganization is exe	empt under section	n 501(c)(3) and file	d Form 5768 (ele	ection under
	ation belongs to an a	ffiliated group (and list in	n Part IV each affiliated	group member's nam	ie, address, EIN,
	re of excess lobbying	,			
B Check ▶ if the filing organiza	ation checked box A	and "limited control" pro	ovisions apply.		1
	its on Lobbying Exp ditures" means am	enditures ounts paid or incurred.	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinior	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infl	uence a legislative b	ody (direct lobbying)			
c Total lobbying expenditures (add li	ines 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	es (add lines 1c and	1d)			
f Lobbying nontaxable amount. Ent	er the amount from t	he following table in bot	th columns.		
If the amount on line 1e, column (a) o	or (b) is: The le	obbying nontaxable am	nount is:		
Not over \$500,000	20% (	of the amount on line 1e			
Over \$500,000 but not over \$1,00	0,000 \$100,	000 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,	000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,	000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,00	0,000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	ro or less, enter -0-				
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than ze	ero on either line 1h	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this					Yes No
(Some organizations t	hat made a section	veraging Period Under 501(h) election do not arate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period		_
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

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		(a)		(b)	
	lobbying activity.	Yes	No	Amo	ount	
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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?					
	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	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?	F04/a\/E\	١			
	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	50 I (C)(5)	, or sec	tion		
art						
art	301(0)(0).			Voc	l N	
				Yes		
1	Were substantially all (90% or more) dues received nondeductible by members?					
1 2 3	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the partill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N	orior year? 501(c)(5)	2 3 , or sec	X	2	
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the partial Complete if the organization is exempt under section 501(c)(4), section 4	orior year? 501(c)(5) lo," OR (	2 3), or sec (b) Part	X	2	
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the political campaign activity expe	orior year? 501(c)(5) lo," OR (	2 3), or sec (b) Part	X	2	
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the partill-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments and similar amounts from members	orior year? 501(c)(5) lo," OR (	2 3), or sec (b) Part	X	2	
1 2 3 Part	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the partille.  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political)	orior year? 501(c)(5) lo," OR (	2 3 ), or sec (b) Part	X	2	
1 2 3 2 3 2 3 1 1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	orior year? 501(c)(5) lo," OR (	2 3 ), or sec (b) Part	X	2	
1 2 3 9art 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	orior year? 501(c)(5) lo," OR (	2 3 , or sec (b) Part 1 2a 2b 2c	X	2	
1 2 3 Part 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the partille.  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year	orior year? 501(c)(5) lo," OR (	2 3 , or sec (b) Part 1 2a 2b 2c	X	2	
1 2 3 Part 1 2 a b c 3 4	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	orior year? 501(c)(5) lo," OR (	2 3 , or sec (b) Part 1 2a 2b 2c	X	2	
1 2 3 3 2 art 2 a b c 3 4	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  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 expensions.	orior year? 501(c)(5) lo," OR (	2 3 3, or sec (b) Part	X	2	
1 2 3 Part 1 2 a b c 3 4	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the part III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Nanswered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	prior year? 501(c)(5) lo," OR (	2 3 ), or sec (b) Part	X	N 2	

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EMERALD COAST ASSOCIATION OF REALTORS, INC.

**Employer identification number** 23-7420154

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	_	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	· — —
Da			
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		1 1
b	, , , , , , , , , , , , , , , , , , , ,		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
4	year ▶ Number of states where property subject to conservation eas	ament is leasted	
5	Does the organization have a written policy regarding the peri	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
Ū	b	mandaning of violations, and officioning cont	servation deserments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
-	<b>▶</b> \$	g or moranorie, and orneroning concerna	mon casements adming and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati		
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther 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 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

		EMERALD COAST AS	SSOC	TATION (	)F'			
Sche	dule D (Form 990) 2018	REALTORS, INC.				2	3-7420154	Page 2
Pa	t III Organizations	Maintaining Collections of	Art, F	Historical Ti	easures, or Ot	her Similar	Assets (continue	ed)
3	Using the organization's ac	equisition, accession, and other rec	ords, c	heck any of the	e following that are	a significant us	e of its collection ite	ems
	(check all that apply):							
а	Public exhibition		<b>d</b> [	Loan or ex	change programs			
b	Scholarly research		е [	Other				
С	Preservation for futu	re generations						
4	Provide a description of the	e organization's collections and exp	olain ho	ow they further	the organization's e	exempt purpose	e in Part XIII.	

3	Using the organization's acquisition, accession	on, and other records	, che	ck any of the	following that	t are a sigr	nificant u	se of its c	ollection i	tems	
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how	they further th	ne organizatio	on's exemp	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	f art, I	historical trea	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	intained as part of th	e org	anization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Complet	te if tl	he organizatio	n answered '	"Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary fo	r contribution	s or other ass	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanat	tion has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete it	f the organization ans	were	d "Yes" on Fo	orm 990, Part	IV, line 10	).				
		(a) Current year	(b)	Prior year	(c) Two yea	rs back (	<b>d)</b> Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		(line	1g, column (a	)) held as:	•					
а	Board designated or quasi-endowment	·	%		••						
b	Permanent endowment		_								
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses	ssion of the organizat	ion th	nat are held ar	nd administer	red for the	organiza	ition			
	by:	•					· ·		[·	Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	d "Yes" on Form 990,	Part	IV, line 11a. S	See Form 990	, Part X, lii	ne 10.				
	Description of property	(a) Cost or ot	her	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	value	<del></del>
	1 17	basis (investm			(other)		eciation		,,		
1a	Land			15	7,928.				157	, 92	28.
	Buildings	I			1,757.	4	94,46	50.	867		
	Leasehold improvements						•			-	
	Equipment										
-	=======================================			1 1 2	E 017	0	10 E	- 1	216	1.0	57

