HURRICANE SALLY, EXTENDED TO JANUARY 15, 2021

Form **y**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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



AF	or the	e 2019 calendar year, or tax year beginning and	ending					
Bc	heck if oplicabl	C Name of organization		D Employer identifie	cation number			
	Addre	EMERALD COAST ASSOCIATION OF						
]chang ∣Name	REALIORS, INC.	REALIORS, INC.					
]chang ∣Initial		De ens /euite	23-74201				
]return]Final	Number and street (or P.O. box if mail is not delivered to street address) 10 HOLLYWOOD BLVD SE	Room/suite	E Telephone number 850-243-				
	lreturn⊥ termir			G Gross receipts \$	3,558,953.			
	ated JAmen				· · · ·			
	_return]Applio			H(a) Is this a group re for subordinates				
	_ tiòn pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in				
<u> </u>	- - 2V-0V	empt status: $501(c)(3)$ \mathbf{X} 501(c) (6) 4 (insert no.) $4947(a)(1)$	or 527		list. (see instructions)			
		te: EMERALDCOASTREALTORS • COM		H(c) Group exemption				
		f organization: X Corporation Trust Association Other	I Year		State of legal domicile: FL			
	rt I	Summary						
	1	Briefly describe the organization's mission or most significant activities: PROV	IDING	MULTIPLE LIS	STING			
lce	-	SERVICE, EDUCATION AND SUPPORT TO PROFESS						
Governance	2	Check this box if the organization discontinued its operations or disposed in the organization dispo						
ver				3	20			
õ	4	Number of independent voting members of the governing body (Part VI, line 1b)		20				
s S		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		17				
/itie		Total number of volunteers (estimate if necessary)		0				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_ <	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.			
				Prior Year	Current Year			
e	8	Contributions and grants (Part VIII, line 1h)		0.	0.			
Revenue	9	Program service revenue (Part VIII, line 2g)		2,708,410.	2,962,428.			
Sev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-110,355.	61,794.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		103,936.	117,393.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,701,991.	3,141,615.			
	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.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,176,257.	1,166,620.			
ens		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.	1,739,908.	1 769 696			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,916,165.	<u>1,768,686.</u> 2,935,306.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-214,174.	2,955,500.			
_ v		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year				
ts or ances	00	Total assets (Dout V. line 16)		4,050,164.	End of Year 4,469,018.			
Assets (Balanc	20	Total assets (Part X, line 16)		1,006,709.	1,163,247.			
let ∕ und		Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		3,043,455.	3,305,771.			
$ \mathbf{P}_{\mathbf{A}} $	rt II	Signature Block		5,045,455.	5,505,771.			

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

Sign	Signature of officer		Date	9					
Here	KEITH DEAN, CEO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	TIMOTHY FULMER	TIMOTHY FULMER	11/16/20						
Preparer	Firm's name 🍗 CARR, RIGGS & IN	IGRAM, LLC	Firm	n's EIN 🕨 72-1396621					
Use Only	Firm's address 🖕 500 GRAND BOULEV	ARD, SUITE 210							
MIRAMAR BEACH, FL 32550 Phone no.850.837.314									
May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	EMERAI	LD COAST ASSOCIATION OF		
		DRS, INC.	23-742015	4 Page 2
Pa	rt III Statement of Program S	Service Accomplishments		
	Check if Schedule O contains a	a response or note to any line in this Part III		
1	Briefly describe the organization's mi			
			VE AN EXEMPLARY LEVEL OF	
		TEGRITY, AND ETHICAL BU		
	ENRICHING THE QUALI	TY OF LIFE IN THE COMMU	NITY.	
2		gnificant program services during the year whi		
				Yes X No
_	If "Yes," describe these new services			37
3		g, or make significant changes in how it condu	cts, any program services?	Yes X No
	If "Yes," describe these changes on S			
4			argest program services, as measured by expen	
			ants and allocations to others, the total expense	s, and
4-	revenue, if any, for each program ser) (1 222
4a	(Code:) (Expenses \$ MLS, EDUCATION, OTH	L, 400, 057. including grants of \$) (Revenue \$3,02	4, 222•)
	MLS, EDUCATION, OIF	IER MEMBER SERVICES		
4b		including grants of C) (Revenue \$	
40	(Code:) (Expenses \$	Including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(eous:) /(=>points +			,
4d	Other program services (Describe on	Schedule O.)		
_	(Expenses \$	including grants of \$) (Revenue \$	
4e	Total program service expenses	1,466,657.		
			Fo	rm 990 (2019)
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		2		

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2019.05000 EMERALD COAST ASSOCIATION 20-03411

EMERALD COAST ASSOCIATION OF

REALTORS, INC.

Part IV Checklist of Required Schedules

Form 990 (2019)

			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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			
	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			
	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,			37
_	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			77
	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?			v
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,	11a	x	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
b		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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
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2019.05000 EMERALD COAST ASSOCIATION 20-03411

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REALTORS, INC.

Form 990 (2019)

