



November 6, 2018

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

Emerald Coast Association of Realtors, Inc.:

Enclosed is the organization's 2017 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2018.

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

Very truly yours,

Timothy Fulmer

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2017

Prepared For:

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

Prepared By:

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

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office using our secure file transfer website – <https://cricpa.sharefile.com/share/filedrop> . We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2018

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

EMERALD COAST ASSOCIATION OF REALTORS, INC.

Employer identification number

23-7420154

Name and title of officer

**KEITH DEAN
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

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

| | | |
|---|--|-----------------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue , if any (Form 990, Part VIII, column (A), line 12) | 1b <u>2,490,175.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue , if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b _____ |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, line 3c) | 5b _____ |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CARR, RIGGS & INGRAM, LLC to enter my PIN 20154
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

59219327401

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ CARR, RIGGS & INGRAM, LLC Date ▶ 11/06/18

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning and ending

| | | | |
|--|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization EMERALD COAST ASSOCIATION OF REALTORS, INC. Doing business as | | D Employer identification number 23-7420154 |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 HOLLYWOOD BLVD SE | E Telephone number 850-243-6145 | |
| | City or town, state or province, country, and ZIP or foreign postal code FORT WALTON BEACH, FL 32548 | | G Gross receipts \$ 2,729,359. |
| | F Name and address of principal officer: KEITH DEAN SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| | I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number ▶ |

J Website: ▶ **EMERALDCOASTREALTORS.COM**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1964** **M** State of legal domicile: **FL**

Part I Summary

| | |
|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: PROVIDING MULTIPLE LISTING SERVICE, EDUCATION AND SUPPORT TO PROFESSIONAL MEMBERS IN THE LOCAL |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
| | 3 Number of voting members of the governing body (Part VI, line 1a) 3 20 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 17 |
| | 6 Total number of volunteers (estimate if necessary) 6 0 |
| | 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 34 7b 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) 0. 0. |
| | 9 Program service revenue (Part VIII, line 2g) 2,141,726. 2,353,779. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 36,036. 46,445. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 78,344. 89,951. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,256,106. 2,490,175. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 940,884. 1,093,398. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,311,286. 1,566,508. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,252,170. 2,659,906. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 3,936. -169,731. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) 4,342,313. 4,329,866. |
| | 21 Total liabilities (Part X, line 26) 770,487. 866,064. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 3,571,826. 3,463,802. |

Part II Signature Block

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

| | | | | | |
|--|--|---|-------------------------------|---|--------------------------|
| Sign Here | Signature of officer | | Date | | |
| | KEITH DEAN, CEO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name TIMOTHY FULMER | Preparer's signature TIMOTHY FULMER | Date 11/06/18 | Check if self-employed <input type="checkbox"/> | PTIN P00173708 |
| | Firm's name ▶ CARR, RIGGS & INGRAM, LLC | Firm's EIN ▶ 72-1396621 | Phone no. 850.837.3141 | | |
| Firm's address ▶ 500 GRAND BOULEVARD, SUITE 210 | | MIRAMAR BEACH, FL 32550 | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO PROVIDE MEMBERS WITH RESOURCES TO ACHIEVE AN EXEMPLARY LEVEL OF PROFESSIONALISM, INTEGRITY, AND ETHICAL BUSINESS PRACTICE, WHILE ENRICHING THE QUALITY OF LIFE IN THE COMMUNITY.

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

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

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

4a (Code:) (Expenses \$ 1,541,082. including grants of \$) (Revenue \$) MLS, EDUCATION, OTHER MEMBER SERVICES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 1,541,082.

EMERALD COAST ASSOCIATION OF REALTORS, INC.

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | | X |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | | X |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | 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? <i>If "Yes," complete Schedule C, Part II</i> | | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 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? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | 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? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | 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)? <i>If "Yes," complete Schedule D, Part X</i> | | X |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | X | |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | | X |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | 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? <i>If "Yes," complete Schedule G, Part I</i> | | 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? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |

EMERALD COAST ASSOCIATION OF REALTORS, INC.

Form 990 (2017)

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Part IV Checklist of Required Schedules *(continued)*

| | Yes | No |
|--|----------|----------|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | 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? <i>If "Yes," complete Schedule J</i> | | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | 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): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|------------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| 4b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | |
| 7g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| 7h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| 9b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| 13a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| 13b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| 13c | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a | 20 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b | 20 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 850-243-6145**
10 HOLLYWOOD BLVD, FORT WALTON BEACH, FL 32548

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) TERRY PILCHER PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (2) LIZ MCMASTER PRESIDENT ELECT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (3) NINA MCCASLIN-HORN VICE PRESIDENT | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (4) GLORIA FRAZIER TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (5) TOM MIESEN ASSISTANT TREASURER | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (6) CATHY ALLEY IMMEDIATE PAST PRESIDENT | 2.00 | X | | | | | | 0. | 0. | 0. |
| (7) ROB BROOKS DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) CHAD KNAEPPEL DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) SALLY MERRIFIELD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) KATE BEAM DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) CHRIS CARTER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) MICHELE BAILEY DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) BRYAN WHITEHEAD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) GARNER CHANDLER DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) DAWN JOHNSON DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) SHERRI ZIMMERMAN DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) TRACY LEE WOOD DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

EMERALD COAST ASSOCIATION OF REALTORS, INC.

Form 990 (2017)

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Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|---|---|----------------------|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | 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: \$ | | | | | |
| | h Total. Add lines 1a-1f | | | | | |
| Program Service Revenue | 2 a MEMBER SERVICE | Business Code 561000 | 1,179,679. | 1,179,679. | | |
| | b MEMBER DUES | 561000 | 974,898. | 974,898. | | |
| | c COMMITTEES | 561000 | 127,482. | 127,482. | | |
| | d OTHER PROGRAM SERVICE | 561000 | 60,972. | 60,972. | | |
| | e INFORMATION SYSTEM | 561000 | 10,748. | 10,748. | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 2,353,779. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 33,756. | 33,756. | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 231,271. | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 218,582. | | | |
| | | c Gain or (loss) | 12,689. | | | |
| | d Net gain or (loss) | | 12,689. | 12,689. | | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | | b Less: direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | 110,553. | | | | |
| | b Less: cost of goods sold | b | 20,602. | | | |
| | c Net income or (loss) from sales of inventory | | 89,951. | | 89,951. | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a _____ | | | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | | | |
| 12 Total revenue. See instructions. | | | 2,490,175. | 2,400,224. | 0. | 89,951. |

EMERALD COAST ASSOCIATION OF REALTORS, INC.

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Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 364,056. | 218,434. | 145,622. | |
| 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 | 646,442. | 387,865. | 258,577. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 20,867. | 12,520. | 8,347. | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 62,033. | 37,220. | 24,813. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 112,481. | 1,125. | 111,356. | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 208,779. | | 208,779. | |
| 17 Travel | 147,431. | 88,459. | 58,972. | |
| 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 | | | | |
| 22 Depreciation, depletion, and amortization | 133,307. | | 133,307. | |
| 23 Insurance | 20,922. | | 20,922. | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a COMMITTEES | 262,085. | 262,085. | | |
| b MLS EXPENSE | 256,630. | 256,630. | | |
| c OTHER OPERATING EXPENSE | 234,453. | 135,983. | 98,470. | |
| d PROFESSIONAL DEVELOPMEN | 140,761. | 140,761. | | |
| e All other expenses _____ | 49,659. | | 49,659. | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,659,906. | 1,541,082. | 1,118,824. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

EMERALD COAST ASSOCIATION OF REALTORS, INC.