1,341,692. Schedule D (Form 990) 2018

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

REALTORS, INC.

	on Form 990, Part IV, line	e 11b. See Form 990, Part X, li	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.		·	
Complete if the organization answered "Yes" o	on Form 990 Part IV line	11c See Form 990 Part X li	ne 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►  eart IX Other Assets.  Complete if the organization answered "Yes" (a) [		e 11d. See Form 990, Part X, li	1
Complete if the organization answered "Yes" (a) I	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, lii	ne 15. <b>(b)</b> Book value
Complete if the organization answered "Yes" (a) I		e 11d. See Form 990, Part X, lii	1
Complete if the organization answered "Yes" (a) (1)  (2)		e 11d. See Form 990, Part X, lii	1
Complete if the organization answered "Yes" (a) [ (1) (2) (3)		e 11d. See Form 990, Part X, lii	1
Complete if the organization answered "Yes" (a) I  (1)  (2)  (3)		e 11d. See Form 990, Part X, lii	1
Complete if the organization answered "Yes" (a) I  (1)  (2)  (3)  (4)		e 11d. See Form 990, Part X, lii	1
Complete if the organization answered "Yes" (a) I  (1)  (2)  (3)  (4)  (5)		e 11d. See Form 990, Part X, lii	1
Complete if the organization answered "Yes" (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)		e 11d. See Form 990, Part X, lii	1
Complete if the organization answered "Yes" (a) [ (1) (2) (3) (4) (5) (6) (7) (8)		e 11d. See Form 990, Part X, lii	
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (2) (3) (4) (5) (6) (7) (8) (9) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (8) (8) (9) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Description		1
Complete if the organization answered "Yes" (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description  15.)		(b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (2) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Description  15.)		(b) Book value
Complete if the organization answered "Yes" (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, col. (B) line art X  Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  15.)	e 11e or 11f. See Form 990, Pa	(b) Book value
Complete if the organization answered "Yes" (a) [  (1) (2) (3) (4) (5) (6) (7) (8) (9)  tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes	Description  15.)	e 11e or 11f. See Form 990, Pa (b) Book value	(b) Book value
Complete if the organization answered "Yes" (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2) OTHER LIABILITIES	Description  15.)	e 11e or 11f. See Form 990, Pa (b) Book value	(b) Book value
Complete if the organization answered "Yes" (a) [1]  (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) OTHER LIABILITIES (3) ACCRUED LIABILITIES	Description  15.)	2 11e or 11f. See Form 990, Pa (b) Book value 136,371. 48,144.	(b) Book value
Complete if the organization answered "Yes" of (a) I  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2) OTHER LIABILITIES  (3) ACCRUED LIABILITIES  (4) CAPITAL LEASE OBLIGATION	Description  15.)	e 11e or 11f. See Form 990, Pa (b) Book value	(b) Book value
Complete if the organization answered "Yes" (a) [1]  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) OTHER LIABILITIES (3) ACCRUED LIABILITIES (4) CAPITAL LEASE OBLIGATION (5)	Description  15.)	2 11e or 11f. See Form 990, Pa (b) Book value 136,371. 48,144.	(b) Book value
Complete if the organization answered "Yes" (a) [1]  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) OTHER LIABILITIES (3) ACCRUED LIABILITIES (4) CAPITAL LEASE OBLIGATION (5) (6)	Description  15.)	2 11e or 11f. See Form 990, Pa (b) Book value 136,371. 48,144.	(b) Book value
Complete if the organization answered "Yes" (a) [1]  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) OTHER LIABILITIES (3) ACCRUED LIABILITIES (4) CAPITAL LEASE OBLIGATION (5) (6) (7)	Description  15.)	2 11e or 11f. See Form 990, Pa (b) Book value 136,371. 48,144.	(b) Book value
Complete if the organization answered "Yes" (a) [1]  (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes (2) OTHER LIABILITIES (3) ACCRUED LIABILITIES (4) CAPITAL LEASE OBLIGATION (5) (6) (7) (8)	Description  15.)	2 11e or 11f. See Form 990, Pa (b) Book value 136,371. 48,144.	(b) Book value
Complete if the organization answered "Yes" (a) [1]  [2] [3] [4] [5] [6] [7] [8] [9]  tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability  [1] Federal income taxes [2] OTHER LIABILITIES [3] ACCRUED LIABILITIES [4] CAPITAL LEASE OBLIGATION [5] [6] [7]	Description  15.)  On Form 990, Part IV, line	2 11e or 11f. See Form 990, Pa (b) Book value 136,371. 48,144.	(b) Book value