Pa	t 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	X	
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
UL.	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-		38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
5	(gambling) winnings to prize winners?	1c	x	
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EMERALD	COAST	ASSOCIATION	OF
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes Note 2a Enter the number of employees reported on Form W-3, Transmitta of Wage and Tax Statements. 2a 17 bit at least one is reported on line 2a, dd the organization field employeemen tax returns? 2a X 3a Do the organization have unrelated business goes income of St. 000 or more during the year? 2a X 3a A fary time of lines 1 and 2a is greater than 250, you may be required to <i>e</i> , <i>big</i> (see instructions) 3a X 3b TYes, "hast filed a form flog or ourtry state? if TWo 'to line 3b, provide an explanation or Schedule O 3a X 3b If Yes, "hast filed a form flog or ourtry state in an organization have an intered in, or a signature or other authority over, a financial account in a foreign construct. 4a X 3b If Yes, "instate in any or the organization in frame than thay time dring the tax yea?" 5a X 3c If Yes, 'instate in any or the organization in the mornality greater than 5100,000, and dithe organization include with every solicitation an express statement that such contributions on the provide on tax deductible an enhandle incomparity for the state entransection ''.'	Form	990 (2019) REALTORS, INC. 23-7420	<u>154</u>	P	age 5			
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a 17 b If at least one is reported on line 2a, did the organization file all required fideral employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required the year? 3a X b If the sum of lines 1a and 2a is greater than 250, you may be required the year? 3a X b If Yes, 'Instit files 1 form 690. If for this year? // 'Wo' to line 3b, provide an explanation or Schedulo 0 3a X b If Yes, 'Instit files 1 form 690. If for this year? // 'Wo' to line 3b, provide an explanation or Schedulo 0 3b X b If Yes, 'Instit files 3 cro 8b, dift the organization file regime county year. A regime the same of the organization file regime county year. As b If Yes, 'Instit files 3 cro 8b, dift the organization file regime contributions and ymb organization file regime contributions files was regimes than set to a prohibited tax shear? Se X b O can y taxable party notify the organization file regimes that years of the social tax on the set year? Se X Ge D organization set years of the organization file files regimes 8867.7 Se X Ge	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
ted to the calendar year ending with or whinin the year covered by this return La 17 both of the origination has unrealized business gross income of \$1,000 or more during the year? 28 X a Dot the origination has unrealized business gross income of \$1,000 or more during the year? 38 X bit 1 Yes, "hast filed a Form 980.71 for his year? <i>If WO 'to line B, provide an explanation on Schedule O</i> 38 X bit 1 Yes, "hast filed a Form 980.71 for his year? <i>If WO 'to line B, provide an explanation on Schedule O</i> 38 X bit 1 Yes, "hast filed a Form 980.71 for his year? <i>If WO 'to line B, provide an explanation on Schedule O</i> 38 X bit Yes, "hast filed a Form 980.71 for his year? <i>If WO 'to line B, provide an explanation on Schedule O</i> 44 X bit Yes, "enter the name of the foreign country business and the aron or line approximation free amountry business and the origination file A mean and the grow or line activity of problem tax wor is a park to a prohibited tax shelart transaction? 56 X c B Oast the origination has a more local work or a park that are normally greater than \$10,000, and did the origination has a more local work or a park to the activity or prohibited tax shelart transaction? 56 X b Of any taxabit park northy the origination that was or is a park to a prohibited tax shelar transmittion? 56 X c Origination dusting any origin the meass of \$75 made park y				Yes	No			
b If at least one is reported on line 2a, did the organization file all required to <i>e-file</i> (see instructions) 2a X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3a Data the organization have unrelated business gross income of \$1,000 or more during the year? 3a 4a At any time of the region country (such as a bank account, securities account, or other frampial account? 4a 5b If 'Yes,' that if field a form 39D T for the year? At any time the name of the region country (such as a bank account, securities account, or other frampial account? 4a 5b Was the organization name to the organization that was their transaction at any time during the tax year? 5a X 5c Sa Sa the organization approximation that it was or is a party to a prohibited tax shelter transaction? 5b X 6a D damy taxable party notify the organization the from 888-77 5c X 5c X 6a D damy taxable party notify the organization approximation as parts to a prohibited tax shelter transaction? 5c X 6a D damy taxable party notify the organization networks account bus and on a party to a prohibited tax shelter transaction? 5c C 7 Organization neclede application tax deduc	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note: If the sum of the sum of the sum of the sum of a law of \$1,000 or more during the year? 3a 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, dd the organization have an interest in, or a signature or other authority over, a financial account in a fersion country lew has a bank account, securities account; or other financial accounts (FBAR). X 5b TYes," enter the name of the foreign country lew has a bank account, securities account; or other financial accounts (FBAR). X 5c Sec instructions for tiling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So 5c X Did any taxabub pary notify the organization file form 808617. So X 6 Does the organization nucled with every solicitation an express attament that such contributions or gffs were not tax deductible or other submotion and party for gods and services provided to the pary? So 7 Toganization selic ange, or otherwise dispose of tangible personal property for which it was required to the form 80827 So 7 Toganization neelic approaching the organization neither door of the value of tangible personal property for which it was required to the form 80827 So 7 Toganization neeline approach		filed for the calendar year ending with or within the year covered by this return 2a 17						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X bit "Yes," has if field a Form 990-T for this year? If 'No 'to line 3b, provide an explanation on Schedule O 3b X bit "Yes," the stified a Form 990-T for this year? If 'No 'to line 3b, provide an explanation on Schedule O 3b X bit "Yes," the stified a Form 990-T for this year? If 'No 'to line 3b, provide an explanation on Schedule O 4a X bit "Yes," the stified a Form 990-T for this year? If 'No 'to line 3b, provide an explanation on Schedule O 4a X bit "Yes," the stified a Form 990-T for this year? If 'No 'to line 3b, provide an explanation on Schedule O 4a X bit "Yes," the stified a Form 980-T for this year? If 'No 'to line 3b, provide an explanation on Schedule O 5a X bit "Yes," the stified a Form 3b, of the organization if Form 880-T 5a X bit "Yes," the stified a Form 3b, of the organization if Form 880-T 5c 5c c 1'Yes, 'to line 5a or 5b, dit for the square state neomaly greater than \$100,000, and did the organization solitot any contributions that we not tax deductible as charitable contributions or a personal benefit contract. 5c 7c bit "Yes," it did the organization incide with every oblication an explore solitot and services provided to the payor? 7a 7a c 1'Yes, 'to assist state an ontrable to realize the value of the pack or services provided? 7a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
b If "Yes," fails if field a Form 900-T for this yes," <i>if Web</i> " to line 30, provide an explanation on Schedule O 30 4 At any time during the calendar year, did the organization have an interest in, or a signature or their authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 Wes the organization a party to a prohibited tax shelter transaction at any time during the tax year? 56 50 Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 6 Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 6 Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 7 Organization new annual gross receipts that an onomally greater than \$100,800, and did the organization social wave on tax deductible or the doductible? 70 7 Organization new annual gross receipts may be prohibited tax shelter transaction an express taxement that such contributions or gifts were not tax deductible contributions under section 170(c). 60 9 D'Yes," did the organization feedoary spreent in excess 0157 Smate party as a contribution on quanty and party for goods and services provided to the payor? 7a 7 Toganization feedoary spreent in excess 0157 Smate party as a contribution on quanty and party		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
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a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a c Enter the amount of reserves on hand 13c 14a X b ff "Yes," has it filed a Form 720 to report these payments? /f "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 15 Is the organiz								
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If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			15		x			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
······································	16		16		х			
		If "Yes," complete Form 4720, Schedule O.						

Form **990** (2019)

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EMERALD COAST ASSOCIATION OF

REALTORS, INC.

Form 990 (2019)

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 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 on 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					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	20			
	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 on Schedule O.					
b	Enter the number of voting members included on 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	o 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	e direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		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 ap					
	more members of the governing body?			<u>7a</u>	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				37	
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	2	0		v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					v
800	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		- · · ·	9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?			10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			10a		- 23
D		-		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body		re filing the form?	11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y 0010		110		
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			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "}					
	in Schedule O how this was done	,		12c	х	
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 approva	al by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
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 arrangen	ment w	rith 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	te its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's			
	exempt status with respect to such arrangements?			16b		
Sec	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	nd 990)-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, and	I financ	cial	
	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 boo THE OPCANEZATION $= 850 - 243 - 6145$	oks an	a records 🕨			
	THE ORGANIZATION - 850-243-6145 10 HOLLYWOOD BLVD, FORT WALTON BEACH, FL 32548					
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2019.05000 EMERALD COAST ASSOCIATION 20-03411

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REALTORS	S, INC.		

Form 990 (2			23-74
Part VII	Compensation of Officers, Dir	ectors, Trustees, Key Employees, Highest Comp	ensated
	Employees, and Independent	Contractors	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

 List all of the organization's former officers, key employees, 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.