Form 990 (2017)

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Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 807,130. | 1 | 853,569. |
| | 2 Savings and temporary cash investments | 1,561,641. | 2 | 1,401,285. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 283,546. | 4 | 264,893. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | | 6 |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 7,114. | 8 | 7,114. |
| | 9 Prepaid expenses and deferred charges | 15,273. | 9 | 11,073. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 3,128,098. | | |
| | b Less: accumulated depreciation | 1,342,233. | | |
| | 11 Investments - publicly traded securities | 1,661,542. | 10c | 1,785,865. |
| | 12 Investments - other securities. See Part IV, line 11 | | 11 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 6,067. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 4,342,313. | 15 | 6,067. | |
| | | 16 | 4,329,866. | |
| Liabilities | 17 Accounts payable and accrued expenses | 114,552. | 17 | 135,915. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 393,488. | 19 | 515,600. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 262,447. | 25 | 214,549. |
| | 26 Total liabilities. Add lines 17 through 25 | 770,487. | 26 | 866,064. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 3,568,965. | 27 | 3,460,941. |
| | 28 Temporarily restricted net assets | 2,861. | 28 | 2,861. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 3,571,826. | 33 | 3,463,802. | |
| 34 Total liabilities and net assets/fund balances | 4,342,313. | 34 | 4,329,866. | |

Form **990** (2017)

EMERALD COAST ASSOCIATION OF REALTORS, INC.

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,490,175. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,659,906. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -169,731. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,571,826. |
| 5 | Net unrealized gains (losses) on investments | 5 | 61,707. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,463,802. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|----------|----------|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

| | |
|--|---|
| Name of organization EMERALD COAST ASSOCIATION OF REALTORS, INC. | Employer identification number 23-7420154 |
|--|---|

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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EMERALD COAST ASSOCIATION OF

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (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 | | | | | |

EMERALD COAST ASSOCIATION OF

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total. Add lines 1c through 1i | | | |
| 2a 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 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017
Open to Public Inspection

Name of the organization EMERALD COAST ASSOCIATION OF REALTORS, INC. **Employer identification number** 23-7420154

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

EMERALD COAST ASSOCIATION OF REALTORS, INC.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment _____ %
 - c** Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 257,928. | | 257,928. |
| b Buildings | | 1,722,267. | 576,657. | 1,145,610. |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 1,147,903. | 765,576. | 382,327. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 1,785,865. |

EMERALD COAST ASSOCIATION OF REALTORS, 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.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (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.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) OTHER LIABILITIES | 155,379. |
| (3) ACCRUED LIABILITIES | 40,143. |
| (4) CAPITAL LEASE OBLIGATION | 19,027. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 214,549. |

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

EMERALD COAST ASSOCIATION OF REALTORS, INC.

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

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

| | | | |
|----------|--|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,572,484. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 61,707. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 61,707. |
| 3 | Subtract line 2e from line 1 | 3 | 2,510,777. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | -20,602. |
| c | Add lines 4a and 4b | 4c | -20,602. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 2,490,175. |

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

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 2,680,508. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 2,680,508. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | -20,602. |
| c | Add lines 4a and 4b | 4c | -20,602. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 2,659,906. |

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

COST OF MERCHANDISE SOLD INCLUDED IN REVENUE -20,602.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF MERCHANDISE SOLD INCLUDED IN REVENUE -20,602.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public
Inspection

| | | | |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | EMERALD COAST ASSOCIATION OF REALTORS, INC. | Employer identification number | 23-7420154 |
|--------------------------|---|--------------------------------|------------|

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REAL ESTATE INDUSTRY.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS REALTOR MEMBERS AND AFFILIATE MEMBERS WHO PARTICIPANT
IN THE EDUCATION PROGRAMS, MULTIPLE LISTING SERVICE AND SUPRA KEY LOCKBOX
SYSTEM AND EVENTS. NO STOCKHOLDERS.

FORM 990, PART VI, SECTION A, LINE 7A:

MORE THAN 3,000 ASSOCIATION'S REALTOR MEMBERS ARE ALL ENCOURAGED TO VOTE
AND PARTICIPATE IN OUR BOARD'S ELECTION PROCESS. MEMBERS ARE INVITED
THROUGHOUT THE PROCESS TO EXAMINE THE INFORMATION ABOUT THE CANDIDATES AND
TO VOTE ONLINE. ALL OF THE INFORMATION ABOUT MEMBERS VYING FOR OPEN
POSITIONS IS POSTED ON OUR WEBSITE AND DISTRIBUTED TO OUR TOTAL MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7B:

ANY BY-LAW CHANGES MUST BE APPROVED BY MEMBERSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CEO WILL REVIEW AND APPROVE THE FORM 990 BEFORE IT IS FILED.

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

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

| | |
|--|---|
| Name of the organization EMERALD COAST ASSOCIATION OF REALTORS, INC. | 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 XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | BUILDINGS | | | | | | | | | | | | | | |
| 11 | BUILDING | 01/01/77 | SL | 40.00 | | 16 | 83,264. | | | | 83,264. | 81,184. | | 0. | 81,184. |
| 44 | CONSTRUCTION I | 02/15/03 | SL | 40.00 | | 16 | 9,701. | | | | 9,701. | 3,155. | | 243. | 3,398. |
| 45 | CONSTRUCTION I | 12/31/02 | SL | 40.00 | | 16 | 15,000. | | | | 15,000. | 5,250. | | 375. | 5,625. |
| 46 | CONSTRUCTION I | 11/04/02 | SL | 40.00 | | 16 | 2,000. | | | | 2,000. | 708. | | 50. | 758. |
| 47 | CONSTRUCTION I | 11/29/02 | SL | 40.00 | | 16 | 1,450. | | | | 1,450. | 536. | | 36. | 572. |
| 276 | IMPROVEMENTS | 02/15/03 | SL | 40.00 | | 16 | 20,054. | | | | 20,054. | 6,558. | | 501. | 7,059. |
| 277 | NEW BUILDING | 12/03/04 | SL | 40.00 | | 16 | 907,341. | | | | 907,341. | 274,091. | | 22,684. | 296,775. |
| 278 | ARCHETECT FEES NEW BUILDING | 12/06/04 | SL | 40.00 | | 16 | 79,420. | | | | 79,420. | 23,994. | | 1,986. | 25,980. |
| 284 | BUILDING ADDITION | 01/20/05 | SL | 40.00 | | 16 | 100,227. | | | | 100,227. | 29,861. | | 2,506. | 32,367. |
| 285 | BUILDING | 01/27/05 | SL | 40.00 | | 16 | 2,123. | | | | 2,123. | 632. | | 53. | 685. |
| 286 | BUILDING | 01/31/05 | SL | 40.00 | | 16 | 1,827. | | | | 1,827. | 546. | | 46. | 592. |
| 287 | BUILDING | 02/04/05 | SL | 40.00 | | 16 | 1,250. | | | | 1,250. | 371. | | 31. | 402. |
| 290 | BUILDING | 02/10/05 | SL | 40.00 | | 16 | 450. | | | | 450. | 133. | | 11. | 144. |
| 291 | BUILDING | 02/17/05 | SL | 40.00 | | 16 | 697. | | | | 697. | 204. | | 17. | 221. |
| 295 | BUILDING | 06/21/05 | SL | 40.00 | | 16 | 111. | | | | 111. | 33. | | 3. | 36. |
| 298 | BUILDING | 09/26/05 | SL | 40.00 | | 16 | 513. | | | | 513. | 145. | | 13. | 158. |
| 300 | RAIN GUTTERS | 11/28/05 | SL | 40.00 | | 16 | 2,725. | | | | 2,725. | 754. | | 68. | 822. |