832053 10-29-18

Schedule D (Form 990) 2018

2018 REALTORS, INC.

Part	Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,895,695.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments				
	Donated services and use of facilities			-	
	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	2d			•
	Add lines 2a through 2d			2e	0.
	Subtract line <b>2e</b> from line <b>1</b>			3	2,895,695.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b		102 704	-	
	Other (Describe in Part XIII.)	4b	-193,704.		100 704
	Add lines <b>4a</b> and <b>4b</b>			4c	-193,704. 2,701,991.
5 Dord	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12 t XII Reconciliation of Expenses per Audited Financial St	.) otomonto With	Evnonce nor [	5	2,701,991.
Pari			Expenses per r	returi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, li			Ι. Ι	2 162 661
				1	3,162,661.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
	Donated services and use of facilities			-	
	Prior year adjustments		199,776.	-	
	Other losses		199,770.	-	
	Other (Describe in Part XIII.)			1	100 776
	Add lines 2a through 2d			2e 3	199,776. 2,962,885.
	Subtract line 2e from line 1			3	2,302,003.
	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	40			
			-46,720.	-	
	Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>		•	4c	-46,720.
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I. line 1			5	2,916,165.
Part	t XIII Supplemental Information.	6. <i>j</i>			
Provid	le 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 )	(, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a				
PAR'	T XI, LINE 4B - OTHER ADJUSTMENTS:				
<u>cos</u>	T OF MERCHANDISE SOLD INCLUDED IN REVE	NUE			-46,720.
					1.50 010
LOS	S ON DISPOSAL OF FIXED ASSETS				-162,913.
					45 000
GAI.	N FROM INVESTMENTS				15,929.
					100 504
TOT.	AL TO SCHEDULE D, PART XI, LINE 4B				-193,704.
ים גם	m vii iine 4p omiep apiiiommenmo.				
PAR.	T XII, LINE 4B - OTHER ADJUSTMENTS:				
aoai	T OF MEDGIANDIGE GOLD INGLIDED IN DEVIS	NTTTE			46 700
COS'	T OF MERCHANDISE SOLD INCLUDED IN REVE	NUE			-40,/20.

# EMERALD COAST ASSOCIATION OF

Schedule D (Form 990) 2018 REALTORS, INC.	23-7420154 Page 5
Schedule D (Form 990) 2018 REALTORS, INC.  Part XIII   Supplemental Information (continued)	<b>.</b>
(continued)	

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

EMERALD COAST ASSOCIATION OF REALTORS, INC.

**Employer identification number** 23-7420154

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REAL ESTATE INDUSTRY. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS REALTOR MEMBERS AND AFFILIATE MEMBERS WHO PARTICIPANT IN THE EDUCATION PROGRAMS, MULTIPLE LISTING SERVICE AND SUPRA KEY LOCKBOX SYSTEM AND EVENTS. NO STOCKHOLDERS. FORM 990, PART VI, SECTION A, LINE 7A: MORE THAN 3,000 ASSOCIATION'S REALTOR MEMBERS ARE ALL ENCOURAGED TO VOTE AND PARTICIPATE IN OUR BOARD'S ELECTION PROCESS. MEMBERS ARE INVITED THROUGHOUT THE PROCESS TO EXAMINE THE INFORMATION ABOUT THE CANDIDATES AND TO VOTE ONLINE. ALL OF THE INFORMATION ABOUT MEMBERS VYING FOR OPEN POSITIONS IS POSTED ON OUR WEBSITE AND DISTRIBUTED TO OUR TOTAL MEMBERSHIP. FORM 990, PART VI, SECTION A, LINE 7B: ANY BY-LAW CHANGES MUST BE APPROVED BY MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11B: THE CEO WILL REVIEW AND APPROVE THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE GOVERNING BODY AND WORK GROUPS MONITOR AND ARE ENCOURAGED TO DISCLOSE ANY CONFLICTS AT EVERY MEETING. A CONFLICT INTEREST POLICY ACKNOWLEDGEMENT FORM IS REQUIRED. THE MEMBERS OF THESE GROUPS ARE REQUIRED TO SIGN.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

REALTORS,		Employer identification number 23-7420154
FORM 990, PART VI, SECTI	ON B, LINE 15:	
THE ORGANIZATION OBTAINS	AND REVIEWS COMPREHENSIVE BENCHM	ARK DATA ON
SALARIES AND BENEFITS FO	OR ALL EMPLOYEES PRIOR TO MAKING C	OMPENSATION AND
BENEFIT DECISION.		
FORM 990, PART VI, SECTI	ON C, LINE 19:	
THE ORGANIZATION MADE IT	S GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY,
AND FINANCIAL STATEMENTS	AVAILABLE GO THE PUBLIC UPON REQ	UEST.
FORM 990, PART XII, LINE	: 2C:	
		ECC OD
	' CHANGE EITHER ITS OVERSIGHT PROC	ESS OR
SELECTION PROCESS DURING	THE TAX YEAR.	
_		

					TOKS,	TINC.				
Asset No.	Description	Date Acquir		Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS									
	BUILDING	0101	77	SL	40.00	83,264.		83,264.	81,184.	0.
	CONSTRUCTION I	0215			40.00			9,701.		243.
	CONSTRUCTION I	1231			40.00			15,000.		375.
	CONSTRUCTION I	1104			40.00			2,000.		50.
	CONSTRUCTION I	1129			40.00			1,450.		36.
	IMPROVEMENTS	0215	03		40.00			20,054.		
277	NEW BUILDING	1203	04	SL	40.00	907,341.		907,341.	319,459.	22,684.
278	ARCHETECT FEES NEW BUILDING	1206	04		40.00			79,420.		
284	BUILDING ADDITION	0120	05	SL	40.00	100,227.		100,227.		
285	BUILDING	0127	05		40.00			2,123.		53.
286	BUILDING	0131	05	SL	40.00			1,827.		46.
287	BUILDING	0204	05	SL	40.00			1,250.		31.
290	BUILDING	0210	05	SL	40.00			450.		11.
291	BUILDING	0217	05	SL	40.00	697.		697.	238.	17.
295	BUILDING	0621	05	SL	40.00	111.		111.	39.	3.
298	BUILDING	0926	05	SL	40.00	513.		513.	171.	13.
300	RAIN GUTTERS	1128			40.00	2,725.		2,725.	890.	68.
301	BUILDING	1130			40.00	490.		490.	159.	12.
302	BUILDING	1208			40.00	449.		449.	145.	11.
303	BUILDING	1220	05	SL	40.00	360.		360.	117.	9.
304	BUILDING	0418			40.00			150.	53.	4.
305	BUILDING	0421	05	SL	40.00	250.		250.	84.	6.
316	ADDTL ITEMS FROM CAP EXPEND GL	1231	05		40.00	1,407.		1,407.	456.	35.
317	KITCHEN CABINETS	0208			40.00	2,878.		2,878.	912.	72.
318	WIRING IN THE EDUCATIONAL BLDG	0509	06	SL	40.00	3,947.		3,947.	1,277.	99.
319	GUTTERS	0730			40.00	1,500.		1,500.	432.	38.
320	KITCHEN CABINETS	0621	10	SL	40.00	4,262.		4,262.	909.	107.
	KATHY SUBLET EDUCATION BUIDLING									
321	REMODEL	0629			40.00	13,600.		13,600.	2,210.	340.
434	FWB RENOVATIONS	0427	17	SL	40.00	1,500.		1,500.	63.	38.
	FWB RENOVATIONS: SUBDIVISION OF									
435	OFFICES	1013			40.00	6,000.		6,000.	188.	150.
437	FWB RENOVATIONS: CABINETS	1204	17	SL	40.00	5,100.		5,100.	139.	128.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