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

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

	1 1	l	πza			ipen	Satt		l í	(E)
(A)	(B)			Pos	C) itior	,		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week							from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	ee			ated		organization	(W-2/1099-MISC)	from the
		ustee	trust		96	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	ional		ploy	t con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NINA MCCASLIN-HORN	5.00			0	$ \ge $	Ξω	ш.			
PRESIDENT		x		x				0.	0.	0.
(2) KITTY TAYLOR	5.00									
PRESIDENT ELECT		x		x				0.	0.	0.
(3) TOM MIESEN	5.00									
VICE PRESIDENT		X		X				0.	0.	0.
(4) KEITH WOOD	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) TANNER PEACOCK	5.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(6) TERRY PILCHER	2.00									
IMMEDIATE PAST PRESIDENT		Х						0.	0.	0.
(7) BEN ACOCK	2.00									
DIRECTOR		Х						0.	0.	0.
(8) CHAD KNAEPPLE	2.00									
DIRECTOR		Х						0.	0.	0.
(9) AMANDA GRANDY	2.00									
DIRECTOR		Х						0.	0.	0.
(10) TULA TUCKER	2.00									
DIRECTOR		Х						0.	0.	0.
(11) BRYAN WHITEHEAD	2.00									0
DIRECTOR	2 00	Χ						0.	0.	0.
(12) TYLER CAPELOTTI	2.00	x							0	0
DIRECTOR (13) KATHIE O'DELL	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(14) KATHY WILHELM	2.00							0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(15) ETHAN MORRIS	2.00	- 23						0.		0.
DIRECTOR		x						0.	0.	0.
(16) MICHELE BAILEY	2.00									
DIRECTOR-AT-LARGE		x						0.	0.	0.
(17) DAWN JOHNSON	2.00									
DIRECTOR-AT-LARGE		х						0.	0.	0.
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EMERALD COAST ASSOCIATION OF

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f **Business Code** 523,617.1,523,617. 2 a MEMBER SERVICE 561000 **Program Service b** MEMBER DUES 561000 223,698.1,223,698. Revenue c COMMITTEES 561000 112,271. 112,271. d INFORMATION SYSTEM 561000 53,962. 53,962. e OTHER PROGRAM SERVICE 561000 48,880. 48,880. f All other program service revenue 2,962,428. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 44,824. 44,824. other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 7a 414,410. assets other than inventory **b** Less: cost or other basis 7b 397,440. and sales expenses Other Revenue 7c 16,970. **c** Gain or (loss) 16,970. 16,970. d Net gain or (loss) 8 a Gross income from fundraising events (not of including \$ contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a137,291. and allowances 19,898. 10b b Less: cost of goods sold 117,393. 117,393. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a Revenue b d All other revenue e Total. Add lines 11a-11d 3,141,615.3,024,222. 0. 117,393. **12** Total revenue. See instructions

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2019.05000 EMERALD COAST ASSOCIATION 20-03411

Form 990 (2019)

REALTORS, INC.

Form 990 (2019)

EMERALD COAST ASSOCIATION OF REALTORS, INC.

Form	1 990 (2019) REALTORS, IN rt IX Statement of Functional Expense	IC.	JN OF	23-74	20154 Page 10
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			105 000	
	trustees, and key employees	184,077.	78,989.	105,088.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	741,190.	318,051.	423,139.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	31,194. 142,852.	13,386.	17,808.	
9	Other employee benefits		61,299.	81,553.	
10	Payroll taxes	67,307.	28,882.	38,425.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	7,403.		7,403.	
С	Accounting	56,145.		56,145.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	126,175.		126,175.	
14	Information technology	243,594.	243,594.		
15	Royalties				
16	Occupancy	211,966.		211,966.	
17	Travel	179,156.	157,595.	21,561.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	120.001		120.001	
22	Depreciation, depletion, and amortization	132,021.		132,021.	
23	Insurance	12,254.		12,254.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MLS EXPENSE	270,893.	270,893.		
b	PROFESSIONAL DEVELOPMEN	162,098.	162,098.		
с	COMMITTEES	106,288.	106,288.		
d	CREDIT CARD FEES	72,062.		72,062.	
е	All other expenses	188,631.	25,582.	163,049.	
25	Total functional expenses. Add lines 1 through 24e	2,935,306.	1,466,657.	1,468,649.	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 Figure if following SOP 98-2 (ASC 958-720)				
					- 000 (00 (0)

932010 01-20-20

13331116 794202 20-03415.000

Form 990 (2019)

10 2019.05000 EMERALD COAST ASSOCIATION 20-03411

Form 990 (20

EMERALD COAST ASSOCIATION OF REALTORS, INC.

	990 (2	REALTORS, INC.				23-	7420154 Page 11
Fa	rt X			the entropy of the second seco			
		Check if Schedule O contains a response or not	e to any		(A)		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,413,133.	1	1,649,267.
	2	Savings and temporary cash investments			1,221,637.	2	1,519,142.
	3		1,221,057.	2	1,519,142.		
	4	Pledges and grants receivable, netAccounts receivable, net	60,745.	4	28,304.		
	5	Loans and other receivables from any current or	00,115.	4	20,501.		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqualit				5	
	ľ	under section 4958(f)(1)), and persons described				6	
	7	Notes and loans receivable, net		Г		7	
Assets	8	Inventories for sale or use				8	
Ass	9				6,990.	9	9,223.
		Land, buildings, and equipment: cost or other			• / • • • •		
		basis Complete Part VI of Schedule D	10a	2,702,146.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,445,031.	1,341,692.	10c	1,257,115.
	11	Investments - publicly traded securities			_/ • / • • _ ·	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	5,967.	15	5,967.		
	16	Total assets. Add lines 1 through 15 (must equa			4,050,164.	16	4,469,018.
	17	Accounts payable and accrued expenses	169,766.	17	102,156.		
	18	Grants payable		18			
	19	Deferred revenue		638,962.	19	728,268.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I	of Schedule D		21		
ŝ	22	Loans and other payables to any current or form	er, director,				
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	-		107 001		222 022
		of Schedule D		····· -	<u>197,981.</u> 1,006,709.	25	332,823.
	26	Total liabilities. Add lines 17 through 25		► V	1,006,709.	26	1,163,247.
ŝ		Organizations that follow FASB ASC 958, che	ck here				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			3,040,594.	27	3,294,065.
ala	27 28	Net assets with donor restrictions		2,861.	27	11,706.	
d B	20	Organizations that do not follow FASB ASC 9			2,001.	20	11,700.
Fun		and complete lines 29 through 33.	50, che				
۲ ک	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		E C	3,043,455.	32	3,305,771.
~	33				4,050,164.	33	4,469,018.

Form 990 (2019)

932011 01-20-20

EMERALD COAST A	SSOCIATION	OF
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	990 (2019) REALTORS, INC.	23-74	20154	Page 12
Par	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,141	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,306.
3	Revenue less expenses. Subtract line 2 from line 1	3		,309.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,455.
5	Net unrealized gains (losses) on investments	5	76	,811.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-20	,804.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	3,305	,771.
Par	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a			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	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2019)