728111 04-01-17

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 301 | BUILDING | 11/30/05 | SL | 40.00 | | 16 | 490. | | | | 490. | 135. | | 12. | 147. |
| 302 | BUILDING | 12/08/05 | SL | 40.00 | | 16 | 449. | | | | 449. | 123. | | 11. | 134. |
| 303 | BUILDING | 12/20/05 | SL | 40.00 | | 16 | 360. | | | | 360. | 99. | | 9. | 108. |
| 304 | BUILDING | 04/18/05 | SL | 40.00 | | 16 | 150. | | | | 150. | 45. | | 4. | 49. |
| 305 | BUILDING | 04/21/05 | SL | 40.00 | | 16 | 250. | | | | 250. | 72. | | 6. | 78. |
| 316 | ADDTL ITEMS FROM CAP EXPEND GL | 12/31/05 | SL | 40.00 | | 16 | 1,407. | | | | 1,407. | 386. | | 35. | 421. |
| 317 | KITCHEN CABINETS | 02/08/06 | SL | 40.00 | | 16 | 2,878. | | | | 2,878. | 768. | | 72. | 840. |
| 318 | WIRING IN THE EDUCATIONAL BLDG | 05/09/06 | SL | 40.00 | | 16 | 3,947. | | | | 3,947. | 1,079. | | 99. | 1,178. |
| 319 | GUTTERS | 07/30/07 | SL | 40.00 | | 16 | 1,500. | | | | 1,500. | 356. | | 38. | 394. |
| 320 | KITCHEN CABINETS | 06/21/10 | SL | 40.00 | | 16 | 4,262. | | | | 4,262. | 695. | | 107. | 802. |
| 321 | KATHY SUBLET EDUCATION BUIDLING REMODEL | 06/29/12 | SL | 40.00 | | 16 | 13,600. | | | | 13,600. | 1,530. | | 340. | 1,870. |
| 434 | FWB RENOVATIONS | 04/27/17 | SL | 40.00 | | 16 | 1,500. | | | | 1,500. | | | 25. | 25. |
| 435 | FWB RENOVATIONS: SUBDIVISION OF OFFICES | 10/13/17 | SL | 40.00 | | 16 | 6,000. | | | | 6,000. | | | 38. | 38. |
| 436 | FWB ROOF | 11/05/17 | SL | 40.00 | | 16 | 11,060. | | | | 11,060. | | | 46. | 46. |
| 437 | FWB RENOVATIONS: CABINETS | 12/04/17 | SL | 40.00 | | 16 | 5,100. | | | | 5,100. | | | 11. | 11. |
| 438 | FWB RENOVATIONS: FLOORING | 12/12/17 | SL | 40.00 | | 16 | 19,465. | | | | 19,465. | | | 41. | 41. |
| 439 | FWB RENOVATIONS: CABINETS | 12/31/17 | SL | 40.00 | | 16 | 5,100. | | | | 5,100. | | | 0. | |
| | * 990 PAGE 10 TOTAL BUILDINGS | | | | | | 1,305,671. | | | | 1,305,671. | 433,443. | | 29,517. | 462,960. |

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | FURNITURE & FIXTURES | | | | | | | | | | | | | | |
| 3 | CONFRENCE FURNITURE | 10/31/98 | SL | 7.00 | | 16 | 1,319. | | | | 1,319. | 1,319. | | 0. | 1,319. |
| 6 | CLCD INFOCUS | 04/18/96 | SL | 7.00 | | 16 | 6,599. | | | | 6,599. | 6,599. | | 0. | 6,599. |
| 7 | SOUND SYSTEM | 09/24/98 | SL | 7.00 | | 16 | 902. | | | | 902. | 902. | | 0. | 902. |
| 14 | HEAT PUMP | 04/01/00 | SL | 7.00 | | 16 | 2,228. | | | | 2,228. | 2,228. | | 0. | 2,228. |
| 16 | REFRIGERATOR | 06/07/00 | SL | 7.00 | | 16 | 739. | | | | 739. | 739. | | 0. | 739. |
| 26 | NETWORK SERV | 08/02/01 | SL | 5.00 | | 16 | 7,912. | | | | 7,912. | 7,912. | | 0. | 7,912. |
| 28 | DISHWASHER | 12/27/01 | SL | 7.00 | | 16 | 324. | | | | 324. | 324. | | 0. | 324. |
| 30 | BARRYS OFFICE | 07/16/02 | SL | 7.00 | | 16 | 5,462. | | | | 5,462. | 5,462. | | 0. | 5,462. |
| 31 | PAULAS OFFICE | 11/08/02 | SL | 7.00 | | 16 | 1,732. | | | | 1,732. | 1,732. | | 0. | 1,732. |
| 32 | PAT'S OFFICE F | 11/08/02 | SL | 7.00 | | 16 | 826. | | | | 826. | 826. | | 0. | 826. |
| 33 | JIM'S OFFICE FU | 11/19/02 | SL | 7.00 | | 16 | 788. | | | | 788. | 788. | | 0. | 788. |
| 34 | SUSANS OFFICE | 11/19/02 | SL | 7.00 | | 16 | 1,187. | | | | 1,187. | 1,187. | | 0. | 1,187. |
| 35 | PEALIE & SHE | 11/21/02 | SL | 7.00 | | 16 | 1,132. | | | | 1,132. | 1,132. | | 0. | 1,132. |
| 36 | GEOFF'S OFFICE | 11/26/02 | SL | 7.00 | | 16 | 1,367. | | | | 1,367. | 1,367. | | 0. | 1,367. |
| 38 | FILING CABINET F | 12/26/02 | SL | 7.00 | | 16 | 709. | | | | 709. | 709. | | 0. | 709. |
| 66 | 42" LOCKING FILE CABINET | 06/20/02 | SL | 7.00 | | 16 | 540. | | | | 540. | 540. | | 0. | 540. |
| 68 | FILING CABINET SUSAN | 12/22/03 | SL | 7.00 | | 16 | 578. | | | | 578. | 578. | | 0. | 578. |