			_		10107					
Asset No.	Description	Date Acquire	d	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
438	FWB RENOVATIONS: FLOORING	1212	17	SL	40.00	19,465.		19,465.	528.	487.
	FWB RENOVATIONS: CABINETS	1231			40.00	•		5,100.		128.
	FWB RENOVATIONS	0411			40.00			67,146.		
	* 990 PAGE 10 TOTAL BUILDINGS					1361757.			494,460.	
	FURNITURE & FIXTURES								,	
3	CONFRENCE FURNITURE	1031	98	SL	7.00	1,319.		1,319.	1,319.	0.
6	CLCD INFOCUS	0418	96		7.00	6,599.		6,599.		0.
7	SOUND SYSTEM	0924	98	SL	7.00	902.		902.		0.
14	HEAT PUMP	0401	0 0	SL	7.00	2,228.		2,228.	2,228.	0.
16	REFRIGERATOR	0607	0.0	SL	7.00	739.		739.	739.	0.
26	NETWORK SERV	0802	1	SL	5.00	7,912.		7,912.	7,912.	0.
28	DISHWASHER	1227	1	SL	7.00	324.		324.	324.	0.
30	BARRYS OFFICE	0716	)2	SL	7.00	5,462.		5,462.	5,462.	0.
31	PAULAS OFFICE	1108	2	SL	7.00	1,732.		1,732.	1,732.	0.
32	PAT'S OFFICE F	1108	)2	SL	7.00	826.		826.	826.	0.
33	JIM'S OFFICE FU	1119			7.00	788.		788.	788.	0.
34	SUSANS OFFICE	1119			7.00	1,187.		1,187.	1,187.	0.
35	PEALIE & SHE	1121			7.00	1,132.		1,132.	1,132.	0.
36	GEOFF'S OFFICE	1126	)2	SL	7.00	1,367.		1,367.	1,367.	0.
	FILING CABINET F	1226			7.00	709.		709.	709.	0.
	42" LOCKING FILE CABINET	0620			7.00	540.		540.	540.	0.
68	FILING CABINET SUSAN	1222			7.00	578.		578.	578.	0.
74	OFFICE CHAIR	0306			7.00	749.		749.	749.	0.
	DESKS (2)	0102			7.00	2,827.		2,827.	2,827.	0.
	FLOOR SAFE	0630			15.00	596.		596.	596.	0.
	ALARM SYSTEM	0214			5.00	1,000.		1,000.	1,000.	0.
	STACK CHAIRS	0521	3 (	SL	7.00	966.		966.	966.	0.
	PATS NEW DESK	0102	3	SL	5.00	1,000.		1,000.	1,000.	0.
	FOLDING TABLES	0619			7.00	815.		815.	815.	0.
	COUNTER TOP	1206			7.00	85.		85.	85.	0.
	TV WALL MOUNT	1206	) 4	SL	7.00	89.		89.	89.	0.
	SPLASH KIT	1206			7.00	215.		215.	215.	0.
	CONFRENCE TABLE	1206			7.00	417.		417.	417.	0.
111	CABINETS CC	1206	)4	SL	7.00	1,865.		1,865.	1,865.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