932012 01-20-20

SCH	EDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form	n 990 or 990-EZ)	For Org	anizations Exempt From Income	Tax Under section 5	01(c) and section 527		2019
		-	if the organization is described b		.,	-EZ.	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.							Open to Public Inspection
If the c	organization answ	vered "Yes," or	Form 990, Part IV, line 3, or Forr	n 990-EZ, Part V, line	e 46 (Political Campaig	n Activitie	es), then
• Se	ction 501(c)(3) org	anizations: Com	plete Parts I-A and B. Do not comp	olete Part I-C.			
	.,		01(c)(3)) organizations: Complete Pa	arts I-A and C below. I	Do not complete Part I-E	3.	
	ction 527 organiza	•					
			Form 990, Part IV, line 4, or Forr				
			have filed Form 5768 (election unde		•	•	
			have NOT filed Form 5768 (election		•		
	prganization ansv see separate instr		1 Form 990, Part IV, line 5 (Proxy	l ax) (see separate in:	structions) or Form 99	0-EZ, Par	t V, line 35c (Proxy
,,			tions: Complete Part III.				
	of organization		COAST ASSOCIATION	J OF	En	nplover id	entification number
	5	REALTOR		01			-7420154
Part	I-A Comple	ete if the org	janization is exempt under	section 501(c) or	r is a section 527 of	organiza	ation.
3 V	olitical campaign a olunteer hours for	political campai				φ	
			incurred by the organization under	. , . ,	, <u>.</u>	► \$	
			incurred by organization managers				
			n 4955 tax, did it file Form 4720 for				Yes No
4a W	as a correction m	ade?				[Yes No
b lf	"Yes," describe in	Part IV.					
Part	I-C Comple	ete if the org	anization is exempt under	section 501(c), e	except section 501	(c)(3).	
			d by the filing organization for section	•		►\$	
			ization's funds contributed to other	r organizations for sec			
	kempt function ac				P	►\$	
	-	-	. Add lines 1 and 2. Enter here and			•	
			1120-POL for this year?			▶\$	Yes No
	00		nployer identification number (EIN)		ical organizations to wh		
			tion listed, enter the amount paid fi		÷		
			omptly and directly delivered to a s				
			additional space is needed, provide				
	(a) Name		(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -(0 contri deliv	Amount of political butions received and mptly and directly vered to a separate litical organization.

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

Schedule C (Form 990 or 990-EZ) 2019

If none, enter -0-.

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EMERADD COASI ASSOCIATION OF	MERALD	COAST	ASSOCIATION	OF
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Schedule C (Form 990 or 990-EZ) 2019 RE Part II-A Complete if the organi	ALTORS, I	NC.	p = 501(c)(3) and file	23-1	7420154 Page 2
section 501(h)).		npt under section		a Form 5706 (en	ection under
	belongs to an affi	liated group (and list i	n Part IV each affiliated g	group member's nam	ne, address, EIN,
expenses, and share of					
B Check if the filing organization	checked box A a	nd "limited control" pr	ovisions apply.		
Limits o (The term "expenditur	n Lobbying Expe res" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence	e a legislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (ad	d lines 1c and 1d)	·····		
f Lobbying nontaxable amount. Enter th	e amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (b)	is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,0		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
 g Grassroots nontaxable amount (enter 2 h Subtract line 1g from line 1a. If zero or i Subtract line 1f from line 1c. If zero or j If there is an amount other than zero o reporting section 4911 tax for this year 	less, enter -0- ess, enter -0- n either line 1h or ?		ation file Form 4720		Yes No
(Some organizations that i		01(h) election do not ate instructions for li		f the five columns b	elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
				Schedule C (For	n 990 or 990-EZ) 2019

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EMERALD COAST ASSOCIATION OF

Schedule C (Form 990 or 990-EZ) 2019 REALTORS, INC.

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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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k)
	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	X	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		X
Par	t 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 "				0 :-
	answered "Yes."		Parti	II-A, IIIe	3, 15
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total		2c		
3			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, li	nes 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2019

SC		Supplementa	al Financial Statements		OMB No. 1545-0047
(Forn	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2019
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	I Revenue Service		90 for instructions and the latest information.	1	Inspection
Nam	e of the organization	REALTORS, INC.	CIATION OF		r identification number 3-7420154
Par	rt I Organiza		d Funds or Other Similar Funds or A		
		n answered "Yes" on Form 990, Part IV, lin			
	0			(b) Funds an	d other accounts
1	Total number at en	ld of year			
2		f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4		end of year			
5	-		writing that the assets held in donor advised fun		
•			exclusive legal control?		Yes No
6	•	e	dvisors in writing that grant funds can be used o	2	
			r donor advisor, or for any other purpose confer	0	Yes No
Par	rt II Conserva	ation Easements. Complete if the ord	ganization answered "Yes" on Form 990, Part IV	line 7.	
1		ervation easements held by the organization		,	
		of land for public use (for example, recrea		orically impo	rtant land area
	Protection of	f natural habitat	Preservation of a cert	ified historic	structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a co	nservation e	asement on the last
	day of the tax year			Held	at the End of the Tax Year
а				2a	
b	Ũ			2b	
C.			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
3			eased, extinguished, or terminated by the organ	2d	n the tax
Ū	year				
4		where property subject to conservation eas	sement is located		
5	Does the organizat	ion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easement	s during the year
7	· ·	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements dur	ing the year
•	►\$		-		
8			e satisfy the requirements of section 170(h)(4)(B)		Yes No
9			on easements in its revenue and expense staten		
Ũ		•	note to the organization's financial statements th		the
		ounting for conservation easements.	5		
Par	rt III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Other S	Similar As	sets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bal	ance sheet v	vorks
		· · · · ·	blic exhibition, education, or research in furthera	nce of public	
			ncial statements that describes these items.		
b	-		8, to report in its revenue statement and balance		
		ng amounts relating to these items:	exhibition, education, or research in furtherance	e or public se	ervice,
				► \$	
				•	
2	.,		asures, or other similar assets for financial gain,		
	-	ints required to be reported under FASB A			
а	-		~	▶ \$	
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.	Sche	dule D (Form 990) 2019
932051	1 10-02-19		1.0		
			16		

13331116 794202 20-03415.000 2019.05000 EMERALD COAST ASSOCIATION 20-03411

	EMERALD	COAST ASS	OCIATI	ON OF						
	dule D (Form 990) 2019 REALTOR							20154		e 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Treasure	es, or Othe	er Similar	Assets	continu	ied)	
3	Using the organization's acquisition, accession	on, and other record	ls, check an	y of the followir	ng that make s	significant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	c	a 🗌 Loa	an or exchange	program					
b	Scholarly research	e	e 🗌 Oth	ner						
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explai	n how they t	further the orga	nization's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, histor	rical treasures, o	or other simila	r assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the org	ganization answ	vered "Yes" or	n Form 990	, Part IV, I	line 9, or		
	reported an amount on Form 990, Pa	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for con	tributions or oth	ner assets not	included				
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table	e:						
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esci	row or custodia	l account liabi	lity?		Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization ar	nswered "Ye	es" on Form 990), Part IV, line	10.				
		(a) Current year	(b) Prior	r year (c) T	wo years back	(d) Three y	ears back	(e) Four (/ears ba	ick
	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		e (line 1g, co	olumn (a)) held a	as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that ar	e held and adm	inistered for t	he organiza	ition	_		
	by:							· '	Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Sche	dule R?				3b		
4	Describe in Part XIII the intended uses of the		wment func	ls.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, lir	ne 11a. See For	m 990, Part X	, line 10.				
	Description of property	(a) Cost or o		(b) Cost or oth		Accumulate	d	(d) Book	value	
		basis (investi	ment)	basis (other)		epreciation				
1a	Land			157,9					,928	
	Buildings			1,361,7	57 .	526,42	26.	835	,333	<u>L.</u>
с	Leasehold improvements									
d	Equipment						_			_
e	Other			1,182,4	61.	918,60			,850	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. column (</u>	<u>B), line 10c.)</u>				1,257	,11	5.
						:	Schedule	D (Form	990) 20	019