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|-----------|---------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 74 | OFFICE CHAIR | 03/06/01 | SL | 7.00 | | 16 | 749. | | | | 749. | 749. | | 0. | 749. |
| 81 | DESKS (2) | 01/02/03 | SL | 7.00 | | 16 | 2,827. | | | | 2,827. | 2,827. | | 0. | 2,827. |
| 95 | FLOOR SAFE | 06/30/87 | SL | 15.00 | | 16 | 596. | | | | 596. | 596. | | 0. | 596. |
| 100 | ALARM SYSTEM | 02/14/03 | SL | 5.00 | | 16 | 1,000. | | | | 1,000. | 1,000. | | 0. | 1,000. |
| 101 | STACK CHAIRS | 05/21/03 | SL | 7.00 | | 16 | 966. | | | | 966. | 966. | | 0. | 966. |
| 102 | PATS NEW DESK | 01/02/03 | SL | 5.00 | | 16 | 1,000. | | | | 1,000. | 1,000. | | 0. | 1,000. |
| 104 | FOLDING TABLES | 06/19/03 | SL | 7.00 | | 16 | 815. | | | | 815. | 815. | | 0. | 815. |
| 107 | COUNTER TOP | 12/06/04 | SL | 7.00 | | 16 | 85. | | | | 85. | 85. | | 0. | 85. |
| 108 | TV WALL MOUNT | 12/06/04 | SL | 7.00 | | 16 | 89. | | | | 89. | 89. | | 0. | 89. |
| 109 | SPLASH KIT | 12/06/04 | SL | 7.00 | | 16 | 215. | | | | 215. | 215. | | 0. | 215. |
| 110 | CONFRENCE TABLE | 12/06/04 | SL | 7.00 | | 16 | 417. | | | | 417. | 417. | | 0. | 417. |
| 111 | CABINETS CC | 12/06/04 | SL | 7.00 | | 16 | 1,865. | | | | 1,865. | 1,865. | | 0. | 1,865. |
| 112 | FURNITURE | 12/06/04 | SL | 7.00 | | 16 | 4,500. | | | | 4,500. | 4,500. | | 0. | 4,500. |
| 113 | SOFA, TABLE | 12/06/04 | SL | 7.00 | | 16 | 5,100. | | | | 5,100. | 5,100. | | 0. | 5,100. |
| 115 | CONFRENCE FURNITURE | 12/06/04 | SL | 7.00 | | 16 | 9,500. | | | | 9,500. | 9,500. | | 0. | 9,500. |
| 116 | FURNITURE F | 12/06/04 | SL | 7.00 | | 16 | 9,839. | | | | 9,839. | 9,839. | | 0. | 9,839. |
| 119 | DATA LINE | 12/06/04 | SL | 7.00 | | 16 | 91. | | | | 91. | 91. | | 0. | 91. |
| 120 | DATA LINE | 12/06/04 | SL | 7.00 | | 16 | 91. | | | | 91. | 91. | | 0. | 91. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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|-----------|------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 121 | DATA LINE | 12/06/04 | SL | 7.00 | | 16 | 91. | | | | 91. | 91. | | 0. | 91. |
| 122 | ELECTRICAL ? | 12/06/04 | SL | 7.00 | | 16 | 99. | | | | 99. | 99. | | 0. | 99. |
| 123 | DATA LINE | 12/06/04 | SL | 7.00 | | 16 | 102. | | | | 102. | 102. | | 0. | 102. |
| 124 | DATA LINE | 12/06/04 | SL | 7.00 | | 16 | 102. | | | | 102. | 102. | | 0. | 102. |
| 125 | DATA LINE | 12/06/04 | SL | 7.00 | | 16 | 102. | | | | 102. | 102. | | 0. | 102. |
| 126 | DATA LINE | 12/06/04 | SL | 7.00 | | 16 | 106. | | | | 106. | 106. | | 0. | 106. |
| 127 | LINE FOR CAM | 12/06/04 | SL | 7.00 | | 16 | 107. | | | | 107. | 107. | | 0. | 107. |
| 128 | LINE FOR CAM | 12/06/04 | SL | 7.00 | | 16 | 142. | | | | 142. | 142. | | 0. | 142. |
| 129 | INSTALLATION | 12/06/04 | SL | 7.00 | | 16 | 199. | | | | 199. | 199. | | 0. | 199. |
| 130 | BUILDING CH | 12/06/04 | SL | 7.00 | | 16 | 250. | | | | 250. | 250. | | 0. | 250. |
| 169 | 5 X 8 APPLIQUE CUSTOM FLAG | 01/07/05 | SL | 5.00 | | 16 | 300. | | | | 300. | 300. | | 0. | 300. |
| 170 | TV FOR BREAK ROOM | 01/07/05 | SL | 5.00 | | 16 | 458. | | | | 458. | 458. | | 0. | 458. |
| 171 | TV FOR BARRY'S OFFICE | 01/07/05 | SL | 5.00 | | 16 | 1,044. | | | | 1,044. | 1,044. | | 0. | 1,044. |
| 173 | MONITOR FOR BARRY | 01/10/05 | SL | 5.00 | | 16 | 428. | | | | 428. | 428. | | 0. | 428. |
| 175 | TRAINING LAP TOP COMPUTER 2 OF 2 | 01/10/05 | SL | 5.00 | | 16 | 1,304. | | | | 1,304. | 1,304. | | 0. | 1,304. |
| 176 | TRAINING LAP TOP 1 OF 2 | 01/10/05 | SL | 5.00 | | 16 | 1,495. | | | | 1,495. | 1,495. | | 0. | 1,495. |
| 178 | FLOOR MATS @ 7 | 01/11/05 | SL | 5.00 | | 16 | 530. | | | | 530. | 530. | | 0. | 530. |
| 179 | SECURITY SYSTEM AND ACCESS CONTROL | 01/12/05 | SL | 7.00 | | 16 | 6,134. | | | | 6,134. | 6,134. | | 0. | 6,134. |

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|-----------|--|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 180 | PICTURES AND POTTERY AND LAMP | 01/14/05 | SL | 7.00 | | 16 | 969. | | | | 969. | 969. | | 0. | 969. |
| 182 | BRUSHED SILVER LIDED BOX | 01/17/05 | SL | 7.00 | | 16 | 25. | | | | 25. | 25. | | 0. | 25. |
| 183 | STONE/METAL PLANT CONTAINER | 01/17/05 | SL | 7.00 | | 16 | 29. | | | | 29. | 29. | | 0. | 29. |
| 184 | BLACK & GOLD VASE | 01/17/05 | SL | 7.00 | | 16 | 34. | | | | 34. | 34. | | 0. | 34. |
| 185 | SMALL CHAIRSIDE TABLE | 01/17/05 | SL | 7.00 | | 16 | 158. | | | | 158. | 158. | | 0. | 158. |
| 187 | LARGE METAL/TILE MOSIAC | 01/17/05 | SL | 7.00 | | 16 | 168. | | | | 168. | 168. | | 0. | 168. |
| 188 | COAT RACK (FRONT ROOM) | 01/17/05 | SL | 7.00 | | 16 | 190. | | | | 190. | 190. | | 0. | 190. |
| 189 | BUTLERS TRAY TABLE | 01/17/05 | SL | 7.00 | | 16 | 306. | | | | 306. | 306. | | 0. | 306. |
| 190 | BLINDS(FRONT MEETING AND BARRY OFFICE) | 01/17/05 | SL | 7.00 | | 16 | 550. | | | | 550. | 550. | | 0. | 550. |
| 191 | 2 BIRD PRINTS FRAMED (BOD ROOM) | 01/17/05 | SL | 7.00 | | 16 | 742. | | | | 742. | 742. | | 0. | 742. |
| 192 | 1 HIGH BACK TYE CHAIR | 01/19/05 | SL | 7.00 | | 16 | 210. | | | | 210. | 210. | | 0. | 210. |
| 193 | 4 TARA HIGH BACK CHAIRS | 01/19/05 | SL | 7.00 | | 16 | 1,499. | | | | 1,499. | 1,499. | | 0. | 1,499. |
| 194 | 10 SEQUEL HIGHBACK CHAIRS-BOD ROOM | 01/21/05 | SL | 7.00 | | 16 | 4,335. | | | | 4,335. | 4,335. | | 0. | 4,335. |
| 195 | 10 GUEST CHAIRS (BOD ROOM) | 01/21/05 | SL | 7.00 | | 16 | 6,243. | | | | 6,243. | 6,243. | | 0. | 6,243. |
| 197 | 2 HIGH BACK BLACK STOOL FOR WALKIN | 01/27/05 | SL | 7.00 | | 16 | 316. | | | | 316. | 316. | | 0. | 316. |
| 198 | 24 LNE INSTALL FOR LCD SPEAKERPHONE | 01/27/05 | SL | 7.00 | | 16 | 2,277. | | | | 2,277. | 2,277. | | 0. | 2,277. |
| 199 | ROUTER | 01/31/05 | SL | 5.00 | | 16 | 172. | | | | 172. | 172. | | 0. | 172. |
| 200 | BELKIN 4 PORT KVM SWITCH | 01/31/05 | SL | 5.00 | | 16 | 206. | | | | 206. | 206. | | 0. | 206. |

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|-----------|--|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 201 | 10/10 8 PORT BLADE | 01/31/05 | SL | 5.00 | | 16 | 364. | | | | 364. | 364. | | 0. | 364. |
| 202 | HP PROCURVE SWITCH | 01/31/05 | SL | 5.00 | | 16 | 1,714. | | | | 1,714. | 1,714. | | 0. | 1,714. |
| 203 | 3 TIER CART | 02/03/05 | SL | 7.00 | | 16 | 112. | | | | 112. | 112. | | 0. | 112. |
| 205 | DISPLAY RACK | 02/09/05 | SL | 7.00 | | 16 | 495. | | | | 495. | 495. | | 0. | 495. |
| 206 | 2 9 POCKET DISPLY RACK | 02/09/05 | SL | 7.00 | | 16 | 549. | | | | 549. | 549. | | 0. | 549. |
| 207 | WIRELESS HEADPHONE SET | 02/15/05 | SL | 5.00 | | 16 | 86. | | | | 86. | 86. | | 0. | 86. |
| 209 | INTERGRADED ELECTRONIC EQUIPMENT | 02/15/05 | SL | 7.00 | | 16 | 117,569. | | | | 117,569. | 117,569. | | 0. | 117,569. |
| 210 | ROTATING DISPLAY RACK (EDUCATION FLIERS) | 02/18/05 | SL | 7.00 | | 16 | 495. | | | | 495. | 495. | | 0. | 495. |
| 211 | 2ND KIM SYSTEM | 03/15/05 | SL | 5.00 | | 16 | 1,239. | | | | 1,239. | 1,239. | | 0. | 1,239. |
| 212 | CONFERENCE TABLE (FRONT MEETING ROOM) | 03/25/05 | SL | 7.00 | | 16 | 2,107. | | | | 2,107. | 2,107. | | 0. | 2,107. |
| 213 | NEW FRONT DESK | 03/25/05 | SL | 7.00 | | 16 | 7,926. | | | | 7,926. | 7,926. | | 0. | 7,926. |
| 218 | USB ADAPTER | 04/14/05 | SL | 5.00 | | 16 | 32. | | | | 32. | 32. | | 0. | 32. |
| 219 | PORTABLE 13" TV | 04/20/05 | SL | 5.00 | | 16 | 63. | | | | 63. | 63. | | 0. | 63. |
| 221 | WALL FOUNTAIN | 04/20/05 | SL | 15.00 | | 16 | 24,523. | | | | 24,523. | 19,074. | | 1,635. | 20,709. |
| 224 | 3 UPC (2 WALK IN AND PEARLIE) | 04/29/05 | SL | 5.00 | | 16 | 210. | | | | 210. | 210. | | 0. | 210. |
| 228 | 2 PC FOR WALK-IN STATIONS | 04/29/05 | SL | 5.00 | | 16 | 1,200. | | | | 1,200. | 1,200. | | 0. | 1,200. |
| 229 | GLASS COVERS FOR ALL DESKS | 04/29/05 | SL | 7.00 | | 16 | 2,807. | | | | 2,807. | 2,807. | | 0. | 2,807. |
| 230 | LEGAL TRAY FOR COPIER | 04/30/05 | SL | 5.00 | | 16 | 133. | | | | 133. | 133. | | 0. | 133. |

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|-----------|--|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 231 | SQUARE RED, ORANGE GREEN BANANA PRINT | 05/02/05 | SL | 7.00 | | 16 | 187. | | | | 187. | 187. | | 0. | 187. |
| 232 | SMALL PALM TREE SCENE | 05/02/05 | SL | 7.00 | | 16 | 250. | | | | 250. | 250. | | 0. | 250. |
| 233 | GREEN & RUST ABSTRACT (SUSAN'S DESK) | 05/02/05 | SL | 7.00 | | 16 | 271. | | | | 271. | 271. | | 0. | 271. |
| 234 | ABSTRACT W/YELLOW & RED (BREAK ROOM) | 05/02/05 | SL | 7.00 | | 16 | 293. | | | | 293. | 293. | | 0. | 293. |
| 235 | LARGE PALM TREE SCENE | 05/02/05 | SL | 7.00 | | 16 | 293. | | | | 293. | 293. | | 0. | 293. |
| 236 | 2 BRIGHT GREEN PALM PRINTS | 05/02/05 | SL | 7.00 | | 16 | 373. | | | | 373. | 373. | | 0. | 373. |
| 237 | 2 RED FLOWER PRINTS (PEARLIE'S OFFICE) | 05/02/05 | SL | 7.00 | | 16 | 500. | | | | 500. | 500. | | 0. | 500. |
| 238 | 2 HAND COLOR SHELL PRINTS (JIM'S DESK) | 05/02/05 | SL | 7.00 | | 16 | 585. | | | | 585. | 585. | | 0. | 585. |
| 239 | 2 LARGE GOLD, BEIGE, BLACK FLORALS | 05/02/05 | SL | 7.00 | | 16 | 628. | | | | 628. | 628. | | 0. | 628. |
| 240 | PICTURE OVER PAULA'S DESK | 05/19/05 | SL | 7.00 | | 16 | 190. | | | | 190. | 190. | | 0. | 190. |
| 244 | LINKSYS AND NETGEAR | 05/31/05 | SL | 5.00 | | 16 | 191. | | | | 191. | 191. | | 0. | 191. |
| 245 | CUSTOM MADE FRAMES | 06/04/05 | SL | 7.00 | | 16 | 679. | | | | 679. | 679. | | 0. | 679. |
| 246 | VANITY LIGHTS AND MOTION LIGHT INSTALLED | 06/14/05 | SL | 15.00 | | 16 | 237. | | | | 237. | 184. | | 16. | 200. |
| 247 | WASTEBASKET | 06/15/05 | SL | 5.00 | | 16 | 105. | | | | 105. | 105. | | 0. | 105. |
| 248 | FAX MACHINE | 06/15/05 | SL | 5.00 | | 16 | 529. | | | | 529. | 529. | | 0. | 529. |
| 252 | TABLE FOR CEO OFFICE | 06/30/05 | SL | 7.00 | | 16 | 302. | | | | 302. | 302. | | 0. | 302. |
| 253 | SPARE FLAGS FOR OUTSIDE POLES | 07/01/05 | SL | 5.00 | | 16 | 315. | | | | 315. | 315. | | 0. | 315. |
| 254 | LINKSYS WIRELESS ACCESS POINT | 07/06/05 | SL | 5.00 | | 16 | 70. | | | | 70. | 70. | | 0. | 70. |

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|-----------|-------------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 259 | AVOCENT WIRELESS VGA EXTENDER | 07/31/05 | SL | 5.00 | | 16 | 590. | | | | 590. | 590. | | 0. | 590. |
| 262 | SINK TOP FOR BOD MEETING ROOM | 09/20/05 | SL | 15.00 | | 16 | 1,972. | | | | 1,972. | 1,477. | | 131. | 1,608. |
| 263 | SERVER RACK | 09/30/05 | SL | 5.00 | | 16 | 318. | | | | 318. | 318. | | 0. | 318. |
| 264 | UPS FOR AUDITORIUM AUDIO | 09/30/05 | SL | 5.00 | | 16 | 685. | | | | 685. | 685. | | 0. | 685. |
| 269 | WIRELESS REMOTE KB/MOUSE AUDITORIUM | 10/31/05 | SL | 5.00 | | 16 | 170. | | | | 170. | 170. | | 0. | 170. |
| 270 | RON'S CHAIR | 11/16/05 | SL | 7.00 | | 16 | 438. | | | | 438. | 438. | | 0. | 438. |
| 271 | RON'S DESK FURNITURE | 11/16/05 | SL | 7.00 | | 16 | 1,520. | | | | 1,520. | 1,520. | | 0. | 1,520. |
| 275 | TRACK LIGHTING FOR EDUCATION ROOM | 12/31/05 | SL | 7.00 | | 16 | 53. | | | | 53. | 53. | | 0. | 53. |
| 279 | 7 19" LCD MONITORS | 12/30/05 | SL | 5.00 | | 16 | 1,995. | | | | 1,995. | 1,995. | | 0. | 1,995. |
| 280 | ACER LAPTOP | 12/30/05 | SL | 5.00 | | 16 | 749. | | | | 749. | 749. | | 0. | 749. |
| 288 | SIGN | 02/01/05 | SL | 7.00 | | 16 | 437. | | | | 437. | 437. | | 0. | 437. |
| 292 | STOOL | 02/18/05 | SL | 7.00 | | 16 | 158. | | | | 158. | 158. | | 0. | 158. |
| 294 | TABLE CABINETS BOD *BAL | 04/27/05 | SL | 7.00 | | 16 | 10,525. | | | | 10,525. | 10,525. | | 0. | 10,525. |
| 306 | ELECTRONIC EQUIP INSTALL | 02/15/05 | SL | 7.00 | | 16 | 7,950. | | | | 7,950. | 7,950. | | 0. | 7,950. |
| 307 | WALL ART | 02/08/05 | SL | 7.00 | | 16 | 438. | | | | 438. | 438. | | 0. | 438. |
| 308 | FRONTPAGE 98 / PUBLISHER | 04/09/05 | SL | 3.00 | | 16 | 609. | | | | 609. | 609. | | 0. | 609. |
| 309 | ACROBAT (3) | 04/29/05 | SL | 3.00 | | 16 | 579. | | | | 579. | 579. | | 0. | 579. |
| 310 | OFFICE MS SUPERPACK | 05/20/05 | SL | 3.00 | | 16 | 522. | | | | 522. | 522. | | 0. | 522. |

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 311 | TREND CLIENT/SERVER SUITE | 05/25/05 | SL | 3.00 | | 16 | 769. | | | | 769. | 769. | | 0. | 769. |
| 312 | FRONTPAGE | 06/29/05 | SL | 3.00 | | 16 | 555. | | | | 555. | 555. | | 0. | 555. |
| 313 | ONLINE VOTER SOFTWARE | 09/29/05 | SL | 3.00 | | 16 | 2,250. | | | | 2,250. | 2,250. | | 0. | 2,250. |
| 314 | CITATION CHECKER SOFTWARE | 11/21/05 | SL | 3.00 | | 16 | 5,000. | | | | 5,000. | 5,000. | | 0. | 5,000. |
| 315 | ADOBE 7.0 ASP UPLOAD | 12/30/05 | SL | 3.00 | | 16 | 539. | | | | 539. | 539. | | 0. | 539. |
| 322 | ADJUSTED FROM AUDITOR TO RETAINED EARNINGS | 12/31/11 | SL | .000 | | 16 | -4,262. | | | | -4,262. | | | 0. | |
| 325 | BROOKTROUT FAXSERVER PLATFORM | 03/01/06 | SL | 7.00 | | 16 | 3,270. | | | | 3,270. | 3,270. | | 0. | 3,270. |
| 327 | VIDEO CAPTURE COMPUTER | 03/31/06 | SL | 5.00 | | 16 | 3,299. | | | | 3,299. | 3,299. | | 0. | 3,299. |
| 330 | VIDEO MIXER | 10/31/06 | SL | 5.00 | | 16 | 1,039. | | | | 1,039. | 1,039. | | 0. | 1,039. |
| 331 | CITRIX SOFTWARE LICENSE | 01/25/06 | SL | 3.00 | | 16 | 2,600. | | | | 2,600. | 2,600. | | 0. | 2,600. |
| 332 | SOFTWARE FOR VISTA MACHINE (RON) | 02/26/07 | SL | 3.00 | | 16 | 822. | | | | 822. | 822. | | 0. | 822. |
| 333 | OFFICE ULTIMATE, PAINT SHOP PRO, ACROBAT | 03/19/07 | SL | 3.00 | | 16 | 816. | | | | 816. | 816. | | 0. | 816. |
| 334 | QUICKBOOKS UPGRADE | 03/22/07 | SL | 3.00 | | 16 | 1,810. | | | | 1,810. | 1,810. | | 0. | 1,810. |
| 335 | OPAC TRAINING SOFTWARE | 04/30/07 | SL | 3.00 | | 16 | 2,774. | | | | 2,774. | 2,774. | | 0. | 2,774. |
| 336 | PHOTOSHOP | 07/23/07 | SL | 3.00 | | 16 | 644. | | | | 644. | 644. | | 0. | 644. |
| 337 | GATEKEEPER REGISTRATIONS | 08/09/07 | SL | 3.00 | | 16 | 6,482. | | | | 6,482. | 6,482. | | 0. | 6,482. |
| 338 | 5 RECEIPT SCANNERS | 01/03/07 | SL | 5.00 | | 16 | 970. | | | | 970. | 970. | | 0. | 970. |
| 340 | PC FOR GRAPHICS (SCOTT) | 01/31/07 | SL | 5.00 | | 16 | 1,682. | | | | 1,682. | 1,682. | | 0. | 1,682. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|---|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 343 | CONSULTING FEE FOR VTC | 03/26/07 | SL | 5.00 | | 16 | 1,045. | | | | 1,045. | 1,045. | | 0. | 1,045. |
| 344 | VISTA MACHINES FOR SUSAN AND JIM | 05/09/07 | SL | 5.00 | | 16 | 3,231. | | | | 3,231. | 3,231. | | 0. | 3,231. |
| 345 | CALL TRACKING SOFTWARE FOR PHONE SYSTEM | 05/29/07 | SL | 3.00 | | 16 | 1,608. | | | | 1,608. | 1,608. | | 0. | 1,608. |
| 347 | VTC REGISTRATIONS AND INSTALLATION | 06/27/07 | SL | 5.00 | | 16 | 161,477. | | | | 161,477. | 161,477. | | 0. | 161,477. |
| 348 | OFFICE CHAIR | 07/10/07 | SL | 7.00 | | 16 | 979. | | | | 979. | 979. | | 0. | 979. |
| 349 | ULTRIUM TAPES (FOR BACK UPS) | 12/20/07 | SL | 5.00 | | 16 | 1,140. | | | | 1,140. | 1,140. | | 0. | 1,140. |
| 351 | SERVER-EMERALD | 08/20/07 | SL | 7.00 | | 16 | 2,457. | | | | 2,457. | 2,457. | | 0. | 2,457. |
| 352 | TANDBERG TAPE DRIVE | 12/20/07 | SL | 5.00 | | 16 | 2,247. | | | | 2,247. | 2,247. | | 0. | 2,247. |
| 353 | RECESSED EXTERIOR LIGHTING (MAIN) | 02/01/08 | SL | 7.00 | | 16 | 940. | | | | 940. | 940. | | 0. | 940. |
| 354 | ACROBAT PRO (GAD) | 03/20/08 | SL | 5.00 | | 16 | 159. | | | | 159. | 159. | | 0. | 159. |
| 355 | FLASH/WEB SERVER | 04/08/08 | SL | 5.00 | | 16 | 699. | | | | 699. | 688. | | 0. | 688. |
| 356 | REPLACEMENT EXCHANGE SERVER | 04/26/08 | SL | 5.00 | | 16 | 2,277. | | | | 2,277. | 2,277. | | 0. | 2,277. |
| 357 | MID-BACK CHAIR (GAD) | 05/14/08 | SL | 7.00 | | 16 | 137. | | | | 137. | 137. | | 0. | 137. |
| 358 | ACROBAT PRO | 05/27/08 | SL | 5.00 | | 16 | 159. | | | | 159. | 159. | | 0. | 159. |
| 359 | HP LASER PRINTER | 06/20/08 | SL | 5.00 | | 16 | 338. | | | | 338. | 338. | | 0. | 338. |
| 360 | HP 2015 LASER PRINTER (GAD) | 06/20/08 | SL | 5.00 | | 16 | 338. | | | | 338. | 338. | | 0. | 338. |
| 361 | ACER 22" LCD MONITOR (GAD) | 06/20/08 | SL | 5.00 | | 16 | 229. | | | | 229. | 229. | | 0. | 229. |
| 364 | HP LASER PRINTER (CIO) | 07/20/08 | SL | 5.00 | | 16 | 358. | | | | 358. | 358. | | 0. | 358. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-----------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 365 | NETGEAR SWITCH GSM7248 | 09/20/08 | SL | 5.00 | | 16 | 1,081. | | | | 1,081. | 1,081. | | 0. | 1,081. |
| 366 | NETGEAR SWITCH GSM7224 | 09/20/08 | SL | 5.00 | | 16 | 592. | | | | 592. | 592. | | 0. | 592. |
| 367 | NETGEAR SWITCH GSM7212 | 09/20/08 | SL | 5.00 | | 16 | 558. | | | | 558. | 558. | | 0. | 558. |
| 368 | NETGEAR AGM731F/1 FIBER INTERFACE | 09/20/08 | SL | 5.00 | | 16 | 256. | | | | 256. | 256. | | 0. | 256. |
| 369 | NETGEAR AGM731F/2 FIBER INTERFACE | 09/20/08 | SL | 5.00 | | 16 | 256. | | | | 256. | 256. | | 0. | 256. |
| 370 | NETGEAR AGM731F/3 FIBER INTERFACE | 09/20/08 | SL | 5.00 | | 16 | 256. | | | | 256. | 256. | | 0. | 256. |
| 371 | NETGEAR AGM731F/4 FIBER INTERFACE | 09/20/08 | SL | 5.00 | | 16 | 256. | | | | 256. | 256. | | 0. | 256. |
| 372 | UPS BATTERY REPLACEMENT KITS | 09/23/08 | SL | 5.00 | | 16 | 1,022. | | | | 1,022. | 1,022. | | 0. | 1,022. |
| 373 | ADOBE ACROBAT | 09/23/08 | SL | 5.00 | | 16 | 172. | | | | 172. | 172. | | 0. | 172. |
| 374 | ADOBE ACROBAT | 09/23/08 | SL | 5.00 | | 16 | 172. | | | | 172. | 172. | | 0. | 172. |
| 378 | LAWN PUMP | 09/23/10 | SL | 7.00 | | 16 | 575. | | | | 575. | 575. | | 0. | 575. |
| 379 | A/C TRANE MAIN CONTROLLER | 10/12/10 | SL | 7.00 | | 16 | 1,120. | | | | 1,120. | 1,120. | | 0. | 1,120. |
| 381 | FUJI SCANNER (CFO) | 03/20/10 | SL | 5.00 | | 16 | 521. | | | | 521. | 521. | | 0. | 521. |
| 382 | SERVER-WEBSERVER | 08/20/10 | SL | 5.00 | | 16 | 850. | | | | 850. | 850. | | 0. | 850. |
| 384 | LAP TOP (COMMUNICATIONS) | 11/17/10 | SL | 5.00 | | 16 | 509. | | | | 509. | 509. | | 0. | 509. |
| 385 | PC COMPUTER (IT #1) | 12/20/10 | SL | 5.00 | | 16 | 659. | | | | 659. | 659. | | 0. | 659. |
| 386 | PC COMPUTER (IT #2) | 12/20/10 | SL | 5.00 | | 16 | 659. | | | | 659. | 659. | | 0. | 659. |
| 387 | PC COMPUTER (IT #3) | 12/20/10 | SL | 5.00 | | 16 | 659. | | | | 659. | 659. | | 0. | 659. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 388 | PC COMPUTER (ACCOUNTING) | 12/20/10 | SL | 5.00 | | 16 | 659. | | | | 659. | 659. | | 0. | 659. |
| 389 | PC COMPUTER (COMMUNICATION) | 12/20/10 | SL | 5.00 | | 16 | 659. | | | | 659. | 659. | | 0. | 659. |
| 390 | PC COMPUTER (CEO) | 12/20/10 | SL | 5.00 | | 16 | 659. | | | | 659. | 659. | | 0. | 659. |
| 391 | GAD FURNITURE | 03/22/11 | SL | 7.00 | | 16 | 1,021. | | | | 1,021. | 827. | | 146. | 973. |
| 392 | SUSAN'S LAPTOP | 04/13/11 | SL | 5.00 | | 16 | 1,003. | | | | 1,003. | 988. | | 0. | 988. |
| 393 | LAP TOP -ACCOUNTING | 06/20/11 | SL | 5.00 | | 16 | 1,105. | | | | 1,105. | 1,105. | | 0. | 1,105. |
| 394 | LAP TOP -AE | 06/20/11 | SL | 5.00 | | 16 | 1,559. | | | | 1,559. | 1,559. | | 0. | 1,559. |
| 396 | BACKUP SYSTEM | 09/20/11 | SL | 5.00 | | 16 | 1,145. | | | | 1,145. | 1,145. | | 0. | 1,145. |
| 397 | IPAD (CEO) | 10/07/11 | SL | 5.00 | | 16 | 518. | | | | 518. | 518. | | 0. | 518. |
| 400 | MONITOR (AE) | 11/20/11 | SL | 5.00 | | 16 | 558. | | | | 558. | 558. | | 0. | 558. |
| 401 | HP 8600 SERVER (RAP SERVER) | 02/20/12 | SL | 5.00 | | 16 | 529. | | | | 529. | 512. | | 17. | 529. |
| 402 | MC BOOK PRO #C1MHFP3UDU13 | 05/20/12 | SL | 5.00 | | 16 | 967. | | | | 967. | 885. | | 82. | 967. |
| 403 | TRANE ZONE CONTROL ON A/C | 06/14/12 | SL | 5.00 | | 16 | 2,200. | | | | 2,200. | 2,017. | | 183. | 2,200. |
| 404 | 2 FILE CABINETS (CEO OFFICE) | 06/27/12 | SL | 7.00 | | 16 | 1,047. | | | | 1,047. | 675. | | 150. | 825. |
| 405 | HP 8600 SERVER (PROXY) | 09/20/12 | SL | 5.00 | | 16 | 1,537. | | | | 1,537. | 1,305. | | 232. | 1,537. |
| 406 | SHREDDING MACHINE | 11/09/12 | SL | 5.00 | | 16 | 638. | | | | 638. | 533. | | 105. | 638. |
| 407 | PROJECTOR | 02/20/13 | SL | 5.00 | | 16 | 773. | | | | 773. | 594. | | 155. | 749. |
| 408 | LAP TOP DELL ULTRABOOK (CEO) | 03/20/13 | SL | 5.00 | | 16 | 699. | | | | 699. | 525. | | 140. | 665. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 409 | SHARP COLOR COPIER #MX-6240 | 06/25/13 | SL | 5.00 | | 16 | 12,455. | | | | 12,455. | 8,719. | | 2,491. | 11,210. |
| 410 | SHARP BLACK / WHITE COPIER #MX-453 | 06/25/13 | SL | 5.00 | | 16 | 12,455. | | | | 12,455. | 8,719. | | 2,491. | 11,210. |
| 411 | SECURITY CAMERA MS652013-13 | 08/13/13 | SL | 5.00 | | 16 | 572. | | | | 572. | 390. | | 114. | 504. |
| 412 | CYBERPOWER 1000 @ 7 | 09/20/13 | SL | 5.00 | | 16 | 763. | | | | 763. | 497. | | 153. | 650. |
| 413 | CYBERPOWER 1500 SERVERS @ 4 | 09/20/13 | SL | 5.00 | | 16 | 600. | | | | 600. | 390. | | 120. | 510. |
| 431 | LEASED SHARP MX-7500N | 01/01/16 | SL | 5.00 | | 16 | 27,583. | | | | 27,583. | 5,517. | | 5,517. | 11,034. |
| 440 | RAPATTONI CLOUD SOFTWARE | 01/23/17 | SL | 7.00 | | 16 | 28,500. | | | | 28,500. | | | 3,732. | 3,732. |
| 441 | FWB TABLES | 05/11/17 | SL | 7.00 | | 16 | 6,410. | | | | 6,410. | | | 610. | 610. |
| 442 | FWB APPLIANCES | 11/29/17 | SL | 7.00 | | 16 | 5,095. | | | | 5,095. | | | 61. | 61. |
| 443 | FWB FURNITURE: CHAIRS, UPHOLSTERY | 07/19/17 | SL | 7.00 | | 16 | 61,490. | | | | 61,490. | | | 3,660. | 3,660. |
| 444 | FWB FURNITURE: WARDROBE | 12/06/17 | SL | 7.00 | | 16 | 3,545. | | | | 3,545. | | | 42. | 42. |
| | * 990 PAGE 10 TOTAL FURNITURE & FIXTURES | | | | | | 700,635. | | | | 700,635. | 562,100. | | 21,983. | 584,083. |
| | LAND | | | | | | | | | | | | | | |
| 10 | LAND | 01/01/77 | L | | | | 157,928. | | | | 157,928. | | | 0. | |
| | * 990 PAGE 10 TOTAL LAND | | | | | | 157,928. | | | | 157,928. | 0. | | 0. | 0. |
| | MANAGEMENT AND GENERAL | | | | | | | | | | | | | | |
| 432 | ANNEX OFFICE DESTIN - LEASEHOLD IMPROVEMENTS | 01/01/16 | SL | 5.00 | | 16 | 142,857. | | | | 142,857. | 28,571. | | 28,571. | 57,142. |
| 433 | ANNEX OFFICE DESTIN - FURNITURE & FIXTURES | 03/22/16 | SL | 7.00 | | 16 | 114,192. | | | | 114,192. | 12,235. | | 16,313. | 28,548. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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FORM 990 PAGE 10

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 445 | ANNEX OFFICE DESTIN - LEASEHOLD IMPROVEMENTS | 01/01/17 | SL | 5.00 | | 16 | 104,365. | | | | 104,365. | | | 20,873. | 20,873. |
| | * 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL | | | | | | 361,414. | | | | 361,414. | 40,806. | | 65,757. | 106,563. |
| | OTHER | | | | | | | | | | | | | | |
| 12 | PAVING | 06/09/08 | SL | 15.00 | | 16 | 16,548. | | | | 16,548. | 9,376. | | 1,103. | 10,479. |
| 13 | LAND IMPROVEMENTS | 08/29/08 | SL | 7.00 | | 16 | 3,685. | | | | 3,685. | 3,685. | | 0. | 3,685. |
| 418 | DRIP LINE INSTALLED FOR PARK CIRLCE FLOWER BEDS | 12/31/08 | SL | 7.00 | | 16 | 348. | | | | 348. | 348. | | 0. | 348. |
| 419 | LANDSCAPING AND SPRINKLERS | 12/31/08 | SL | 7.00 | | 16 | 1,500. | | | | 1,500. | 1,500. | | 0. | 1,500. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 22,081. | | | | 22,081. | 14,909. | | 1,103. | 16,012. |
| | * 990 PAGE 10 TOTAL - | | | | | | 2,547,729. | | | | 2,547,729. | 1,051,258. | | 118,360. | 1,169,618. |
| | OTHER | | | | | | | | | | | | | | |
| 8 | MINI BLINDS 2B | 10/06/08 | SL | 7.00 | | 16 | 693. | | | | 693. | 693. | | 0. | 693. |
| 9 | RECESSED LIGHTING PARK CIRCLE 2B | 10/02/08 | SL | 7.00 | | 16 | 2,583. | | | | 2,583. | 2,583. | | 0. | 2,583. |
| 420 | ALARM SYSTEM | 01/24/08 | SL | 7.00 | | 16 | 995. | | | | 995. | 995. | | 0. | 995. |
| 421 | CURB STOPS | 06/20/08 | SL | 7.00 | | 16 | 1,800. | | | | 1,800. | 1,800. | | 0. | 1,800. |
| 422 | FIBER CABLE-6 STRAND MULTI | 07/09/08 | SL | 7.00 | | 16 | 6,022. | | | | 6,022. | 6,022. | | 0. | 6,022. |
| 423 | CARPET 2A | 08/14/08 | SL | 7.00 | | 16 | 4,274. | | | | 4,274. | 4,274. | | 0. | 4,274. |
| 424 | RECESSED LIGHTING 2A | 08/21/08 | SL | 7.00 | | 16 | 2,565. | | | | 2,565. | 2,565. | | 0. | 2,565. |
| 425 | EXTERIOR LIGHTING | 08/25/08 | SL | 7.00 | | 16 | 1,460. | | | | 1,460. | 1,460. | | 0. | 1,460. |

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2017 DEPRECIATION AND AMORTIZATION REPORT

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 426 | MINI BLINDS 2A | 09/02/08 | SL | 7.00 | | 16 | 490. | | | | 490. | 490. | | 0. | 490. |
| 427 | CARPET 2B | 11/24/08 | SL | 7.00 | | 16 | 3,700. | | | | 3,700. | 3,700. | | 0. | 3,700. |
| 428 | 2 TON AC UNIT 2B | 11/16/09 | SL | 7.00 | | 16 | 2,700. | | | | 2,700. | 2,700. | | 0. | 2,700. |
| 429 | 3 TON AC UNIT 2A | 12/09/10 | SL | 7.00 | | 16 | 1,798. | | | | 1,798. | 1,563. | | 235. | 1,798. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 29,080. | | | | 29,080. | 28,845. | | 235. | 29,080. |
| | * 990 PAGE 10 TOTAL - | | | | | | 29,080. | | | | 29,080. | 28,845. | | 235. | 29,080. |
| | OTHER | | | | | | | | | | | | | | |
| 168 | INSTALL SIGN & CORRECT WIRING | 01/06/05 | SL | 7.00 | | 16 | 134. | | | | 134. | 134. | | 0. | 134. |
| 293 | SIGN - ROOF | 03/25/05 | SL | 15.00 | | 16 | 1,234. | | | | 1,234. | 965. | | 82. | 1,047. |
| 296 | SIGN (LABOR) | 06/21/05 | SL | 15.00 | | 16 | 300. | | | | 300. | 230. | | 20. | 250. |
| 414 | 1/2 DEPOSIT LED SIGN | 10/13/11 | SL | 7.00 | | 16 | 13,785. | | | | 13,785. | 10,337. | | 1,969. | 12,306. |
| 415 | LED SIGN BALANCE | 02/28/12 | SL | 7.00 | | 16 | 13,383. | | | | 13,383. | 9,241. | | 1,912. | 11,153. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 28,836. | | | | 28,836. | 20,907. | | 3,983. | 24,890. |
| | * 990 PAGE 10 TOTAL - | | | | | | 28,836. | | | | 28,836. | 20,907. | | 3,983. | 24,890. |
| | OTHER | | | | | | | | | | | | | | |
| 416 | LAND | 01/31/07 | L | | | | 100,000. | | | | 100,000. | | | 0. | |
| 417 | PROPERTY | 01/31/07 | SL | 40.00 | | 16 | 416,596. | | | | 416,596. | 103,282. | | 10,415. | 113,697. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 516,596. | | | | 516,596. | 103,282. | | 10,415. | 113,697. |

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--------------------------------|---------------|--------|-------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | * 990 PAGE 10 TOTAL - | | | | | | 516,596. | | | | 516,596. | 103,282. | | 10,415. | 113,697. |
| | OTHER | | | | | | | | | | | | | | |
| 23 | PAVING | 12/31/99 | SL | 15.00 | | 16 | 1,149. | | | | 1,149. | 1,149. | | 0. | 1,149. |
| 282 | GAZEBO | 12/30/05 | SL | 15.00 | | 16 | 2,685. | | | | 2,685. | 1,969. | | 179. | 2,148. |
| 297 | BUILDING | 08/04/05 | SL | 15.00 | | 16 | 523. | | | | 523. | 399. | | 35. | 434. |
| 299 | PARKING APPRAISAL | 11/07/05 | SL | 15.00 | | 16 | 1,500. | | | | 1,500. | 1,117. | | 100. | 1,217. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | | 5,857. | | | | 5,857. | 4,634. | | 314. | 4,948. |
| | * 990 PAGE 10 TOTAL - | | | | | | 5,857. | | | | 5,857. | 4,634. | | 314. | 4,948. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | | 3,128,098. | | | | 3,128,098. | 1,208,926. | | 133,307. | 1,342,233. |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 2,870,468. | | | 0. | 2,870,468. | 1,208,926. | | | 1,313,094. |
| | ACQUISITIONS | | | | | | 257,630. | | | 0. | 257,630. | 0. | | | 29,139. |
| | DISPOSITIONS | | | | | | 0. | | | 0. | 0. | 0. | | | 0. |
| | ENDING BALANCE | | | | | | 3,128,098. | | | 0. | 3,128,098. | 1,208,926. | | | 1,342,233. |
| | ENDING ACCUM DEPR | | | | | | | | | | | 1,342,233. | | | |
| | ENDING BOOK VALUE | | | | | | | | | | | 1,785,865. | | | |