			. VRTA	/	TIAC.				
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
112	FURNITURE	120604	SL	7.00	4,500.		4,500.	4,500.	0.
113	SOFA, TABLE	120604		7.00	5,100.		5,100.	5,100.	0.
	CONFRENCE FURNITURE	120604	SL	7.00	9,500.		9,500.	9,500.	0.
	FURNITURE F	120604		7.00	9,839.		9,839.		0.
	DATA LINE	120604		7.00	91.		91.	91.	0.
120	DATA LINE	120604	SL	7.00	91.		91.	91.	0.
121	DATA LINE	120604	SL	7.00	91.		91.	91.	0.
122	ELECTRICAL ?	120604	SL	7.00	99.		99.	99.	0.
123	DATA LINE	120604	SL	7.00	102.		102.	102.	0.
124	DATA LINE	120604	SL	7.00	102.		102.	102.	0.
125	DATA LINE	120604	SL	7.00	102.		102.	102.	0.
126	DATA LINE	120604	SL	7.00	106.		106.	106.	0.
127	LINE FOR CAM	120604	SL	7.00	107.		107.	107.	0.
128	LINE FOR CAM	120604	SL	7.00	142.		142.	142.	0.
	INSTALLATION	120604	SL	7.00	199.		199.	199.	0.
130	BUILDING CH	120604	SL	7.00	250.		250.	250.	0.
169	5 X 8 APPLIQUE CUSTOM FLAG	010705	SL	5.00	300.		300.	300.	0.
170	TV FOR BREAK ROOM	010705	SL	5.00	458.		458.	458.	0.
171	TV FOR BARRY'S OFFICE	010705		5.00	1,044.		1,044.	1,044.	0.
173	MONITOR FOR BARRY	011005		5.00	428.		428.	428.	0.
175	TRAINING LAP TOP COMPUTER 2 OF 2	011005		5.00	1,304.		1,304.	1,304.	0.
176	TRAINING LAP TOP 1 OF 2	011005		5.00	1,495.		1,495.	1,495.	0.
178	FLOOR MATS @ 7	011105		5.00	530.		530.	530.	0.
	SECURITY SYSTEM AND ACCESS CONTROL	011205		7.00	6,134.		6,134.	6,134.	0.
	PICTURES AND POTTERY AND LAMP	011405	SL	7.00	969.		969.	969.	0.
	BRUSHED SILVER LIDED BOX	011705		7.00	25.		25.	25.	0.
	STONE/METAL PLANT CONTAINER	011705		7.00	29.		29.	29.	0.
184	BLACK & GOLD VASE	011705		7.00	34.		34.	34.	0.
	SMALL CHAIRSIDE TABLE	011705		7.00	158.		158.	158.	0.
	LARGE METAL/TILE MOSIAC	011705		7.00	168.		168.	168.	0.
	COAT RACK (FRONT ROOM)	011705		7.00	190.		190.	190.	0.
	BUTLERS TRAY TABLE	011705	SL	7.00	306.		306.	306.	0.
	BLINDS(FRONT MEETING AND BARRY								
190	OFFICE)	011705	SL	7.00	550.		550.	550.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

				TOKS,	TINC.				
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
191	2 BIRD PRINTS FRAMED (BOD ROOM)	011705	SL	7.00	742.		742.	742.	0.
192	1 HIGH BACK TYE CHAIR	011905	SL	7.00	210.		210.	210.	0.
193	4 TARA HIGH BACK CHAIRS	011905	$\mathtt{SL}$	7.00	1,499.		1,499.	1,499.	0.
194	10 SEQUEL HIGHBACK CHAIRS-BOD ROOM	012105	SL	7.00	4,335.		4,335.	4,335.	0.
195	10 GUEST CHAIRS (BOD ROOM)	012105	SL	7.00	6,243.		6,243.	6,243.	0.
197	2 HIGH BACK BLACK STOOL FOR WALKIN	012705	SL	7.00	316.		316.	316.	0.
198	24 LNE INSTALL FOR LCD SPEAKERPHONE	012705	SL	7.00	2,277.		2,277.	2,277.	0.
	ROUTER	013105		5.00	172.		172.		0.
200	BELKIN 4 PORT KVM SWITCH	013105		5.00	206.		206.	206.	0.
201	10/10 8 PORT BLADE	013105	SL	5.00	364.		364.	364.	0.
202	HP PROCURVE SWITCH	013105		5.00	1,714.		1,714.	1,714.	0.
	3 TIER CART	020305		7.00	112.		112.		0.
205	DISPLAY RACK	020905		7.00	495.		495.	495.	0.
206	2 9 POCKET DISPLY RACK	020905	SL	7.00	549.		549.	549.	0.
	WIRELESS HEADPHONE SET	02 15 05		5.00	86.		86.		0.
209	INTERGRADED ELECTRONIC EQUIPMENT	021505	SL	7.00	117,569.		117,569.	117,569.	0.
	ROTATING DISPLAY RACK (EDUCATION								
	FLIERS)	02 18 05		7.00	495.		495.		0.
	2ND KIM SYSTEM	031505	$\mathtt{SL}$	5.00	1,239.		1,239.	1,239.	0.
	CONFERENCE TABLE (FRONT MEETING								
	ROOM)	03 25 05		7.00	2,107.		2,107.		0.
	NEW FRONT DESK	032505		7.00	7,926.		7,926.		0.
	USB ADAPTER	041405		5.00	32.		32.	32.	0.
	PORTABLE 13" TV	042005		5.00	63.		63.	63.	0.
	WALL FOUNTAIN	042005		15.00			24,523.		1,635.
	3 UPC (2 WALK IN AND PEARLIE)	042905	SL	5.00	210.		210.		0.
		042905		5.00	1,200.		1,200.		0.
	GLASS COVERS FOR ALL DESKS	042905		7.00	2,807.		2,807.		0.
	LEGAL TRAY FOR COPIER	043005	$\mathtt{SL}$	5.00	133.		133.	133.	0.
	SQUARE RED, ORANGE GREEN BANANA								
	PRINT	050205		7.00	187.		187.	187.	0.
	SMALL PALM TREE SCENE	050205		7.00	250.		250.	250.	0.
	GREEN & RUST ABSTRACT (SUSAN'S DESK)			7.00	271.		271.	271.	0.
234	ABSTRACT W/YELLOW & RED (BREAK ROOM)	05 02 05	SL	7.00	293.		293.	293.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