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EMERALD	COAST	ASSOCIATION	OF
REALTORS	S, INC.	•	

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1. (1) Federal income taxes 167,831. OTHER LIABILITIES (2) 46,087. ACCRUED LIABILITIES (3) CAPITAL LEASE OBLIGATION 7,780. (4) 111.125 PREPAID MLS FEES (5) (6) (7) (8) (9) 332,823. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

932053 10-02-19

Schedule D (Form 990) 2019

	EMERALD COAST ASSOCIATION	OF			
Sche	dule D (Form 990) 2019 REALTORS, INC.				7420154 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,238,324.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	76,811.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	76,811.
3	Subtract line 2e from line 1			3	3,161,513.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-19,898.		
с	Add lines 4a and 4b			4c	-19,898.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	3,141,615.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	2,955,204.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,955,204.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-19,898.		
с	Add lines 4a and 4b			4c	-19,898.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,935,306.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE, ECAR IS EXEMPT FROM
TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. UNDER THESE
PROVISIONS, NO TAX IS PAID ON INCOME RECEIVED FROM ITS MEMBERS.
ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS PROVIDED IN THE ACCOMPANYING
FINANCIAL STATEMENTS. ECAR ANNUALLY FILES FORM 990 AS REQUIRED FOR
NOT-FOR-PROFIT ORGANIZATIONS.
ECAR UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN
INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD
(FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY

NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE

Schedule D (Form 990) 2019

13331116 794202 20-03415.000

932054 10-02-19

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2019.05000 EMERALD COAST ASSOCIATION 20-03411

EMERALD COAST ASSOCIATION OF Schedule D (Form 990) 2019 REALTORS, INC. Part XIII Supplemental Information (continued)	23-7420154 Page 5
LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINAT	TION BY THE
TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION,	,
CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM	1 PERIODS,
DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2019, ECAR HAS	NO UNCERTAIN
TAX PROVISIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN	THE FINANCIAL
STATEMENTS. ECAR BELIEVES IT IS NO LONGER SUBJECT TO INCOME 7	XAY
EXAMINATIONS FOR YEARS PRIOR TO 2017.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF MERCHANDISE SOLD INCLUDED IN REVENUE	-19,898.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
COST OF MERCHANDISE SOLD INCLUDED IN REVENUE	-19,898.
	Schedule D (Form 990) 2019
932055 10-02-19	

932055 10-02-19

SCHED	DULE J	Compensation Information		OMB No. 1	545-004	47
(Form §	990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Γ	20	10	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ)
Department	of the Treasury	Attach to Form 990.		Open to		
Internal Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of	the organization			identificatio		nber
Part I	Question	REALTORS, INC. s Regarding Compensation	23-1	7420154	4	
Falli	Question	s negariting compensation			N.	
te Cha	oli the energy	ate hav(as) if the experimation provided any of the following to as fer a nerson listed on Form	000		Yes	No
		ate box(es) if the organization provided any of the following to or for a person listed on Form line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or c					
	Travel for com	° .				
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
	, <u> </u>		,			
b If an	ly of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	,	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 India	cate which, if ar	ny, of the following the organization used to establish the compensation of the organization's				
CEC	D/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
esta	blish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior	n committee Written employment contract				
	Independent c	compensation consultant <u>X</u> Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee			
		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-		lated organization:				x
		e payment or change-of-control payment?				X
		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?		4C		
11 1	es to any or m	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only	v section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	tingent on the r					
	-					
		ation?				
		or 5b, describe in Part III.				
6 For	persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
cont	tingent on the r	et earnings of:				
a The	organization?			6a		
		ation?				
		or 6b, describe in Part III.				
		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		<u> </u>
	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			
				8		<u> </u>
		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA Foi	r Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	dule J (Forn	n 990)	2019

932111 10-21-19

Schedule J (Form 990) 2019 REALTORS, INC.	23-7420154	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	this part for any additional information.	
	Schedule J (Form 990) 2019	990) 2019

EMERALD COAST ASSOCIATION OF

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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

► Go to www.irs.gov/Form990 for the latest information. EMERALD COAST ASSOCIATION OF

REALTORS, INC.

Employer identification number 23-7420154

OMB No. 1545-0047

Open to Public

Inspection

19

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.

Schedule O (Form 990 or 9	90-EZ) (2019)			
Name of the organization	EMERALD	COAST	ASSOCIATION	OF

REALTORS, INC.

Page 2 Employer identification number 23-7420154

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION OBTAINS AND REVIEWS COMPREHENSIVE BENCHMARK DATA ON

SALARIES AND BENEFITS FOR ALL EMPLOYEES PRIOR TO MAKING COMPENSATION AND

BENEFIT DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE GO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR YEAR AUDIT ADJUSTMENT

-20,804.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR

SELECTION PROCESS DURING THE TAX YEAR.

932212 09-06-19

2020 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

EMERALD COAST ASSOCIATION OF

			KEALTOKS		INC.				
Asset No.	Description	Date Acquired N	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
11	BUILDING	1017	.1	•	, 26		,26	,18	•0
	CONSTRUCTION I	21503	4	•	-		,701	, 88	
45	CONSTRUCTION	23102		•	, 00		,00	, 3	\sim
46	CONSTRUCTION I	110402SL	4	•	0		2,000.	858.	50.
47	CONSTRUCTION	12902	4	٠	,45			4	
276	IMPROVEMENTS	21503	4	•	0,05		0,05	, 06	0
277		20304	4	٠	7,3		7,3	2,14	,68
278	ARCHETECT FEES NEW BUILDING	20604	4	•	,42		,42	, 95	ω
284	BUILDING ADDITION	12005	4	• 00	, 2		, 22	7,37	, 50
285	BUILDING	12705	4	•	,12		,12	791.	
286	BUILDING	13105	4	٠	,82		,82	684.	
287	BUILDING	20405	4	•	, 25		, 25	464.	
290	BUILDING	21005	4	٠	S		വ	166.	
291	BUILDING	21705	4	•	σ		თ	255.	
295	BUILDING	62105	4	•	-		Η	42.	° M
298	BUILDING	92605	4	•	-		Ч	184.	
300	RAIN GUTTERS	12805	4	٠	2,725.		\sim	958.	68.
301	BUILDING	13005	4	•	σ		თ	171.	
302	BUILDING	20805	4	•	449.		4	D	
303	BUILDING	22005	4	•	60		9	26	٩
304	BUILDING	4180		• 0 0	150.		150.	57.	4.
305	BUILDING	42105	4	•	വ		വ	.06	.9
316		23105S		٠	,40		,40	491.	
317	KITCHEN CABINE	20806	4	•					72.
318		509068	L 40	٠	,94		,94	5	
319	GUTTERS	73007S	4	•	, 50		, 50	5	
320	KITCHEN CABINETS	Ч	40	• 00	-		, 26	1,016.	107.
	KATHY SUBLET EDUCATION BUIDLING								
321	REMODEL	062912SI	L 40	• 0 0	13,600.		13,600.	2,550.	340.
434	FWB RENOVATIONS	42.71	4	•	, 50		, 50	0	
	OFFI	Н	4	•	6,000.			338.	150.
437	FWB RENOVATIONS:CABINETS	20417		•	,1		5,100.	9	\sim

928103 04-01-19

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone (D) - Asset disposed

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– NEXT YEAR FEDERAL –

EMERALD COAST ASSOCIATION OF REALTORS INC.