				<del></del>					
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
235	LARGE PALM TREE SCENE	050205	SL	7.00	293.		293.	293.	0.
236	2 BRIGHT GREEN PALM PRINTS	050205	SL	7.00	373.		373.	373.	0.
	2 HAND COLOR SHELL PRINTS (JIM'S								
238	DESK)	050205	SL	7.00	585.		585.	585.	0.
239	2 LARGE GOLD, BEIGE, BLACK FLORALS	050205	SL	7.00	628.		628.	628.	0.
240	PICTURE OVER PAULA'S DESK	051905	SL	7.00	190.		190.	190.	0.
244	LINKSYS AND NETGEAR	053105	SL	5.00	191.		191.	191.	0.
245	CUSTOM MADE FRAMES	060405	SL	7.00	679.		679.	679.	0.
	VANITY LIGHTS AND MOTION LIGHT								
246	INSTALLED	061405	SL	15.00	237.		237.	216.	16.
247	WASTEBASKET	061505	SL	5.00	105.		105.	105.	0.
248	FAX MACHINE	061505	SL	5.00	529.		529.	529.	0.
252	TABLE FOR CEO OFFICE	063005		7.00	302.		302.	302.	0.
253	SPARE FLAGS FOR OUTSIDE POLES	070105	SL	5.00	315.		315.	315.	0.
254	LINKSYS WIRELESS ACCESS POINT	070605	SL	5.00	70.		70.	70.	0.
259	AVOCENT WIRELESS VGA EXTENDER	073105		5.00	590.		590.	590.	0.
	SINK TOP FOR BOD MEETING ROOM	092005		15.00			1,972.	1,739.	131.
	SERVER RACK	09 30 05	SL	5.00	318.		318.	318.	0.
	UPS FOR AUDITORIUM AUDIO	09 30 05		5.00	685.		685.	685.	0.
	WIRELESS REMOTE KB/MOUSE AUDITORIUM	103105		5.00	170.		170.	170.	0.
	RON'S CHAIR	111605		7.00	438.		438.	438.	0.
	RON'S DESK FURNITURE	111605		7.00	1,520.		1,520.	1,520.	0.
	TRACK LIGHTING FOR EDUCATION ROOM	123105		7.00	53.		53.	53.	0.
	7 19" LCD MONITORS	123005		5.00	1,995.		1,995.	1,995.	0.
	ACER LAPTOP	123005		5.00	749.		749.	749.	0.
	SIGN	020105		7.00	437.		437.	437.	0.
	STOOL	021805		7.00	158.		158.	158.	0.
	TABLE CABINETS BOD *BAL	042705		7.00	10,525.		10,525.	10,525.	0.
	ELECTRONIC EQUIP INSTALL	021505		7.00	7,950.		7,950.	7,950.	0.
	WALL ART	020805		7.00	438.		438.	438.	0.
	FRONTPAGE 98 / PUBLISHER	040905		3.00	609.		609.	609.	0.
	ACROBAT (3)	042905		3.00	579.		579.	579.	0.
	OFFICE MS SUPERPACK	052005		3.00	522.		522.	522.	0.
311	TREND CLIENT/SERVER SUITE	052505	SL	3.00	769.		769.	769.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

		1							
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
312	FRONTPAGE	062905	SL	3.00	555.		555.	555.	0.
_	ONLINE VOTER SOFTWARE	092905		3.00	2,250.		2,250.		_
	CITATION CHECKER SOFTWARE	112105		3.00	5,000.		5,000.		
	ADOBE 7.0 ASP UPLOAD	123005		3.00	539.		539.		
	ADJUSTED FROM AUDITOR TO RETAINED								
322	EARNINGS	123111	SL	.000	-4,262.		-4,262.		0.
325	BROOKTROUT FAXSERVER PLATFORM	030106		7.00	3,270.		3,270.		0.
	VIDEO CAPTURE COMPUTER	033106	SL	5.00	3,299.		3,299.		0.
	VIDEO MIXER	103106	SL	5.00	1,039.		1,039.		
331	CITRIX SOFTWARE LICENSE	012506	SL	3.00	2,600.		2,600.		
332	SOFTWARE FOR VISTA MACHINE (RON)	022607	SL	3.00	822.		822.	822.	0.
	OFFICE ULTIMATE, PAINT SHOP PRO,								
333	ACROBAT	031907	SL	3.00	816.		816.	816.	0.
334	QUICKBOOKS UPGRADE	032207	SL	3.00	1,810.		1,810.	1,810.	0.
335	OPAC TRAINING SOFTWARE	043007	SL	3.00	2,774.		2,774.	2,774.	0.
336	PHOTOSHOP	072307	SL	3.00	644.		644.	644.	0.
337	GATEKEEPER REGISTRATIONS	080907	SL	3.00	6,482.		6,482.	6,482.	0.
338	5 RECEIPT SCANNERS	010307	SL	5.00	970.		970.	970.	0.
340	PC FOR GRAPHICS (SCOTT)	013107	SL	5.00	1,682.		1,682.	1,682.	0.
343	CONSULTING FEE FOR VTC	032607	SL	5.00	1,045.		1,045.	1,045.	0.
344	VISTA MACHINES FOR SUSAN AND JIM	050907	SL	5.00	3,231.		3,231.	3,231.	0.
	CALL TRACKING SOFTWARE FOR PHONE								
	SYSTEM	052907		3.00	1,608.		1,608.		
347	VTC REGISTRATIONS AND INSTALLATION	062707		5.00	161,477.		161,477.		0.
	OFFICE CHAIR	071007		7.00	979.		979.	979.	0.
349	ULTRIUM TAPES (FOR BACK UPS)	122007		5.00	1,140.		1,140.		0.
	SERVER-EMERALD	082007		7.00	2,457.		2,457.		
	TANDBERG TAPE DRIVE	122007		5.00	2,247.		2,247.		0.
	RECESSED EXTERIOR LIGHTING (MAIN)	020108		7.00	940.		940.	940.	0.
	ACROBAT PRO (GAD)	032008		5.00	159.		159.	159.	0.
	FLASH/WEB SERVER	040808		5.00	699.		699.		0.
	REPLACEMENT EXCHANGE SERVER	042608		5.00	2,277.		2,277.		0.
	MID-BACK CHAIR (GAD)	051408		7.00	137.		137.	137.	0.
358	ACROBAT PRO	052708	SL	5.00	159.		159.	159.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