			CAULUADA UNO		TNC.				
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
FWB	FLOORING	7	5 TS	40.00	,46		9	1,015.	487.
439 FWB RENOVATIONS:	: CABINETS	2 31 17		0.0	,10		,10	വ	\sim
446 FWB RENOVATIONS		41118		0.0	67,146.		5		
* 990 PAGE 10 TC	10 TOTAL BUILDINGS				6175		75	,42	,96
FURNITURE & FIXTURES	TURES								
3 CONFRENCE FURNITURE	TURE	03198	SL 7	٠	1,319.		-	\vdash	• 0
6 CLCD INFOCUS		1896		•	, 59		, ٦	, 59	• 0
7 SOUND SYSTEM		92498	ц	•	902.		0	902.	• 0
14HEAT PUMP		40100		•	\sim		\sim	\sim	•0
16REFRIGERATOR		700	SL 7	٠	5		5	5	0.
26NETWORK SERV		80201		•	-			-	0.
		22701		•			\sim		.0
BARRYS		71602		•	9		5,462.	9	0.
S		10802		•	-		,73	-	0.
PAT'S		10802		•	\sim		\sim	\sim	0.
33JIM'S OFFICE FU		11902		•	788.		∞		.0
34 SUSANS OFFICE		1119026	SL 7	00.7	,18		1,187.	,18	0.
35PEALIE & SHE		12102		•	1,132.		3		0.
36 GEOFF'S OFFICE		12602		•	, 36		, 36	, 36	0.
38FILING CABINET F		22602		•	709.		709.	709.	0.
6642" LOCKING FILE	CABINET	62002		•	4		4	4	0.
FILING		22203		•	578.		578.		0.
OFFICE		30601		•	74		74	74	.0
		0203		• 00			2,827.		.0
FLOOR		63087		ں	50		59	50	.0
ALARM		21403	SL 5	•			1,000.	1,000.	0.
		52103		•	96		96	96	0.
102 PATS NEW DESK		10203	SL 5	٠	0			0	•0
104 FOLDING TABLES		61903		•			Ч	815.	•
107 COUNTER TOP		20604		00.7	85.		85.	85.	• 0
108 TV WALL MOUNT		20604		•					.0
		20604	SL 7	00.7	215.		215.	Η	0.
110 CONFRENCE TABLE		0604	Г	•			4		.0
111 CABINETS CC		20604	SL 7	7.00	1,865.		1,865.	1,865.	0.

928103 04-01-19

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone (D) - Asset disposed

	Amount Of Depreciation	•	•	•	•	•	•	•	. 0.	•	.0	•	•	•	•	•	. 0.	•	.0.	•	•	.0.	•	•	. 0.	•	.0.	•	.0.	•	•	•	.0.		. 0.
	Accumulated Depreciation	, 50	5,100	, 50	,83				66		0	0	0	107	4	თ	250	0	458	4	42		,49	23	6,134	9			34	വ			306	1	550
OF	Basis For Depreciation	, 50	5,100.	, 50	ω,		91.		.99.		0	0	0	0	4	σ	250.	0	4	4	42	1,304.	,49	23	6,134.	ഴ				വ			306.		550.
ASSOCIATION	* Reduction In Basis																																		
COAST ASSO	Unadjusted Cost Or Basis	, 50	5,100.	, 50	,83				.99.	0	0	0	0		4	თ	250.	0		4	42	0	,49	23	6,134.				34.	വ	168.	σ	306.		550.
EMERALD COR	d Life	•	•	•	•	•	•	•	7.00	•	•	•	•	•	•	•		•		•	•	•	•	•		•	•	•	7.00	•	٠	•	7.00		7.00
EME REA	d Method		4	4SL	4SL	4SL	4SL	4	4SL	4		4	4	4	4	4	4	പ	5SL	വ	D		വ	പ	<u>ນ</u>	<u>л</u>	<u>л</u>			5	5	D	5SL	1	15SL
Ι.	Date Acquired	90	06	12060		12060		06	6	06	06	206	206	206	206	206		107		107	110	Ч	110	111		114	17	01170	117	117	1	117	01170	,	011705
- NEXT YEAR FEDERAL	Description		SOFA, TABL	CONFRENCE	FURNJ	9 DATA LINE	DATA		ELECT	DATA	DATA	DATA	DATA	LINE		9 INSTALLATION	BUILDING CH	хі LO	TV FOR BREAK RC	TV FOR BARRY	MONITOR FOR BARRY	FRAINING LAP TOP COMPU	FRAINING LAP	BFLOOR MATS & 7	SECURITY SYSTEM AND ACCES	PICTURES	BRUSHED SILVER LID	3 STONE/METAL PLANT CONTAINER	BLACK			SCOAT RACK (FRONT ROOM)	TABLE		JOFFICE)
	Asset No.	11	113	115	116	119	\sim	12	122	12	124	125	12	127	12	12	130	16	170	171	17	175	17	17	179	18	182	183	184	18	18	18	18		190

2020 DEPRECIATION AND AMORTIZATION REPORT

928103 04-01-19

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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- NEXT YEAR FEDERAL -

EMERALD COAST ASSOCIATION OF REALTORS INC.

			REALTORS	ORS ,	INC.		-		
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)	<u>11705S</u>	г 7	•	4		4	4	• 0
192	1 HIGH BACK TYE CHAIR	11905		•	Η		Η	Η	•0
193	4 TARA HIGH BACK CHAIRS	11905		•	4,		,49	,49	•0
194	10 SEQUEL HIGHBACK CHAIRS-BOD ROOM	12105		•	\mathcal{C}		З	3	•0
19510	10 GUEST CHAIRS (BOD ROOM)	0121058	SL 7	• 00	,243		2	,243	•0
197	2 HIGH BACK BLACK STOOL FOR WALKIN	12705		•	Ξ		Ξ	Η	•0
198	24 LNE INSTALL FOR LCD SPEAKERPHONE	12705		•	77		\sim	77	•0
199	ROUTER	13105		•			\sim	172.	•0
200	BELKIN 4 PORT KVM SWITCH	13105		•	0		0	06	•0
201	10/10 8 PORT BLADE	13105		•	9		9	364.	•0
202	HP PROCURVE SWITCH	13105		•				14	•0
203	3 TIER CART	20305		•	\leftarrow			\leftarrow	•0
205	DISPLAY RACK	20905		•	σ		σ	95	.0
206	2 9 POCKET DISPLY RACK	20905		•	4		4	4	•0
207	207 WIRELESS HEADPHONE SET	21505S	L D	•					•0
209	INTERGRADED ELECTRONIC EQUIPMENT	21505S	_	•	117,569.		117,569.	117,569.	•0
	ROTATING DISPLAY RACK (EDUCATION								
2101	FLIERS)	0218055	SL 7	• 00	495.		495.	495.	•0
211	2ND KIM SYSTEM	315055			39		σ	39	•0
	CONFERENCE TABLE (FRONT MEETING								
212	ROOM)	32505			2,107.		0	2,107.	•0
213	213 NEW FRONT DESK	032505SL	г 7	• 00	,92		7,926.	,92	•0
218	USB ADAPTER	41405							.0
219	PORTABLE 13" TV	42005		0					•0
221	WALL FOUNTAIN	42005			\sim		\sim	5	544.
224	z	42905			Η		Η	Η	•0
228	2 PC FOR WALK-IN STATIONS	4290		• 00	1,200.			1,200.	•0
229	29GLASS COVERS FOR ALL DESKS	42905			, 80		, 80	, 80	•0
230	LEGAL TRAY FOR COPIER	43005			\sim		\mathcal{C}	\sim	•0
	SQUARE RED, ORANGE GREEN BANANA								
231		50205		• 00	ω		ω	ω	.0
232		0502058	SL 7	• 00	250.		250.	250.	.0
233	STRACT (SUSAN'S	50205		00.					•0
234	234 ABSTRACT W/YELLOW & RED (BREAK ROOM)	050205SL		• 00	σ		σ	σ	• 0