				TOKS,	TINC.				
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
359	HP LASER PRINTER	062008	SL	5.00	338.		338.	338.	0.
360	HP 2015 LASER PRINTER (GAD)	062008	SL	5.00	338.		338.	338.	0.
361	ACER 22" LCD MONITOR (GAD)	062008	SL	5.00	229.		229.	229.	0.
364	HP LASER PRINTER (CIO)	072008	SL	5.00	358.		358.	358.	0.
365	NETGEAR SWITCH GSM7248	092008	SL	5.00	1,081.		1,081.	1,081.	0.
366	NETGEAR SWITCH GSM7224	092008	SL	5.00	592.		592.	592.	0.
367	NETGEAR SWITCH GSM7212	092008	SL	5.00	558.		558.	558.	0.
368	NETGEAR AGM731F/1 FIBER INTERFACE	092008	SL	5.00	256.		256.	256.	0.
369	NETGEAR AGM731F/2 FIBER INTERFACE	092008	SL	5.00	256.		256.	256.	0.
370	NETGEAR AGM731F/3 FIBER INTERFACE	092008	SL	5.00	256.		256.	256.	0.
371	NETGEAR AGM731F/4 FIBER INTERFACE	092008	SL	5.00	256.		256.	256.	0.
372	UPS BATTERY REPLACEMENT KITS	092308	SL	5.00	1,022.		1,022.	1,022.	0.
373	ADOBE ACROBAT	092308		5.00	172.		172.	172.	0.
374	ADOBE ACROBAT	092308	SL	5.00	172.		172.	172.	0.
378	LAWN PUMP	092310		7.00	575.		575.	575.	0.
379	A/C TRANE MAIN CONTROLLER	101210		7.00	1,120.		1,120.	1,120.	0.
381	FUJI SCANNER (CFO)	032010	SL	5.00	521.		521.	521.	0.
382	SERVER-WEBSERVER	082010	SL	5.00	850.		850.	850.	0.
384	LAP TOP (COMMUNICATIONS)	111710		5.00	509.		509.	509.	0.
385	PC COMPUTOR (IT #1)	122010		5.00	659.		659.	659.	0.
386	PC COMPUTOR (IT #2)	122010		5.00	659.		659.	659.	0.
387	PC COMPUTOR (IT #3)	122010		5.00	659.		659.	659.	0.
388	PC COMPUTOR (ACCOUNTING)	122010	SL	5.00	659.		659.	659.	0.
389	PC COMPUTOR (COMMUNICATION)	122010		5.00	659.		659.	659.	0.
390	PC COMPUTOR (CEO)	122010		5.00	659.		659.	659.	0.
391	GAD FURNITURE	032211		7.00	1,021.		1,021.	1,009.	0.
	SUSAN'S LAPTOP	041311		5.00	1,003.		1,003.	988.	0.
	LAP TOP -ACCOUNTING	062011		5.00	1,105.		1,105.	1,105.	0.
	LAP TOP -AE	062011		5.00	1,559.		1,559.	1,559.	0.
	BACKUP SYSTEM	092011		5.00	1,145.		1,145.	1,145.	0.
	IPAD (CEO)	100711		5.00	518.		518.	518.	0.
	MONITOR (AE)	112011		5.00	558.		558.	558.	0.
	HP 8600 SERVER (RAP SERVER)	022012		5.00	529.		529.	529.	0.
402	MC BOOK PRO #C1MHFP3UDU13	052012	SL	5.00	967.		967.	967.	0.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Date Acquired   Method   Life   Unadjusted Cost Or Basis   Reduction In Basis   Properciation   Accumulated Depreciation	Amount Of Depreciation  0. 72. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
404 2 FILE CABINETS (CEO OFFICE) 062712SL 7.00 1,047. 1,047. 975. 405 HP 8600 SERVER (PROXY) 092012SL 5.00 1,537. 1,537. 406 SHREDDING MACHINE 110912SL 5.00 638. 638. 638. 407 PROJECTOR 022013SL 5.00 773. 773. 773. 408 LAP TOP DELL ULTRABOOK (CEO) 032013SL 5.00 699. 699. 409 SHARP COLOR COPIER #MX-6240 062513SL 5.00 12,455. 12,455. 410 SHARP BLACK / WHITE COPIER #MX-453 062513SL 5.00 12,455. 12,455. 411 SECURITY CAMERA MS652013-13 081313SL 5.00 763. 763. 763.	72. 0. 0. 0. 0. 0. 0.
404 2 FILE CABINETS (CEO OFFICE) 062712SL 7.00 1,047. 1,047. 975. 405 HP 8600 SERVER (PROXY) 092012SL 5.00 1,537. 1,537. 406 SHREDDING MACHINE 110912SL 5.00 638. 638. 638. 407 PROJECTOR 022013SL 5.00 773. 773. 773. 408 LAP TOP DELL ULTRABOOK (CEO) 032013SL 5.00 699. 699. 409 SHARP COLOR COPIER #MX-6240 062513SL 5.00 12,455. 12,455. 410 SHARP BLACK / WHITE COPIER #MX-453 062513SL 5.00 12,455. 12,455. 411 SECURITY CAMERA MS652013-13 081313SL 5.00 763. 763. 763.	0. 0. 0. 0. 0.
405 HP 8600 SERVER (PROXY) 406 SHREDDING MACHINE 407 PROJECTOR 408 LAP TOP DELL ULTRABOOK (CEO) 409 SHARP COLOR COPIER #MX-6240 410 SHARP BLACK / WHITE COPIER #MX-453 411 SECURITY CAMERA MS652013-13 412 CYBERPOWER 1000 @ 7 409 COLOR COPIER #MX-63	0. 0. 0. 0. 0.
406 SHREDDING MACHINE 407 PROJECTOR 022013SL 5.00 638. 638. 638. 407 PROJECTOR 022013SL 5.00 699. 699. 699. 409 SHARP COLOR COPIER #MX-6240 410 SHARP BLACK / WHITE COPIER #MX-453 411 SECURITY CAMERA MS652013-13 681313SL 5.00 12,455. 12,455. 12,455. 412 CYBERPOWER 1000 @ 7 092013SL 5.00 763. 763.	0. 0. 0. 0. 0.
407 PROJECTOR       022013 SL       5.00       773.       773.       773.         408 LAP TOP DELL ULTRABOOK (CEO)       032013 SL       5.00       699.       699.       699.         409 SHARP COLOR COPIER #MX-6240       062513 SL       5.00       12,455.       12,455.       12,455.         410 SHARP BLACK / WHITE COPIER #MX-453       062513 SL       5.00       12,455.       12,455.       12,455.         411 SECURITY CAMERA MS652013-13       081313 SL       5.00       572.       572.       572.         412 CYBERPOWER 1000 @ 7       092013 SL       5.00       763.       763.       763.	0. 0. 0. 0.
409 SHARP COLOR COPIER #MX-6240       062513SL       5.00       12,455.	0. 0. 0.
410 SHARP BLACK / WHITE COPIER #MX-453       062513SL       5.00       12,455.       12,455.       12,455.       12,455.       572.       572.       572.       572.       573.       763.<	0. 0. 0.
410 SHARP BLACK / WHITE COPIER #MX-453       062513SL       5.00       12,455.       12,455.       12,455.       12,455.       572.       572.       572.       572.       573.       573.       763.<	0. 0. 0.
412 CYBERPOWER 1000 @ 7 092013 SL 5.00 763. 763. 763.	0.
	0.
413CYBERPOWER 1500 SERVERS @ 4 092013St. 5.00 600. 600. 600 600	• •
431 LEASED SHARP MX-7500N 010116SL 5.00 27,583. 27,583. 16,551.	5,517.
440 RAPATTONI CLOUD SOFTWARE 012317SL 7.00 28,500. 28,500. 7,803.	4,071.
441 FWB TABLES 051117 SL 7.00 6,410. 6,410. 1,526.	916.
442 FWB APPLIANCES 112917 SL 7.00 5,095. 5,095. 789.	728.
443 FWB FURNITURE: CHAIRS, UPHOLSTERY 071917 SL 7.00 61,490. 61,490. 12,444.	8,784.
444 FWB FURNITURE: WARDROBE 120617 SL 7.00 3,545. 3,545. 548.	506.
447 75 MOTIVATE NESTSTACK CHAIRS 05 15 18 SL 7.00 21,075. 21,075. 2,007.	3,011.
448 25 MOTIVATE TABLE RECT.   05 15 18 SL   7.00   17,700.   17,700.   17,700.   1,686.	2,529.
* 990 PAGE 10 TOTAL FURNITURE &	
FIXTURES 738,910. 738,910. 612,585.	27,916.
LAND	
10LAND 010177L 157,928. 157,928.	0.
* 990 PAGE 10 TOTAL LAND         157,928.   157,928.   0.	0.
MANAGEMENT AND GENERAL	
ANNEX OFFICE DESTIN - LEASEHOLD	
432 IMPROVEMENTS 010116 SL 5.00 142,857. 142,857. 85,713.	28,571.
ANNEX OFFICE DESTIN - FURNITURE &	
433 FIXTURES 032216 SL 7.00 114,192. 114,192. 44,861.	16,313.
ANNEX OFFICE DESTIN - LEASEHOLD	
445 IMPROVEMENTS 010117 SL 5.00 104,365. 104,365. 41,746.	20,873.
* 990 PAGE 10 TOTAL MANAGEMENT AND	
GENERAL 361,414. 361,414. 172,320.	65,757.
OTHER	