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- NEXT YEAR FEDERAL -

EMERALD COAST ASSOCIATION OF REALTORS INC.

		щ	REALTORS	s, inc.				
Asset No.	Description	Date Acquired M	Method	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
235	LARGE PALM TREE SCENE	205	7.0	0 293.		293.	293.	0.
236	2 BRIGHT GREEN PALM PRINTS	5020	7.0	\sim		\sim	\sim	•0
	2 HAND COLOR SHELL PRINTS (JIM'S							
238	DESK)	50205	7.0	58		ω	ω	•0
239	2 LARGE GOLD, BEIGE, BLACK FLORALS	050205SL	7.0	0 628.		628.	628.	•0
240	PICTURE OVER F	51905	7.0	19		σ	σ	•0
244	LINKSYS AND NETGEAR	53105	5.0	191		91	91	•0
245	CUSTOM MADE FRAMES	60405				5	79	•0
	VANITY LIGHTS AND MOTION LIGHT							
246	INSTALLED	614	15.	0 23		237.	\mathbf{c}	ئ
247	WASTEBASKET	6150		0		0	0	•
248	FAX MACHINE	6150		52		\sim	\sim	•0
252	TABLE FOR CEO OFFICE	6300	7.	302				•0
253	SPARE FLAGS FOR OUTSIDE POLES	070105SL	<u>ى</u>	0 315.		315.	315.	•0
254	LINKSYS WIRELESS ACCESS POINT	70605	5.0	6				•
259	AVOCENT WIRELESS VGA EXTENDER	73105	5.0	δ		δ	δ	•0
262	SINK TOP FOR BOD MEETING ROOM	9200	15.	0 1,972		1,972.	1,870.	102.
263	SERVER RACK	93005	5.0	31		Η	Η	•0
264	UPS FOR AUDITORIUM AUDIO	93005	5.0	68		ω	ω	•0
2691	WIRELESS REMOTE KB/MOUSE AUDITORIUM	03105	5.0	17		\sim	\sim	•0
270	RON'S CHAIR	11605	7.0	43		\mathcal{C}	\mathcal{C}	•
271	RON'S DESK FURNITURE	11605	7.0	\sim		\sim	\sim	•0
275	R	23105	7.0	ŋ		വ	53.	•0
279	7 19" LCD MONITORS	23005	5.0	1,99		σ	σ	.0
280	ACER LAPTOP	23005	5.0	74		4	4	•0
80	SIGN	20105	7.0	43		\mathcal{C}	\mathcal{C}	• 0
292	STOOL	21805	7.0	15		വ	വ	•
294	TABLE CABIN	42705	7.0	10,52		\sim	\sim	.0
306	ELECTRONIC EQUIP INSTALL	2150	7.0	7,95		, 95	, 95	•
307	WALL ART	20805	•	43		\mathfrak{c}	\mathfrak{c}	• 0
308	FRONTPAGE 98 / PUBLISHER	4090	•	60		0	0	•0
309	ACROBAT (3	42905	<u>3</u> .0	0 579.		579.	579.	•0
	OFFICE MS SUPERPACK	520058	•	52		\sim	\sim	• 0
311	TREND CLIENT/SERVER SUITE	5250	3.0	9		9	9	0.

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– NEXT YEAR FEDERAL –

EMERALD COAST ASSOCIATION OF REALTORS INC.

			REALTORS	ORS ,	INC.				
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
312	312FRONTPAGE	62905		• 00	വ		വ	വ	0.
313	ONLINE VOTER SOFTWARE	92905		.00	2,250.		2,250.	,250	• 0
3140	CITATION CHECKER SOFTWARE	112105SL	Г С	• 00	,000		,000	0	• 0
315	315ADOBE 7.0 ASP UPLOAD	23005		• 00	539.		539.	539.	• 0
	ADJUSTED FROM AUDITOR TO RETAINED								
322	EARNINGS	23111	•	000	, 2		, 2		• 0
325	BROOKTROUT FAXSERVER PLATFORM	030106SL	С 7	• 00	0		,270	, 27	•0
327	VIDEO CAPTURE COMPUTER	33106		• 00	, 29		,2	, 29	• 0
330	VIDEO MIXER	03106		• 00	,039		39	1,039.	• 0
331	CITRIX SOFTWARE LICENSE	12506		• 00	, 60		, 6	, 60	• 0
332	SOFTWARE FOR VISTA MACHINE (RON)	22607		• 00	22		22	22	• 0
	OFFICE ULTIMATE, PAINT SHOP PRO,								
333	ACROBAT	31907			\vdash		-	\vdash	• 0
334		32207			1,810.		1,810.	1,810.	•0
335	OPAC TRAINING SOFTWARE	43007			۲,		, 77	,774	• 0
336	РНОТОЗНОР	72307			644.		4	644.	• 0
337	A C D		Г Г	• 00	82		6,482.	82	• 0
338	5 RECEIPT SCANNERS	10307					970.		•0
340	PC FOR GRAPHICS (SCOTT)	13107			, 6		,68	, 6	.0
343	CONSULTING FEE FOR VTC	32607		• 00	1,045.		1,045.	1,045.	.0
344	VISTA MACHINES	50907			, 23		,231	,231	.0
	CALL TRACKING SOFTWARE FOR PHONE								
345	SYSTEM	52907			, 60		1,60	, 60	.0
347	VTC REGISTRATIONS AND INSTALLATION	62707			5		5	5	.0
348	OFFICE CHAIR	71007			5		5	5	.0
349	ULTRIUM TAPES (FOR BACK UPS)	22007			,14		,14	,14	.0
351	SERVER-EMERALD	82007			വ		വ	വ	.0
352	FANDBERG TAPE DRIVE	22007			, 24		, 24	, 24	• 0
53	RECESSED EXTERIOR LIGHTING (MAIN)	20108			4			4	• 0
354	ACROBAT PRO (GAD)	32008			D		D	D	• 0
355	FLASH/WEB SERVER	04080851	Г	• 00	699.			688.	.0
356	56REPLACEMENT EXCHANGE SERVER	426085			5			5	• 0
357	357 MID-BACK CHAIR (GAD)	514085			m		m	m	• 0
358	ACROBAT PRO	052708S1	<u>г</u>	• 00	159.		159.	159.	0.

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EMERALD COAST ASSOCIATION OF REALTORS INC.

			REALTORS	ORS ,	INC.				
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	HP LASER PRINTER	62008S		•	\sim		\sim	\sim	•0
360	HP 2015 LASER PRINTER (GAD)	62008S	г 2	•	З		\mathcal{C}	\mathcal{C}	•0
361	ACER 22" LCD MONITOR (GAD)	62008S	L D	•	\sim		\sim	\sim	•
364	HP LASER PRINTE	720085	г 2	• 00	358.		35	358.	•0
365	NETGEAR SWITCH GSM7248	92008		•					• 0
366	NETGEAR SWITCH	92008		•	σ		σ	σ	•0
367	NETGEAR	08	Г 5	•	558.		558.		• 0
368	NETGEAR	92		• 00				256.	•0
369	NETGEAR AGM731F/2	92008		•	വ		വ	വ	•0
370	NETGEAR AGM731F/3	92008		•			വ	256.	•0
371	NETGEAR AGM731F/4 FIBER	9200		•	വ		വ	25	•0
3721	UPS BATTERY REPLACEMENT KITS	92308S	<u>г</u>	• 00	\sim		\sim	\sim	•0
373	ADOBE ACROBAT	92308		•			5	5	•0
374.	ADOBE ACROBAT	92308		•	5			172.	•0
378.	LAWN PUMP	92310		•			5		•0
379	A/C TRANE MAIN CONTROLLER	01210		•	\sim		\sim	\sim	•0
381	FUJI SCANNER (CFO)	320		• 00	521.		521.	521.	•0
382	SERVER-WEBSERVER	82010		•	D		വ	D	•0
384.	LAP TOP (COMMUNI	11710		•	0		0	0	•0
385	PC COMPUTOR (IT	22010		•	D		D	D	•0
386.	PC COMPUTOR (IT	22010		•	വ		പ	പ	.0
387	PC COMPUTOR (22010		• 00	D		D	D	•0
388.	Ы	22010		•	വ		വ	വ	.0
389	PC COMPUTOR (22010		.00	D		വ	വ	.0
390.	PC COMPUTOR (CEO)	22010S		•	വ		65	65	.0
	~	32211		•	,02		,02	0	.0
\sim	SUSAN'S LAPTOP	4131		•	, 00		, 00	ω	•0
393	TOP	62011S		• 00			0	,1	•0
394	LAP TOI	62011S	<u>л</u>	•	, 55		, 55	വ	•0
3961	ы.	92011S	<u>г</u>	• 00	,14		,14	,14	•0
397		00711S		•	-		-	-	.0
	MONITOR (AE)	2011S	<u>л</u>	.00	വ		വ	D	.0
, –	8600 SERVER (RAP SERV	22012S		•	529.		529.	529.	• 0
402	MC BOOK PRO #C1MHFP3UDU13	201	<u>г</u>	• 00	9		9	9	• 0

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EMERALD COAST ASSOCIATION OF REALTORS, INC.

			KEAL'UKS	URZ',	TNC.				
Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
403	TRANE ZONE CONTROL ON A/C	61412		•	, 20		,20	,20	• 0
404	2 FILE CABINETS (CEO OFFICE)	62712		٠	4			4	•0
4051	HP 8600 SERVER (PROXY)	92012		•	, 53		, 53	, 53	•0
406	SHREDDING MACHINE	10912		٠	\mathcal{C}		\mathcal{C}	638.	•0
407	PROJECTOR	22013		•	\sim		\sim	\sim	•0
408	LAP TOP DELL ULTRAB	320		•	699.		69	699.	•0
409	SHARP COLOR COPIER #MX-6240	62513		਼	2,45		2,45	12,455.	.0
410	SHARP BLACK / WHITE COPIER #MX-453	62513		•	,45		,45	,45	•0
411	SECURITY CAMERA	8131		•	5		\sim	572.	.0
412		92013		•	763.		9	763.	•0
413		92013		•	0		60	600.	
431	LEASED SHARP MX-7500N		L D		27,583.		, 5	,06	5,515.
440.	RAPATTONI CLOUD SOFTWARE	12317		•	8,50		8,50	1,87	°,
441	FWB TABLES	51117		•	6,410.		6,410.		916.
442.	FWB	12917		•	°,		,09	, 51	728.
443	FWB FURNITURE: CHAIRS, UPHOLSTERY	7119117		•	,49		,49	, 2	8,784.
444	FWB FURNITURE: WARDROBE	2061		•	ک		, 54	,05	0
47	75 MOTIVATE NESTSTACK CHAIRS	51518		•	, 07		5	0,	3,011.
448	25 MOTIVATE TABLE RECT.	51518		਼	7,70		7,70	, 21	, 52
	* 990 PAGE 10 TOTAL FURNITURE &								
	FIXTURES				738,910.		738,910.	640,501.	26,711.
10	LAND	010177					പ		.0
	* 990 PAGE 10 TOTAL LAND				57,92		\sim	.0	.0
	MANAGEMENT AND GENERAL ANNEX OFFICE DESTIN - LEASEHOLD		T						
432	IMPROVEMENTS	010116SL	г 2	• 00	142,857.		142,857.	114,284.	28,571.
	ANNEX OFFICE DESTIN - FURNITURE &								
433	FIXTURES	032216SL	L 7	• 00	114,192.		114,192.	61,174.	16,313.
	ANNEX OFFICE DESTIN - LEASEHOLD								
	IMPROVEMENTS	117	L D	•	ć,		,36	-	, 87
449	AC UNIT	315		• 00	47,444.		47,444.	5,648.	6,778.
	* 990 PAGE 10 TOTAL MANAGEMENT AND						1		1
	GENERAL				408,858.		408,858.	243,725.	72,535.

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EMERALD COAST ASSOCIATION OF

179. 19. 0. 23. 10. 0. 0. 33. 0 83. 281. 281. 526. 131,245, Amount Of Depreciation 131, 290. 504. 134. 1,149. 2,506. 1,417. 5,576. 5,576. 1439455. 13,383. 1445031. 28,803. 1,211. 13,785. Accumulated Depreciation 5,857. 5,857. 134. 1,149. 2,685. 300. 523. 13,383. 28,836. 1,500. 2702146. 1,234. 13,785. 2696289 Basis For Depreciation Reduction In Basis 134. 1,234. 300. 1,149. 2,685. 1,500. 5,857. 5,857. 523. 13,383. 13,785. 28,836. 2696289. 2702146. Unadjusted Cost Or Basis INC .5.00 5.00 5.00 REALTORS • 00 Life Method 123199SL 123005SL 080405SL 110705SL 010605SL 032505SL 062105SL 101311SL 022812SL Date Acquired GRAND TOTAL 990 PAGE 10 DEPR CORRECT WIRING 990 PAGE 10 TOTAL OTHER * 990 PAGE 10 TOTAL OTHER L Description 4141/2 DEPOSIT LED SIGN 990 PAGE 10 TOTAL * 990 PAGE 10 TOTAL 299PARKING APPRAISAL 415 LED SIGN BALANCE لام 168 INSTALL SIGN 296 SIGN (LABOR) 293SIGN - ROOF 297 BUILDING 23PAVING 282GAZEBO OTHER OTHER Asset No.

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