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

					TOKS,	TINC.				
Asset No.	Description		ate uired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	* 990 PAGE 10 TOTAL -					2620009.		2620009.	1279365.	125,639.
	OTHER									,
	OTHER									
168	INSTALL SIGN & CORRECT WIRING	010	605	SL	7.00	134.		134.	134.	0.
293	SIGN - ROOF	032	505	SL	15.00	1,234.		1,234.	1,129.	82.
296	SIGN (LABOR)	062	105	SL	15.00			300.		20.
414	1/2 DEPOSIT LED SIGN	101			7.00	13,785.		13,785.	13,785.	0.
415	LED SIGN BALANCE	022	812	SL	7.00	13,383.		13,383.	13,065.	318.
	* 990 PAGE 10 TOTAL OTHER					28,836.		28,836.		420.
	* 990 PAGE 10 TOTAL -					28,836.		28,836.	28,383.	420.
	OTHER									
	OTHER									
23	PAVING	123			15.00	1,149.		1,149.	1,149.	0.
282	GAZEBO	123			15.00			2,685.		179.
_	BUILDING	080			15.00			523.		35.
299	PARKING APPRAISAL	110	705	SL	15.00	1,500.		1,500.	1,317.	
	* 990 PAGE 10 TOTAL OTHER					5,857.		5,857.		
	* 990 PAGE 10 TOTAL -					5,857.		5,857.		
	* GRAND TOTAL 990 PAGE 10 DEPR					2654702.		2654702.	1313010.	126,373.

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone