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

OMB No. 1545-0047

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990

Α	For the 2	013 calendar year, or tax year beginning and	ending					
В	Check if applicable:	C Name of organization BOYS' AND GIRLS' CLUBS		D Employer identifi	cation number			
	Address change	OF THE EMERALD COAST, INC.						
	Name change	Doing Business As	59-1	267050				
	Initial return Termin- ated	Number and street (or P.0. box if mail is not delivered to street address) 923 DENTON BLVD	Room/suite	E Telephone number 850-862-1616				
	Amended	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	18,366,160.			
	Applica-	FORT WALTON BEACH, FL 32547		H(a) Is this a group re				
_	pending	F Name and address of principal officer: SHERVIN RASSA 923 DENTON BLVD, FORT WALTON BEACH, FL	3254	for subordinates <b>H(b)</b> Are all subordinates in	? Yes X No			
		pt status: X 501(c)(3) 501(c)( ) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. (see instructions)			
		▶ WWW.BGCEC.COM		H(c) Group exemptio				
		ganization: X Corporation	L Year	of formation: 1967 N	$^{\prime}$ State of legal domicile; ${ m FL}$			
LP		ummary						
Activities & Governance	1 Bri	efly describe the organization's mission or most significant activities: TO II EOPLE TO ACHIEVE THEIR FULL POTENTIAL.						
ern	2 Ch	eck this box 🕨 💹 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as				
NO.	3 Nu			3	16			
S. G	4 Nu	imber of independent voting members of the governing body (Part VI, line 1b)			16			
es	5 To	tal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	120			
ivit	<b>6</b> To	tal number of volunteers (estimate if necessary)		6	88			
Act	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b Ne	t unrelated business taxable income from Form 990-T, line 34			0.			
e	EX. 0000			Prior Year	Current Year			
	8 Co	ntributions and grants (Part VIII, line 1h)		3,587,972.	5,044,716.			
Revenue	9 Pr	ogram service revenue (Part VIII, line 2g)		785,567.	702,088.			
3eV	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)		1,524.	1,462.			
-	11 Ot	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,855.	148.			
_		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,376,918.	5,748,414.			
		ants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		nefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25)		1,701,968.	1,727,197.			
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
QX.	b To	tal fundraising expenses (Part IX, column (D), line 25)	15.	1 160 600	4 400 655			
	17 00	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,468,639.	1,073,655.			
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,170,607.				
_	19 Re	evenue less expenses. Subtract line 18 from line 12		1,206,311.	2,947,562.			
Net Assets or	201	B 5450 15 (1586427) (1584427) (15845427)	Ве	ginning of Current Year	End of Year			
SSE	20 To	tal assets (Part X, line 16)		11,362,085.	1,405,289.			
let A	21 To	tal liabilities (Part X, line 26)		354,664.	97,219.			
	Part II	et assets or fund balances. Subtract line 21 from line 20		11,007,421.	1,308,070.			
_		is of perjury, I declare that I have examined this return, including accompanying schedule	e and states					
		is of perjury, i declare that make examined this return, including accompanying schedule and complete. Declaration of preparer (other than officer) is based on all information of wi			y knowledge and belief, it is			
tru	e, correct, a	and complete. Declaration of preparer (other than onicer) is based on all illiormation of wi	nun preparer	nas any knowledge,				
•		Signature of officer		Date				
Si	33	SHERVIN RASSA, CEO						
не	ere	Type or print name and title	-					
		rint/Type preparer's name Preparer's signature	T	Date Check [	PTIN			
Pa	_	EVIN D. BOWYER		self-employ				
		rm's name WARREN AVERETT, LLC		Firm's EIN ▶	45-4084437			
Us	e Only   Fi	rm's address 36474C EMERALD COAST PKWY., SUI'DESTIN, FL 32541	TE 330		0-837-0398			
Ma	ay the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form 990 (2013) OF THE EMERALD COAST, INC.
Part III Statement of Program Service Accomplishments

· u	Statement of Frogram Service Accomplishments	[
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: BOYS AND GIRLS CLUBS OF THE EMERALD COAST, INC. IS A NOT-FOR-PROFIT	т.
	CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA AS OF	Г
	JUNE 13, 1967, FOR THE PURPOSE OF PROMOTING THE HEALTH, SOCIAL,	
	EDUCATIONAL, VOCATIONAL, AND CHARACTER DEVELOPMENT OF CHILDREN AGE:	9 6
2	Did the organization undertake any significant program services during the year which were not listed on	5 0
2		s X No
	the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	S LALINO
3		s X No
3	If "Yes," describe these changes on Schedule O.	S LALINO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expense	
*	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses	
	revenue, if any, for each program service reported.	, and
4a		,767.)
-ra	RECREATION SERVICES FOR APPROXIMATELY 2,000 BOYS AND GIRLS.	, , , , ,
	* ACADEMIC SUCCESS: WE CONCENTRATE ON ON-TIME GRADE PROGRESSION A	AND
	ALL MEMBERS GRADUATE HIGH SCHOOL WITH A PLAN FOR THEIR FUTURE.	
	* HEALTHY LIFESTYLES: WE PROVIDE DRUG AND ALCOHOL EDUCATION, AS I	WELL
	AS EDUCATION ON GOOD DECISION-MAKING SKILLS AND LEADING UNSEDENTARY	
	LIFESTYLES.	
	* GOOD CHARACTER/CITIZENSHIP: YOUTH ARE GOOD STEWARDS IN THE	
	COMMUNITY, PARTICIPATE IN COMMUNITY SERVICE ACTIVITIES AND BULLYING	G
	PREVENTION PROGRAMS.	
4b	(Code:) (Expenses \$	1
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	)
	Conference   Con	
4d	Other program services (Describe in Schedule O.)	
CSS	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 2,108,766.	

# Form 990 (2013) OF THE EMERA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
<b>2</b> 0a b		20a 20b		Х

Form 990 (2013) OF THE EMERALD COA
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	00,000		
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	x	
24a				
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If 'Yes,' complete Schedule R, Part I			х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	х	
35a		35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	-	1
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

# Form 990 (2013) OF THE EMERALD COAST, INC. 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	Lerentee					
		y= 3	Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		NA.	7500			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			600			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	120			
	(gambling) winnings to prize winners?	1c	Х	$\vdash$			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	M	MI	1550			
	filed for the calendar year ending with or within the year covered by this return 2a 120		1000	2233			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		100	-34			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			232			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country; ▶		122	300			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			100			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	- 3				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	380 TO					
80	any contributions that were not tax deductible as charitable contributions?	6a		Х			
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	2307					
4	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).		v	5000			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X				
D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			x			
d	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c	-	Δ			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7.		1000			
f	Did the exemplantian device the constraint of the transfer of the state of the stat	7e 7f		$\vdash$			
ď	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		$\vdash$			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	711					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		-			
9	Sponsoring organizations maintaining donor advised funds.	Ŭ					
а	Did the organization make any taxable distributions under section 4966?	9a	-	-			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:			10.00			
а	Initiation fees and capital contributions included on Part VIII, line 12	.674	100				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		- 100				
11	Section 501(c)(12) organizations. Enter:		18	1			
a	Gross income from members or shareholders 11a			100			
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	s 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.		100	1			
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
C	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1	Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	U				

Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI X 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 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 16 1b 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 2 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 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b 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 10a 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? X 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b 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 Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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 15a Other officers or key employees of the organization X 15b 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 16a 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 X Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. X Own website X Another's website X Upon request Other (explain in Schedule O) 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - 850-862-1616 923 DENTON BLVD, FORT WALTON BEACH, FL 32547

#### 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.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	ed any current officer, of (D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional truston	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAULA ANDREWS	10.00				9 33		ř	1921	2	6
DIRECTOR	1000	Х						0.	0.	0.
(2) PETER MOHYLSKY	10.00			i n						
DIRECTOR	10.00	Х			_	_		0.	0.	0.
(3) THERESA ISAACS	10.00									2
DIRECTOR (4) DENNIS WENRICK	10.00	Х		_	Щ	-		0.	0.	0.
(4) DENNIS WENRICK DIRECTOR	10.00	х						ا م		
(5) JERRY SMITH	10.00	Λ	_		-		_	0.	0.	0.
DIRECTOR	10.00	х						0.	0.	
(6) AL MELVIN	10.00	Δ	_	-	-	$\vdash$	-	0.	0.	0.
DIRECTOR	10.00	х						0.	0.	0
(7) ANGELA SHONK	10.00				-	-		0.	0.	0.
VICE-CHAIR	20.00	x						0.	0.	0.
(8) KELSEY POWELL	10.00					$\vdash$				0.
ADVISORY		x						0.	0.	0.
(9) BRUCE CRAUL	10.00					$\vdash$				
DIRECTOR		X		,	Ш			0.	0.	0.
(10) KRISTIN TAYLOR	10.00	8								
DIRECTOR		X						0.	0.	0.
(11) DAVID BONNELL	10.00	25		700	o and					
DIRECTOR		Х						0.	0.	0.
(12) DYAN WOFFORD	10.00			1			111	7.50		
DIRECTOR		X		Ш				0.	0.	0.
(13) MIKE FREEMAN	10.00							2000		818
DIRECTOR		Х						0.	0.	0.
(14) SHERVIN RASSA	40.00							10101 101010	(8)	
PRESIDENT, CEO				Х				92,166.	0.	5,493.
(15) CORY GODWIN	10.00							7821	8	
IMMEDIATE PAST CHAIR	10.00	× 1		X		-		0.	0.	0.
(16) BERTRAM LITTLE	10.00	8 ]		35						-
CHAIR	10.00	3 3		X		-		0.	0.	0.
(17) KEVIN HENDERSON	10.00		ı			1		0.		

	(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee					one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustae or director	Trustee	Officer	Officer Key employes	Key employee Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	)	fr org and	pensa om th anizat d relat anizat	ie tion ted
	Name and title  Name and title	10.00	10.00						٥.			0.		
(19	JESSICA JAROSZ	40.00							85,911,519,019,6 \$3,939,179,51				N	
FORE	MER PRESIDENT, CEO							х	143,197.		0.		4,2	59.
	Sub-total							•	235,363.		0.		9,7	52
c	Total from continuation sheets to Pa	art VII, Section A		energia.				-	0.	(	0.			0.
d	Total number of individuals (including	but not limited to the					e) w	no re	235,363. eceived more than \$100		0.		9,7	52.
_	compensation from the organization	<u> </u>	_	_	_		_	_			_		Yes	No
3	Did the organization list any former of line 1a? If 'Yes,' complete Schedule S				422,1774		2000		nighest compensated e			3	х	
4	For any individual listed on line 1a, is t		le c	omp	ensa	ation	n an	d oth	ner compensation from	the organization		120	1.5	х
5	Did any person listed on line 1a receiv	ve or accrue compe	nsat	ion	from	any	y uni			idual for services		5		X
Sec									THE STREET STREET					
1	Complete this table for your five higher the organization. Report compensation										ensa	ation 1	from	
	(A Name and bus	N)		ON					(B) Description of s	AND THE RESIDENCE OF	С		C) nsatio	on
			_											
2	Total number of independent contract \$100,000 of compensation from the o		not li	imite	id to		se li 0	sted	above) who received r	more than				

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Echica	7	Check if Schedule O cont	airis a response	or note to any line	(A)	(B)	(C)	/D\
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a		A articles	SERVICE HOS	Salara de la composição d	MODEL OIL
or a	b	Membership dues	755.00					
Am A	c	Fundraising events	1c	48,825.				
a 2	d	Related organizations		4,380,981.				
E,S		Government grants (contribut		349,281.				
Sign	f	All other contributions, gifts, grant	ts, and					
1,55		similar amounts not included above	ve 1f	265,629.		ATTENDED TO		
9	g	Noncash contributions included in lines	1a-1f; \$					
3 5	h	Total. Add lines 1a-1f			5,044,716.			
		124407 + WO. 242007 12727 1244		Business Code		SA IN ALL ON	BOURSELLE VE	The state of the s
8	2 a	PROGRAM FEES		713990	702,088.	702,088.		
e 2	b	5.55						
2 5	C	102						
[ § 3	d							
Program Service Revenue	е							
<u>-</u>	f	All other program service reve						
_	g	Total. Add lines 2a-2f			702,088.		Trade in the	
	3	Investment income (including						
		other similar amounts)			931.			931
	4	Income from investment of tax						
- 1	5	Royalties	accurrience constitu	<b>&gt;</b>				
		#200mm/0021400000000	(i) Real	(ii) Personal	P. L. Stellar			EL CANDES
	6 a	THE THE STATE OF T	148					THE SHIP
	b	Less: rental expenses	0					
- 1	C	Rental income or (loss)	148		and the second			
		Net rental income or (loss)	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		148.	148.		
- 1	7 a	Gross amount from sales of	(i) Securities	(ii) Other				BEREIT
	40	assets other than inventory		12,618,277.	A STATE OF THE REAL PROPERTY.	- F. S. P. S		Marie St.
	b	Less: cost or other basis		40 440 546	THE PARK SERVICE			
		and sales expenses		12,617,746.				WESTER ST
	c	Gain or (loss)		531.	TO DEL COLL			
		Net gain or (loss)		<u> </u>	531.	531.		
enne	ва	Gross income from fundraising	50000000000000000000000000000000000000	1				10年等5人
ě		including \$ 48,		1				100 100 100
Other Rev		contributions reported on line		0.	THE			The state of
her	h	Part IV, line 18 Less: direct expenses	b					
5		Net income or (loss) from fund			0.			distribution;
		Gross income from gaming ac		<u></u>	٧.		0 - June - 17 -	
	- u	Part IV, line 19						
	h	Less: direct expenses	b					NEW TEN
		Net income or (loss) from gam						
		Gross sales of inventory, less			A ROWSELL OF THE		of County of County	The state of the s
		and allowances						I CY SI VA
	b	Less: cost of goods sold	h		1.00			3 4 4 3
		Net income or (loss) from sales		<b>—</b>				
1		Miscellaneous Revenue		Business Code	No. of the Land Co.			
t	11 a				The second second second second			
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		<b>&gt;</b>				
	10	Total revenue. See instructions			5 748 414	702 767		001

#### 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 (A) Total expenses (B) Program service (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,489,340. 1,085,712. 341,389. Other salaries and wages 62,239. Pension plan accruals and contributions (include 12,845. 9,364. 2.944. section 401(k) and 403(b) employer contributions) 537. 66,443. 91,032. Other employee benefits 20,866. 3,723. 133,980. 87,317. 41,902. 4,761. 10 Payroll taxes 11 Fees for services (non-employees): a Management 14,887. 14,887. b Legal 26,000. 26,000. c Accounting Professional fundraising services. See Part IV. line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 22,648. 19,415. 2,927. column (A) amount, list line 11g expenses on Sch O.) 306. 7,808. 7,808. Advertising and promotion 12 66,847. 25,779. Office expenses 29,304. 11,764. 13 66,517. 66,517. Information technology 14 Royalties 15 270,412. 259,606. 10,806. 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 38,067. 3,731. Conferences, conventions, and meetings 34,336. 19 32. 32. 20 Payments to affiliates 21 81,904. 80,959. 473. 472. 22 Depreciation, depletion, and amortization 155,369. 155,369. 23 Other expenses. Itemize expenses not covered 24 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.) CURRICULUM EXPENSE 186,763. 186,763. FUNDRAISING 45,354. 10,349. 35,005. 39,580. 39,580. TRANSPORTATION 1,337. 21,488. DUES AND SUBSCRIPTIONS 20,151. 29,979. 10,525. 19,454. e All other expenses 2,800,852. Total functional expenses. Add lines 1 through 24e 2,108,766. 565,471. 126,615. 25 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 I if following SOP 98-2 (ASC 958-720)

Form 990 (2013)
Part X | Balance Sheet

					(A)		(B)
- 225					Beginning of year		End of year
	1				211,830.	1	240,299
	2	Savings and temporary cash investments	2		75,377.	2	
	3	Pledges and grants receivable, net			755,496.	3	589,695
	4	Accounts receivable, net				4	
		Loans and other receivables from current and for			Market Ball Sales	53:11 1	and select the least
		trustees, key employees, and highest compensation	ated empl	oyees. Complete			
		Part II of Schedule L		×		5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined under	ARCHITECTURE OF	\$200 K	TO MEDICAL PROPERTY.
		section 4958(f)(1)), persons described in section		1000			
		employers and sponsoring organizations of sect					
22		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L	-X35-9 - X9V-00 -	6	
Assets	7	Notes and loans receivable, net			56,669.	7	113,777
₹	8	Inventories for sale or use		S Al Lory In Contract and	8		
	9	Prepaid expenses and deferred charges				9	1,500
1	10a	Land huildings and an departure and acather	1		Mills of the Control	bey :	10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		basis. Complete Part VI of Schedule D	10a	1,065,013.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	605,189.	10,262,519.	10c	459,824
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line		12			
1		Investments - program-related. See Part IV, line		13			
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11			194.	15	194
1	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		11,362,085.	16	1,405,289
1	17	Accounts payable and accrued expenses	215,492.	17	97,219		
1	18	Grants payable		18			
1	19	Deferred revenue		19			
2	20	The street was been at the billion				20	
2	21	Escrow or custodial account liability. Complete				21	
2 2	22	Loans and other payables to current and former			and the same of th	981	CHARLE MARKETHER
		key employees, highest compensated employee					
Clabilities		Complete Part II of Schedule L		22			
J 2	23	Secured mortgages and notes payable to unrela	ated third	parties		23	
2	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, pa					
000		parties, and other liabilities not included on lines					
		Schedule D			139,172.	25	0
2	26	Total liabilities. Add lines 17 through 25			354,664.	26	97,219
		Organizations that follow SFAS 117 (ASC 958	3), check	here X and	THE PARTY NAMED IN		ALL STATE OF THE S
20		complete lines 27 through 29, and lines 33 an					
2	27	Unrestricted net assets		200000000000000000000000000000000000000	10,282,391.	27	788,337
8 2	28	Temporarily restricted net assets			725,030.	28	519,733
0 2	29					29	
5		Permanently restricted net assets Organizations that do not follow SFAS 117 (A	SC 958).	check here ▶□	HERIO SEE LE COCE	100	South Strain Carlo
5		and complete lines 30 through 34.					
g 3	30	Capital stock or trust principal, or current funds				30	
3	31	Paid-in or capital surplus, or land, building, or ed				31	
<b>T</b>	32	Retained earnings, endowment, accumulated in				32	
ž 3	33	Total net assets or fund balances			11,007,421.	33	1,308,070
1.5	34				11,362,085.	34	1,405,289

Form 990 (2013)

Pa	RECONCIDENTIAL RECONCIDENT OF Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		renomentum.	iiii	X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,74					
2		2	2,80					
3		3	2,94					
4		4	11,00	7,4	21.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses 7							
8	Prior period adjustments	8		0.0				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-12,64	6,9	12.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
Pa	tal expenses (must equal Part IX, column (A), line 25)  venue less expenses. Subtract line 2 from line 1  assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 1.  t assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 1.  t unrealized gains (losses) on investments  5 anated services and use of facilities  6 estment expenses  7 period adjustments  8 per changes in net assets or fund balances (explain in Schedule O)  1 assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, umm (B))  10   III Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  counting method used to prepare the Form 990: Cash X Accrual Other  the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. ore the organization's financial statements compiled or reviewed by an independent accountant?  Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a barate basis, consolidated basis, or both:    Separate basis   Consolidated basis   Both consolidated and separate basis rere the organization's financial statements audited by an independent accountant?  Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, ansolidated basis, or both:   Separate basis   X Consolidated basis   Both consolidated and separate basis   Separate basis   X Consolidated basis   Both consolidated and separate basis   Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, no both:   Separate basis   X Consolidated basis   Both consolidated and separate basis   Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, no both:   Separate basis   X Consolidated basis   Both consolidated and separate basis   Yes, 'to line 2a				-			
	Check if Schedule O contains a response or note to any line in this Part XII	omerweine.						
1 2a	**************************************	O.		Yes	No X			
b	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:							
С	consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2c	х				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		3a		x			
h	***************************************	irad audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

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

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public

Name of the organization

BOYS' AND GIRLS' CLUBS

OF THE EMERALD COAST, INC.

Employer identification number 59-1267050

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a \_\_\_\_ Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (iii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (v) Did you notify the (vi) Is the (I) Name of supported (iv) Is the organization (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. organization (described on lines 1-9 (I) organized in the U.S.? support above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes Yes No No No

#### Schedule A (Form 990 or 990-EZ) 2013 OF THE EMERALD COAST, INC. Part II | Support Schedule for Organizations Described in Sections 1 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		- A/A:		te diske		
	membership fees received. (Do not		PRO REPORTATION SOURCE			0.00400010010000000	Market And Association (Associated States
	include any "unusual grants.")	1098564.	1662366.	3236803.	4864923.	5746804.	16609460.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1098564.	1662366.	3236803.	4864923.	5746804.	16609460.
5	The portion of total contributions	Green and the s	125 to 1-1-20 Tell			An a secure	
	by each person (other than a						
	governmental unit or publicly		COMPUTED SE				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	Machinian					
	column (f)						
6	Public support. Subtract line 5 from line 4.	RESERVE AND A			THE RESIDENCE	NAME OF TAXABLE PARTY.	16609460.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1098564.	(b) 2010 1662366.	3236803.	4864923.	5746804.	16609460.
8	Gross income from interest,			*			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	392,328.	560,981.	133,215.	3,379.	1,079.	1090982.
9	Net income from unrelated business	· · · · · · · · · · · · · · · · · · ·					
0.54	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain				S		
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support, Add lines 7 through 10	District Control			distance of the state of		17700442.
12		etc (see instruction	nne)			12	17700442.
	First five years. If the Form 990 is for	일반 전하다 보면 바쁜 사람들이 되었다면 보면 가게 살아 있다.		d fourth or fifth to	v veer ee e eestie		
3.55	organization, check this box and stop		mor, occord, triii				
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (I			olumn (f))		14	93.84 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	86.89 %
	33 1/3% support test - 2013. If the c					nore, check this b	
	stop here. The organization qualifies	82					- [V]
t	33 1/3% support test - 2012. If the	E) 58 MSS					
	and stop here. The organization qual			20 원 (10 원 원급) 20 원 (10 원급) (10 원급) 보통 (11 원급)			
17:	10% -facts-and-circumstances tes			Committee of the contract of t	13 16a or 16b		
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
10							
10	Private foundation. If the organization	т ак пот спеск а	DOX OF HITE 13, 168	a, 100, 1/a, or 1/t	, check this box a	ina see instruction	ns

# Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and	1000		10.00	9 355	100	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513				S-1		
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge				8		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and					H	
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subvact line 7c from line 8.)		31 8 8 5 3 Acres 40	THE RESERVE	PERMISSION OF	CONTRACTOR OF THE	
Se	ction B. Total Support					-	
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			1.7	1-7	10,000	(1) soon
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	o Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
-	check this box and stop here	6 15				commente de la commencia de la	<b>&gt;</b>
_	ction C. Computation of Public					Total	
	Public support percentage for 2013 (lin			column (f))		15	%
_	Public support percentage from 2012					16	%
	ction D. Computation of Inves					-	
	Investment income percentage for 201			ne 13, column (f))	10-00-000-001111100-00	17	9/
	Investment income percentage from 2					18	- %
19	a 33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box an						
1	33 1/3% support tests - 2012. If the						
500	line 18 is not more than 33 1/3%, chec		CO 101 TOTAL CO.				Transfer of the same of the sa
20	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	structions	<b>&gt;</b>

#### BOYS' AND GIRLS' CLUBS

edule A (Form 990 or 990 EZ) 2013 OF THE EMERALD COAST, TNC.  Art IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a.	59-126/050 Pa
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Part III, line 12.
Also complete this part for any additional information. (See instructions).	

## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 · OMB No. 1545-0047

2013

Employer identification number

BOYS' AND GIRLS' CLUBS OF THE EMERALD COAST, INC. 59-1267050 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules X For a section 501(c)(3) organization filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

religious, charitable, etc., contributions of \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization BOYS' AND GIRLS' CLUBS OF THE EMERALD COAST, INC. Employer identification number

59-1267050

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOYS & GIRLS CLUB OF THE EMERALD COAST FOUNDATION, INC.  923 DENTON BLVD. NW  FORT WALTON BEACH, FL 32547	s4,380,981.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•		s	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)

OF THE EMERALD COAST, INC.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Name of organization BOYS' AND GIRLS' CLUBS

Employer identification number

59-1267050

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<u> </u>	,
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<b>\$</b>	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<b>*</b>	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<b></b>	3
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Description of noncash property given  (e) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) Description of noncash property given  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (g) FMV (or estimate) (see instructions)  (h) Description of noncash property given  (c) FMV (or estimate) (see instructions)

Name of organization

BOYS' AND GIRLS' CLUBS

OF THE EMERALD COAST, INC.

Employer	identification	number
l		

59-	1	2	6"	70	50	١
22-	- т	4	0	<i>1</i> U	2	,

he total of exclusively religious, charitable, et Use duplicate copies of Part III if addition (b) Purpose of gift		55. 30. 80. 90. 90. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1
(b) Purpose of gift		
(a) , aspect of grit	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	.,, 500000	
	(e) Transfer of gif	t .
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
	(b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a	(b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  (e) Transfer of gift  (f) Use of gift  (g) Use of gift  (h) Purpose of gift

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

BOYS' AND GIRLS' CLUBS

Emplo

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OF THE EMERALD COAST, INC.

Employer identification number 59-1267050

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advised	funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the organ	nization answered "Yes" to 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 ed	ucation) Preservation of an histori	ically important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d 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 struc		
d	Number of conservation easements included in (c) acquired aff		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		ganization during the tax
	year ▶		The second secon
4	Number of states where property subject to conservation ease	ment is located >	
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, as	nd enforcing conservation easements durin	ng the year ►
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during the	e year ▶ \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes the	organization's accounting for
	conservation easements.		5782 S283
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhib	oition, education, or research in furtherance	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under SFAS 116	이 경우를 보고 있다면 보고 있습니다. 그 가는 사람이 되었다면 보고 있다면 보다면 보고 있다면 보다 되었다면 보고 있다면 보고	
a	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	[14] [15] [16] [17] [17] [17] [17] [17] [17] [17] [17		<b>▶</b> \$

OF THE EMERALD COAST, INC.

Pai	t III Organizations Maintaining C	Collections of Ar	t, Historical T	reasures, or Ot	her Si	milar Asse	ts(continu	ued)	-
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a	signific	ant use of its	collection	items	-
	(check all that apply):								
а	Public exhibition	d	Loan or exc	change programs					
b	Scholarly research	e							
C	Preservation for future generations		34						
4	Provide a description of the organization's c	ollections and explain	how they further	the organization's ex	kempt p	urpose in Par	t XIII.		
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributio	ns or other assets n	ot inclu	ded	925	/st	_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						1175
			101000 <b>4</b> 0000 1000				Amount		_
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
1	Ending balance					1f			_
28	Did the organization include an amount on F	orm 990 Part X line	212	*************************	777		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	nlanation has hop	n provided in Part XI	н				140
Par	t V   Endowment Funds. Complete	if the organization and	swered "Yes" to Fo	orm 990. Part IV. line	10			_	_
		(a) Current year	(b) Prior year	(c) Two years back		ree years hack	(e) Four	vears h	ack
1a	Beginning of year balance	(a) Current year	(b) i noi year	(C) THO YOU DOUGH	(0)	100 years back	(e) rour	yeara o	aun
b	Contributions			<del>                                     </del>	+				_
	Net investment earnings, gains, and losses				+				_
4				_	+				_
d	Grants or scholarships				+				_
e	Other expenditures for facilities				1	l l			
	and programs			-	-			_	
1	Administrative expenses				+				
g	End of year balance				4				
2	Provide the estimated percentage of the cur		e (line 1g, column	(a)) held as:					
a	Board designated or quasi-endowment	1010.0	_%						
ь	Permanent endowment >	%							
C	Temporarily restricted endowment	The second secon							
	The percentages in lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered fo	r the or	ganization	27		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?	11711711111111111111111111111111111111		******	3b		
4	Describe in Part XIII the intended uses of the		wment funds.		1012/18/200				
Pa	t VI Land, Buildings, and Equipn								
	Complete if the organization answere	d 'Yes" to Form 990,	Part IV, line 11a.	See Form 990, Part	X, line 1	0.			
	Description of property	(a) Cost or ot	ther (b) Cos	t or other (c)	Accum	ulated	(d) Book	value	
	#6000-ist Cast 10G \$199331.1-234	basis (investm	nent) basis	(other) c	leprecia	ation			
1a	Land			HLE.		UE			
b	Buildings								
C	Leasehold improvements								
d	Equipment		1,00	55,013.	605	,189.	459	,82	4.
	Other								
_	LAdd lines 1a through 1e (Column (d) must e	Marie A.	Y column (B) line	10(01)			450	82	1

	LD COAST, IN	C. 59-	1267050 Page:
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" to (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)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			Professional Control of the Control
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to	Form 990, Part IV, line 1	1c. 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.)		CW/ CINCELLINES & COMPA	ROWALCHA FLORE
Part IX Other Assets.			
Complete if the organization answered "Yes" to	Form 990, Part IV, line 1	11d. See Form 990. Part X line 15	
	escription	The second secon	(b) Book value
(1)			(-)
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)  Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	13.]	· · · · · · · · · · · · · · · · · · ·	
	- F 000 P-+ N/ F 4	1111/ C F 000 D1 V F 05	
Complete if the organization answered "Yes" to (a) Description of liability			
		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

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

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

OF THE EMERALD COAST, INC.

	1
2a	180000
2b	3.00
2c	1000
2d	382
	2e
***************************************	3
4a	(6.00)
	40.00
	4c
	(23)
	nses per Return.
i.	NATIONAL ALCO SERVICIO DE ENTRE REPORTERE VIOL
2a	
	186
	1 (6.8)
	2e
	3
24,100 A CONTRACTOR	
. 4a	
4b	
	4c
	5
	2c   2d     4a     4b     2a     2b     2d     2d     2d     2d     2d     2d

### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

(Form 990 or 990-E2

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

Attach to Form 990 or Form 990-EZ.

rm 990 Inspection
Employer identification number

OMB No. 1545-0047

Open To Public

Name of the organization

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs goviform 990

BOYS' AND GIRLS' CLUBS

Employ

OF THE EMERALD COAST, INC.

59-1267050

	ERALD COASI, II				39-1207	
Part I Fundraising Activities. Co required to complete this part.	mplete if the organization ans	swered "Y	'es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not
Indicate whether the organization raised a Mail solicitations     Internet and email solicitations     Phone solicitations     In-person solicitations     In-person solicitations     In organization have a written or organization have a written organization have a written organization have a written or organization have a written or organization have a written organiz	e Solic f Solic g Spec ral agreement with any individ vII) or entity in connection with	itation of itation of cial fundra ual (includ h profess	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) tund have c or car contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			SK .
		-				7.
			Н			
		-				e:
		-	_			
		10.00				
Total	2006 CONTROL OF THE C					
Total  3 List all states in which the organization is or licensing.	registered or licensed to soli	cit contrit	oution	s or has been notifie	d it is exempt from r	I egistration

#### BOYS' AND GIRLS' CLUBS

Schedule G (Form 990 or 990-EZ) 2013 OF THE EMERALD COAST, INC. 59-1267050 Page Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 page.

59-1267050 Page 2

- 1		of fundraising event contributions and	(a) Event #1	(b) Event #2	(c) Other events	TO SHOW THE RESIDENCE OF THE SECOND SECOND
			HAMMOCK BAY	(6) 210/11/22	(c) other events	(d) Total events
			RODEO	FASHION SHOW	5	(add col. (a) through
						col. (c))
e			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	33,194.	5,204.	10,427.	48,825
33	2	Less: Contributions	33,194.	5,204.	10,427.	48,825
	3	Gross income (line 1 minus line 2)				
3	4	Cash prizes				
	5	Noncash prizes				
Ollect Expenses	6	Rent/facility costs	-			
ect EX	7	Food and beverages	W.			
71/2	8	Entertainment				
- 18	9	Other direct expenses		*		
	10	Direct expense summary. Add lines 4 throu	ab O in a boson (d)		<b>•</b>	
- 10	0.70	Net income summary. Subtract line 10 from				
ar	Ħ	II Gaming. Complete if the organizatio	n answered "Yes" to Form	990. Part IV. line 19. or n	enorted more than	
	(67)	\$15,000 on Form 990 EZ, line 6a.	1			
		grotos on romosa EE, ma da.	and the second	(b) Pull tabs/instant	Carriera De	(d) Total gaming (add
Hevenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
D >				3-1-3-s-s-s-g-	1000 Arest 100	con (a) a nough con (c
		0				
+	1	Gross revenue		-		
			1	1		1
	•	Occidenda de la companya del companya de la companya del companya de la companya	1	1		
2	2	Cash prizes	r:			
cybellses	3	Cash prizes  Noncash prizes				
Ollect Expellises						
Direct Expense	3	Noncash prizes				
Olrect Expense	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses	Yes%		Yes%	
Dilect Expelled	3 4 5	Noncash prizes  Rent/facility costs		Yes %	Yes %	
Ollect Expelise	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes%	□ No	No	
Ollect Expelise	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses	Yes%		No	
Ollect Cybellse	3 4 5 6 7	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes% No ugh 5 in column (d)	No No	No ►	
Ollect Cybellse	3 4 5	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	Yes% No ugh 5 in column (d)	No No	No ►	
Direct Expense	3 4 5 6 7 8	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the summary income summary. Subtract lines	Yes% No  ugh 5 in column (d)  7 from line 1, column (d)	No No	No ►	
Olrect Expense	3 4 5 6 7 8	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization openses.	Yes%  No  Igh 5 in column (d)  7 from line 1, column (d)  arates gaming activities:	No No	No b	
a e	3 4 5 6 7 8 Entities to	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization opense organization licensed to operate gaming	Yes %  No  Igh 5 in column (d)  27 from line 1, column (d)  arates gaming activities: activities in each of these	No No	No b	Yes No
a e	3 4 5 6 7 8 Entities to	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization openses.	Yes %  No  Igh 5 in column (d)  27 from line 1, column (d)  arates gaming activities: activities in each of these	No No	No b	Yes N
a e	3 4 5 6 7 8 Entities to	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization opense organization licensed to operate gaming	Yes %  No  Igh 5 in column (d)  27 from line 1, column (d)  arates gaming activities: activities in each of these	No No	No b	Yes No
d a b	3 4 5 6 7 8 Entite it is to	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization open the organization licensed to operate gaming No," explain:	Yes %  No  Igh 5 in column (d)  7 from line 1, column (d)  arates gaming activities: activities in each of these	No States?	No D	37 196
oa de George Caracter Caracter Security Caracter Caracter Security Caracter	3 4 5 6 7 8 Entities the transfer of the trans	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the state(s) in which the organization open the organization licensed to operate gaming No," explain:  are any of the organization's gaming licenses	Yes%  No  In No  If I column (d)  I	states?	No D	37-76
olect Cybellog	3 4 5 6 7 8 Entities the transfer of the trans	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization open the organization licensed to operate gaming No," explain:	Yes%  No  In No  If I column (d)  I	states?	No D	37-76
olect Cybellog	3 4 5 6 7 8 Entities the transfer of the trans	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the state(s) in which the organization open the organization licensed to operate gaming No," explain:  are any of the organization's gaming licenses	Yes%  No  In No  If I column (d)  I	states?	No D	37-76
a b	3 4 5 6 7 8 Entities the transfer of the trans	Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the state(s) in which the organization open the organization licensed to operate gaming No," explain:  are any of the organization's gaming licenses	Yes%  No  In No  If I column (d)  I	states?	No D	20-746

## BOYS' AND GIRLS' CLUBS

Schedule G (Form 990 or 990-EZ) 2013 OF THE EMERALD COAS	T, INC. 59-12670	50 Page 3
11 Does the organization operate gaming activities with nonmembers?	Y	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member		
to administer charitable gaming?		es No
13 Indicate the percentage of gaming activity operated in:		
a The organization's facility	13a	%
<b>b</b> An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization	's daming/special events books and records:	70
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the or	rganization receives gaming revenue?	es 🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization	and the amount	
of gaming revenue retained by the third party > \$	and the amount	
c If "Yes," enter name and address of the third party:		
5 ii 755, 5 ii 5 ii 6 ii 6 ii 6 ii 6 ii 6 ii 6		
Name		
Address ►		
16 Gaming manager information:		
Name ►		
Gaming manager compensation ▶ \$		
Description of services provided		
Director/officer Employee Indepe	endent contractor	
17 Mandatory distributions;		
Hart   1001 Part 75 15 15 15 15 15 15 15 15 15 15 15 15 15		
a Is the organization required under state law to make charitable distribution		es 🗌 No
retain the state gaming license?		es L No
b Enter the amount of distributions required under state law to be distribute	a to other exempt organizations or spent in the	
organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required b	B. 11 15 17 17 18 19 1 0 0	101 151
		b, 10b, 15b,
15c, 16, and 17b, as applicable. Also complete this part to provide	de any additional information (see instructions).	

# BOYS' AND GIRLS' CLUBS OF THE EMERALD COAST, INC. 59-1267050 Page 4 Schedule G (Form 990 or 990-EZ) OF THE EME Part IV Supplemental Information (continued)

#### SCHEDULE J (Form 990)

### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

BOYS' AND GIRLS' CLUBS

Emplo

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Part I

Questions Regarding Compensation

OF THE EMERALD COAST, INC.

Employer identification number 59-1267050

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	201		1323
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	335		200
	First-class or charter travel Housing allowance or residence for personal use	JEST !	100	2004
	Travel for companions Payments for business use of personal residence	633		10.83
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	17.20		150
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If 'No," complete Part III to explain	1b	- 1	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	555	Dist.	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	350		
	establish compensation of the CEO/Executive Director, but explain in Part III.	1000	200	15.3
	Compensation committee Written employment contract	22000		200
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	31		1000
a	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	13.75	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	最高		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	1		W
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:		83	
а	The organization?	5a		X
b	Any related organization?	5b	3	X
	If "Yes" to line 5a or 5b, describe in Part III.			la m
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			12.8
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.	alterill		110
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			7
	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		Ø) y	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	ii i es to line o, did the diganization also follow the reputtable presumption procedure described in			

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

Schedule J (Form 990) 2013

59-1267050

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(a+(i)/a)	reported as deferred in prior Form 990
(1) JESSICA JAROSZ	(ii)	127,730.	9,375.	6,092.	2,283.	1,976.	147,456.	
PORMER PRESIDENT, CEO	(1)	0.	0.	• 0	0.	.0	.0	0.
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	<b>(i)</b>							
	Θ							86
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Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Part III Supplemental Information

	- \$75,000									Schedule J (Form 990) 2013
4A:	JESSICA JAROSZ - 8									
PART I, LINE 4A:	EXPLANATION:									

Employer identification number OMB No. 1545-0047 Inspection 59-1267050 Liquidation, Termination, Dissolution, or Significant Disposition of Assets ► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. ▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at wow its apylform990 Attach certified copies of any articles of dissolution, resolutions, or plans. OF THE EMERALD COAST, INC. BOYS' AND GIRLS' CLUBS ▼ Attach to Form 990 or 990-EZ Name of the organization (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service SCHEDULE N

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2
"

Open to Public

Yes No Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional (g) IRC section of recipient(s) (if tax-exempt) or type of entity (f) Name and address of recipient (e) EIN of recipient (d) Method of determining FMV for asset(s) distributed or transaction expenses (c) Fair market value of asset(s) distributed or amount of transaction expenses distribution (b) Date of (a) Description of asset(s) distributed or transaction expenses paid space is needed. Part

Did or will any officer, director, trustee, or key employee of the organization: Become a director or trustee of a successor or transferee organization? 2

Become an employee of, or independent contractor for, a successor or transferee organization?

Become a direct or indirect owner of a successor or transferee organization?

 d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

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

Schedule N (Form 990 or 990-EZ) (2013)

2a 25 2c 2d

Schedule N (Form 990 or 990-EZ) (2013) OF THE EMERALD COAST, INC

Liquidation, Termination, or Dissolution (continued)

ŝ å × tax-exempt) or type (g) IRC section of Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Yes recipient(s) (if Yes 501(C)(3) 49 49 69 99 S 23 8 8 20 THE Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-(f) Name and address of recipient FL 32547 THE BOYS AND GIRLS CLUB OF Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws? FORT WALTON BEACH, 23 DENTON BLVD is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III (e) EIN of recipient If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III. 20-3301329 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No." describe in Part III, asset(s) distributed or transaction expenses (d) Method of determining FMV for 'RANSFERRED AT ASSETS WERE BOOK VALUE Become an employee of, or independent contractor for, a successor or transferee organization? Did the organization discharge or pay all of its liabilities in accordance with state laws? (c) Fair market value of asset(s) distributed or amount of transaction 12,646,380 Form 990-EZ, line 36. Part II can be duplicated if additional space is needed expenses 6a Did the organization have any tax-exempt bonds outstanding during the year? Become a direct or indirect owner of a successor or transferee organization? Did or will any officer, director, trustee, or key employee of the organization: Become a director or trustee of a successor or transferee organization? (b) Date of distribution 12/31/13 If "Yes," did the organization provide such notice? LAND AND BUILDINGS IN WALTON (a) Description of asset(s) distributed or transaction expenses paid COUNTY, FLORIDA Part II 2 N

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Inspection

BOYS' AND GIRLS' CLUBS OF THE EMERALD COAST, INC.

Employer identification number 59-1267050

OMB No. 1545-0047

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

TO 17. THE CLUB IS PRIMARILY SUPPORTED THROUGH DONOR CONTRIBUTIONS,

GRANTS, AND SPECIAL EVENTS.

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

EXPLANATION: THE FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR AND THE TREASURER OF THE GOVERNING BODY PRIOR TO BEING FILED WITH THE IRS.

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

EXPLANATION: A CONFLICT POLICY FORM IS SIGNED BY ALL PARTIES ANNUALLY. ANY CONFLICTS ARE BROUGHT TO THE BOARD'S ATTENTION FOR REVIEW.

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

EXPLANATION: CEO COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF
THE CORPORATE BOARD OF DIRECTORS AND IS BASED ON A NUMBER OF FACTORS TO
INCLUDE NON-PROFIT INDUSTRY COMPENSATION NORMS, COMPARABLE MARKET AREA
COMPENSATION RATES FOR SIMILARY OCCUPIED INDIVIDUALS, AND BENCHMARK
COMPENSATION STATISTICS AS PROVIDED BY BOYS AND GIRLS CLUBS OF AMERICA FOR
SIMILAR SIZED ORGANIZATIONS. SENIOR STAFF COMPANSATION IS DETERMINED BY THE
CEO AND BASED ON SIMILAR FACTORS AS ABOVE.

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

EXPLANATION: THE CLUB MAKES THE DOCUMENTS AVAILABLE UPON REQUEST AND THE DOCUMENTS CAN EITHER BE SENT TO THE REQUESTING PARTY OR THE REQUESTING PARTY CAN REVIEW THEM AT THE DENTON BOULEVARD LOCATION.

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization BOYS' AND GIRLS' CLUBS  OF THE EMERALD COAST, INC.	Page 2 Employer identification number 59-1267050
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	33-1207030
CONTRIBUTION OF LAND AND PROPERTY TO BOYS AND GIRLS CLUB	
FOUNDATION	-12,646,382.
TAX GAIN TRANSFER OF PROPERTY TO BGCEC FOUNDATION, INC.	-530.
TOTAL TO FORM 990, PART XI, LINE 9	-12,646,912.
	<u></u> -

SCHEDULER (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2013

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 59-1267050

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990. ■ Information about Schedule R (Form 990) and its instructions is at www.irs.gnv/form990.

BOYS AND GIRLS CLUBS OF THE EMERALD COAST, INC. Name of the organization

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Part

			(a) (b) (c) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f
--	--	--	--

(a)	(q)	(0)	(q)		<b>(£</b> )	(6) Columbia	2057130
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entity?	pel c
				501(c)(3))	A Stoke of Control	Yes	No
THE BOYS AND GIRLS CLUB OF THE EMERALD COAST FOUNDATION TO	FOUNDATION TO SUPPORT THE						
POUNDATION, INC 20-3301329, 923 DENTON	BOYS AND GIRLS CLUB OF THE						
BLVD, FORT WALTON BEACH, FL 32547	EMERALD COAST, INC.	PLORIDA	501(C)(3)	LINE 11A, I			×

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

BOYS' AND GIRLS' CLUBS OF THE EMERALD COAST, INC.

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

Page 2

59-1267050

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing Jie partner? 55) Yes No	General or Percentage managing ownership partner?	8.₽
												ř
		80										1
												1
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	ganizations Taxable a	as a Corpo	pration or Trust Cor year.	mplete if the	organization ans	swered "Yes"	on Form 990, P	art IV, line 3	4 because it ha	d one or m	ore related	
(a) Name, address, and EIN of related organization	Zε	Prima	(b) Primary activity	(c) Legal domicile [state or foreign country]	(d) Direct controlling entity	(C corp, S corp, or trust)		(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section (1) Section (512(N13) controlled enity?	
												1
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Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	d in Parts II-IV?	100	200	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				4	,	×
b Gift, grant, or capital contribution to related organization(s)				<b>1</b> p		×
c Gift, grant, or capital contribution from related organization(s)				2		×
d Loans or loan guarantees to or for related organization(s)				14		×
				<b>1</b>	3	×
f Distributed from collected communication(a)				*		×
				= ;		:  >
				5	1	4
h Purchase of assets from related organization(s)				£		×
i Exchange of assets with related organization(s)				¥		×
j Lease of facilities, equipment, or other assets to related organization(s)				F		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			ŧ		×
<ul> <li>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>	tion(s)			ŧ		×
Sharing of paid employees with related organization(s)				9		×
p Reimbursement paid to related organization(s) for expenses				4		×
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>	41)-441(41)41111111111111111111111111111			19		×
r Other transfer of cash or property to related organization(s)				<b>+</b>	×	
s Other transfer of cash or property from related organization(s)				1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.			П
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved		
THE BOYS AND GIRLS CLUB OF THE EMERALD (1) COAST FOUNDATION, INC.	ж	12,646,382.FMV	FMV			
THE BOYS AND GIRLS CLUB OF THE EMERALD (2) COAST FOUNDATION, INC.	Ø	4,380,981.FMV	FMV			
(3)						
(4)						
(5)						1
(9)						
22 PE 12 12 13			Schedu	Schedule B (Form 990) 2013	990) 20	013

59-1267050

Page 4

BOYS' AND GIRLS' CLUBS

OF THE EMERALD COAST, INC. Schedule R (Form 990) 2013 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income semes ser (related, unrelated, softe 35 excluded from tax under section 512-514) Yes No	(f) Share of total Income	Share of end-of-year assets	(h) Disproportionale and allocations? O	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? ownership (Form 1065) res No	General or Pe managing partner? ov	(K) srcentage wnership
								4	
									6

Schedule R (Form 990) 2013

#### BOYS' AND GIRLS' CLUBS OF THE EMERALD COAST, INC.

Schedule R	(Form 990) 2013	OF THE EMERALD COAST, INC.	59-1267050 Page 5
Part VII	(Form 990) 2013 Supplemental In	formation	
	Provide additional info	ermation for responses to questions on Schedule R (see instructions).	
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-			
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332165 09-12-13

Asset	Description of property												
umber	piaceu inc	thod/	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction					
	in service Inc		1					doduction					
			- 10			·							
27	(D)CIP - S			MOT			THE WAY SEE THAT	Marie Marie S					
	12 <sub>3</sub> 1 <sub>0</sub> 5NC		.000	3/57	309,499.	WHITE SERVICE	American department in	0					
38	(D)CIP - S			NG									
- 40	12 <sub>3</sub> 1 <sub>0</sub> 8NC		.000		127,343.			0					
48	(D)CIP - S			TON	000 808 1			MARKET BEST					
63/	123109NC		.000	MONT	222,727.	THE PROPERTY.	PROBLEM HERMAN	(					
0 4	(D)CIP - S 123110NC	CUT	.000	TON	101,692.		E20 I						
- 7	* 990 PAGE	10		T. DIT	ILDINGS	15-111-1-271-1-1-1-1	530.	(					
	JOU PAGE	10	1012	1 1	761,261.	0.	530.	(					
-	LAND				701,201.	0.	330.						
Ė	i i		T										
24	(D)LAND -	SOU	TH WA	LTON	Sales Males Called Street		Charles of the Control of the Contro	No. of the last of the last					
	06,30,051			T	6,181,178.			(					
37(		SOU	TH WA	LTON		EASEMENT							
	10,13,08比				135,515.			(					
,	* 990 PAGE	10	TOTA	L LA	ND	E PARTIES	CONTRACTOR OF STREET	HE WAS DELIVED.					
			10050	1525 U	6,316,693.	0.	0.						
C	OTHER												
1	(D)CIP - S			MOT		Horaco de la constanta	THE COLUMN TWO IS NOT THE						
	07 <sub>1</sub> 20 <sub>1</sub> 11 <sub>NC</sub>		.000	P491 0	941,401.	HIS WINGS	Review British Company						
20	COMPUTER E												
	11 <sub>1</sub> 15 <sub>1</sub> 99 SL			16	2,500.		2,500.	(					
31	PICNIC TAB			4 - 1				)居民民(日旬) 医1					
	04 <sub>1</sub> 18 <sub>0</sub> 00 <sub>SL</sub>		5.00	16	2,557.		2,557.	(					
51	EXPRESS VA		IE AA	10.4	06.064		00.000						
	05 <sub>2</sub> 22 <sub>0</sub> 1SL		5.00	21	26,264.		26,264.	(					
04	4 PICNIC T			ист	0 007 1		0.007						
70	04 <sub>1</sub> 25 <sub>1</sub> 02 SL SEE SAW		5.00	TO	2,227.		2,227.	(					
/	06 <sub>0</sub> 5 <sub>0</sub> 2 SL		5.00	11 6 1	1 520		1 530 [						
9	GENERATOR		13.00	10	1,539.		1,539.	(					
0	07,11,02SL		15.00	116	597.		418.	40					
9	REFRIGERAT	OR	рэ.ос	10	331.		410.	4 (					
	07,16,02SL		15.00	116	950.		664.	63					
100	COMPUTER		123.00	110	220.	e contraction and	004.	0.					
	102402SL	1.00	5.00	116	1,609.		1,609.	(					
111	FURNITURE		10.00	120	2,003.		1,005.	Alleria - April - Apri					
	01 <sub>0</sub> 01 <sub>0</sub> 2SL		5.00	16	2,000.		2,000.	(					
12	ICEMAKER		Contract	0.00000	green entre various		2,0001						
	01 <sub>0</sub> 01 <sub>0</sub> 02 SL		5.00	16	2,378.	TENE NO SERVICE	2,378.						
13	EQUIPMENT												
	05 <sub>0</sub> 9 <sub>0</sub> 2SL		5.00	16	3,269.		3,269.	(					
14	VISION MEM	BEF	TRAC	KING	COMPUTER SOF	TWARE							
	09 <sub>0</sub> 01 <sub>1</sub> 11 <sub>SL</sub>		5.00	16	9,781.		2,608.	1,956					
15	10 GATEWAY		32	8.0=-32-			V						
	07 <sub>1</sub> 01 <sub>1</sub> 03 SL		5.00	16	6,000.		6,000.						
16	5 DELLS												
	07 <sub>1</sub> 01 <sub>1</sub> 03 SL		5.00	16	5,000.		5,000.						
17	20 IBM COM												
	07,01,03SL		5.00	16	30,000.		30,000.	(					

Asset	Description of property												
Number	Date Methin placed IRC s	od/ Life ec. or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction						
18P	OOL TABLE	IE 00	11.6	1 050		1 050							
1900	02 <sub>0</sub> 1 <sub>0</sub> 3 SL	5.00	16	1,050.	NUMBER OF STREET	1,050.	0						
	05,01,03SL	5.00	116	332.	W	332.	0						
2001	AL TABLE					3321	0						
	07 <sub>0</sub> 1 <sub>0</sub> 3SL	5.00	16	729.		729.	0						
21RI	NATE DESK		4.6	Special Confession			AND THE PARTY OF						
2 2 2 2	09 <sub>0</sub> 01 <sub>0</sub> 3 SL	5.00	16	724.		724.	0						
222	07,17,02SL	5.00	121	24,050.		24,050.	0						
23H	DROSTATIC				Marine Co.	24,030.	U						
	07,01,04SL	5.00		2,249.	District Color	2,249.	0						
25Ft	JRNITURE A	ND EQU	PMEN										
	06 <sub>1</sub> 30 <sub>1</sub> 05 SL	5.00	16	72,832.		72,832.	0						
26VI		2005	10.4	100 000	Naver Park	100 100	CAROLIS IT						
2000	063005SL PIER	5.00	21	108,380.		108,380.	0.						
200	03,31,06SL	5.00	116 1	11,000.		11,000.	0						
29PI	AYGROUND			11,000.	Malifestation to the	11,000.	U						
	08,15,06SL	15.00		102,135.		43,691.	6,809						
30BI	EACHERS												
	06 <sub>1</sub> 16 <sub>1</sub> 06SL	15.00	016	1,494.		648.	100						
3101	FICE FURN		нет	0.001	In the second								
3 200	08 <sub>0</sub> 4 <sub>0</sub> 6SL MPUTER -	5.00		2,991.	CHRONOTE -	2,991.	0.						
32	05,02,07 SL	5.00		1,256.		1,256.	0.						
33PI	RINTER - A			1,250.	1880-2010 AC 1	1,250.	140-441-441						
	06 <sub>0</sub> 5 <sub>0</sub> 75L	5.00		600.	Sile of the sile	600.	0.						
34H	ME SOCCER												
A F G	12 <sub>0</sub> 4 <sub>0</sub> 7 SL	5.00	16	849.		849.	0.						
3500	MPUTER 120107SL	5.00	HEI	1 624		1 (24)							
36V	DEO AND G			1,634.		1,634.	0						
	06 <sub>0</sub> 3 <sub>0</sub> 8 SL	5.00		49,580.		45,448.	4,132						
3952	" SONLY T				erange and a vice		1,102						
	01 <sub>1</sub> 13 <sub>0</sub> 9SL	5.00	16	1,798.		1,439.	359						
4040	" SAMSUNG		461	544									
4101	01 <sub>1</sub> 13 <sub>1</sub> 09 SL	5.00		768.		615.	153						
4101	PROJECTO 011309SL	5.00		988.		791.	107						
4240	" SONY T	V P.00	ITO	300.		/91.	197						
	01,13,09SL	5.00	16	669.		536.	133						
43C0	ONFERENCIN	G TV'S	(Margin)	TAXABAT I MARKET IS	Arresta de la		HILLIANS CO. IN COMM						
	06 <sub>0</sub> 5 <sub>0</sub> 9SL	5.00	16	1,912.		1,369.	382						
444	COMPUTERS		14.6.1	0.0061									
151	060509SL COMPUTERS	5.00	17.0	2,396.	- Aller - Aller	1,717.	479						
474	06,09,09SL	5.00	116 1	2,396.		1,717.	479						
4619	93 INTERN					1 1,111.	4/3						
	01 <sub>1</sub> 16 <sub>1</sub> 09 SL	5.00		2,000.		1,600.	400						
4719	93 INTERN	ATIONA	SCH	OOL BUS									
	01 16 09 SL	5.00		2,000.		1,600.	400						
				OUTH WALTON		00 100							
6261	01 <sub>0</sub> 01 <sub>0</sub> 9 SL	6.00		33,724.	/D) A	22,483.	5,621						
W-2 2 W			# (	Current year section 179	(D) - Asset dispe	DSAC							

- p. 00iat		. J. CIEUI		- FOF	RM 990 PAGE 10			990					
Asset	Description of property												
lumber		Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction					
5020	010 FORD		The Debug of John Seller	VAN									
F 4 0	01 <sub>2</sub> 8 <sub>1</sub> 10 <sub>S</sub>			21	33,116.		19,317.	1,87					
5120	006 ELDO 008,06,10 S		5.00		YE VAN 47,000.		22,717.	1 07					
53F0	ORD VAN	ш	3.00	21	47,000+		22,111.	1,87					
	0201108	L	5.00	21	20,996.		20,996.	()					
54F	ORD EXPL	ORER	Charles and Charles		windship we should	A SELVER							
	0 2 <sub>0</sub> 1 <sub>1</sub> 1 0 <sub>S</sub>		5.00	21	2,175.	THE RESERVE	2,175.	AND A STATE OF					
55CI	HEVY VAN		F 00	10.1	20 200 1		12.4661	4 00					
5611	0 2 <sub>0</sub> 1 <sub>1</sub> 1 0 S COMPUT		5.00	21	20,200.		13,466.	1,87					
301.	0201108		5.00	116	2,600.		2,600.						
57C	OMPUTER		3.00	1	2,000.		2,000.	W					
	02 <sub>0</sub> 1 <sub>1</sub> 10 S	L	5.00	16	1,088.		1,088.						
58DI	ELL COMP			NUMBER OF THE PROPERTY.	Left 3 (Sec. May 1997)								
505	02 <sub>0</sub> 1 <sub>1</sub> 10s		5.00	16	3,840.		3,840.						
5 9 01	ELL COMP 0 2,0 1,1 0 S		5.00	11 6 1	2,874.		1 00001						
60m	ELEPHONE			101	2,014.	v. 11 mg 196 m	2,829.	4					
	0201108		5.00	16	3,295.		3,295.	THE RESERVE					
61DI	ELL COMP	UTER					0,200,						
	02 <sub>0</sub> 1 <sub>1</sub> 10 <sub>S</sub>		5.00	16	2,380.		2,222.	15					
63C	OMPUTER					· · · · · · · · · · · · · · · · · · ·		alexy relater y					
6401	120910S REEZWAY	L	5.00	16	15,000.	STEPPER	6,250.	3,00					
0 4 1	0 8 <sub>1</sub> 2 3 <sub>1</sub> 1 2 S	т. Т	5.00	116	25,550.		1,703.	5,11					
65LT	UXURY VI			FLOC		at a separate with	1,703.	3,11					
	09 <sub>1</sub> 7 <sub>1</sub> 12 <sub>S</sub>		5.00		10,665.	TEAL OF STREET	533.	2,13					
66S	IGN FOR												
600	10 <sub>0</sub> 01 <sub>1</sub> 12 <sub>S</sub>		5.00		1,622.		81.	32					
6700	OLUMNS I		5.00		2 250 1	The state	1 1101						
68(1	D)CIP -				3,350.		112.	67					
	123112N		.000		2,058,447.		T T						
	PORTS EQ			and the	965 1.402 10 142 0 14 15 1	2		and the same of the same					
	061512S		5.00		2,456.		287.	49					
70SI	ECURITY												
710/	08 <sub>1</sub> 15 <sub>1</sub> 12 <sub>S</sub>		5.00		2,150.		179.	43					
/11	OUR INDO		5.00		4,378.		365.	87					
72NI	EW AC/NE			10	4,570.		303.	07					
	06,15,12		5.00	16	3,000.		350.	60					
7320			INOTO	UR 30	PASSENGER BU	JS							
	01 <sub>3</sub> 31 <sub>1</sub> 33		5.00		55,412.	Carte Sales	IN THE RESERVE OF THE PARTY OF	10,15					
742	014 THOM	12.12	the state of the s		R BUS								
7500	08 <sub>2</sub> 29 <sub>1</sub> 13 S		5.00		109,311. I BUSINESS IN	TODO		7,28					
731	10,07,13		5.00		99,994.	EKIOKS		5,00					
762					NESS INTERIOR	RS		3,00					
	11 <sub>1</sub> 21 <sub>1</sub> 13 S	L	5.00		16,939.	*****		28					
77SI	ERVER &						White Court of the						
700	08 <sub>1</sub> 30 <sub>1</sub> 13 <sub>S</sub>		5.00		8,784.			58					
/ 8SI	HARP 70"							7.0					
261	08 <sub>1</sub> 30 <sub>1</sub> 13 <sub>S</sub>	ьп	5.00	10	10,485.			69					

1			anon so	tun r	ORM 990 PAGE 1			990					
Asset	Description of property												
lumber	Date placed in service		20 3-25 02-09	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction					
79	FLAT PA 08,30,1		LOOR 0		FOR SW 1,812.			121					
80					NITORS AND SUP	PLIES	A STATE OF THE STATE OF	12					
0.1	09,02,1		5.00	16	17,470.		A CONTRACTOR OF STREET	1,165					
8.1	BEST BU		5.00	116	9,040.			452					
82	FURNITU	RE AN	D FIXT	URE	S FROM STAPLES			452					
83	11 <sub>2</sub> 21 <sub>1</sub> 1 KITCHEN		5.00		938. SUPPLIES	A CONTRACTOR OF THE STATE OF	THE WAY WAS A STATE OF	16					
	11,21,1			16	23,820.			397					
84	SCHOOL												
85	12 <sub>0</sub> 2 <sub>1</sub> 1 TABLES	3SL	5.00	16	1,147.	Many Company	Red Similaring Cold	19					
03	12,02,1	3SL	5.00	16	6,950.			116					
86			TH WAI										
	12 <sub>3</sub> 31 <sub>1</sub> 1 * 990 P		000 0 TOTA		2,534,854.	CHU BANIFES	\$5-04-19-WEB-2589-1						
	1 1	T	1017	T	6,631,746.	0.1	545,768.	67,464					
1	* GRAND	TOTA	ь 990	PAG	E 10 DEPR								
					13,709,700.	0.	546,298.	67,46					
	<b>I</b> 1 1		T										
ace/le			es de la		HIS SEARCH IN A SE	Carlo volto vis	VIETNAME BUILDING	SHIP OF STREET					
					William Consultation	PROBLEM ST	ASSESS TO BURE	CONTRACT TO SE					
XIII G	<b>经基本股份</b>	P S			THE WAY TO SERVE	Manual Control							
	1.1		10000	7003	THE RESERVE OF THE PERSON OF	EAGRICE (FEE)		Marketo Cres					
	1.1	T											
						106500000							
	1.1				programme assets		OCCUPATION OF THE P						
	11												
	Reserved to	100	gal 990E	DIVERS.	Indicates the Par								
			P. L. HEED										
	11												
7. 2													
		-		100			Market Company of	LOCAL AT MITT					
		Walter P.		K.V.	La contraction of the second			Phase III IVe					
			Starte.				AVERSE AND LAKE I	Mind to be a feet					
	1 0												
TI NO	THE COLUMN	rest of	SEINX	ST	The second second	Contribution and 1	relieve to the fill						
		134	16/1/m	1417.	VILLEY IN LEGICAL S	CONTRACTOR OF	Male a March	I FILL WICHEL					
	<b>1</b> 1 1	1		Т									
	E Toursell		- Ville		exercised (FEEE FOR	TERMINE.							
			J AIR		S. SELEDING.	SHELLING THE	new less than the same of the						
		Т	1										
6261 i-01-13					- Current year section 179	(D) - Asset dispos	ed						

Department of the Treasury Internal Revenue Service Name(s) shown on return

## Depreciation and Amortization

(Including Information on Listed Property) See separate instructions.

Attach to your tax return.

990

OMB No. 1545-0172

BOYS' AND GIRLS' CLUBS OF THE EMERALD COAST, INC. FORM 990 PAGE 10 59-1267050 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 500,000. 2 Total cost of section 179 property placed in service (see instructions) 2 2,000,000. Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1, if zero or less, enter -0-. If married filling separately, see instructions (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 7 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 54,552 16 Other depreciation (including ACRS) Part III | MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (e) Convention (d) Depreciation deduction 19a 3-year property b 5-year property 7-year property C 10-year property d 15-year property e 20-year property 25-year property 25 yrs. g S/L 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV | Summary (See instructions.) 12,912. 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21, 67,464. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

24a Do you have evidence to support the business/investment use claimed? X Yes

Form 4562 (2013)

OF THE EMERALD COAST, INC.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

24	<ul> <li>Do you have evidence to</li> </ul>	support the bu	planter in the later of the lat	ent use cla	aimed?	X Ye	es	No	24b If 'Y	es," is th	e evide	nce writt	en? X	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta	ot	(d) Cost or her basis		(e) is for depri siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation iction		
25	Special depreciation al													RANG	Z II
	used more than 50% in	n a qualified b	usiness use	0000000	U DO TOSSON						25				
26	Property used more that	an 50% in a c	ualified busin	ess use:	() 										
		8.3	9	%											
_		10 34	9	16											
-	PATEMENT 1	1 10 11		%								12,	912.		
27	Property used 50% or	less in a qual	fied business	use:											
				%						S/L -					
			0.9	6						S/L ·					
_				%						S/L -			CARSON I		
	Add amounts in column												912.		11111
29	Add amounts in column	n (i), line 26. E	nter here and	on line	7, page 1	Limo						econocomin	29		
	mplete this section for v your employees, first an														
30	O Total business/investment miles driven during the				ark(50) from 1 ark		o) nicle	(c) e Vehicle		(d) Vehicle		(e) Vehicle		(f Veh	3757-51
	year (do not include com			_ CF	D D 7	) m **	OM.		TINTO						
	Total commuting miles Total other personal (no	oncommuting	) miles	SE	E PA	RT V	STA	TEM	ENT						
33	Total miles driven durin Add lines 30 through 3	ig the year.													
34	Was the vehicle available during off-duty hours?	ole for person		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used p	orimarily by a	more												
	than 5% owner or relat														
36	Is another vehicle avail use?														
	swer these questions to		<ul> <li>Questions to you meet an e</li> </ul>		5-7-50 0-10 0-1								e not m	ore than	5%
-	ners or related persons.  Do you maintain a writt								030000000000000000000000000000000000000	10 11 11 10 10 10 10 10 10 10 10 10 10 1				Yes	No
38	employees? Do you maintain a writt employees? See the in	en policy stat		ohibits p	ersonal (	use of v	ehicles,	excep	t commut	ing, by y	our				5.
39	Do you treat all use of	vehicles by a	nniovees as n	ersonal	use?	iouis, u	n octors	, 01 170	or more	Owners					
40	Do you provide more the	nan five vehic	les to your em	ployees	, obtain ir	nformat	ion from	your (	emplayee	s about					
	the use of the vehicles	, and retain th	e information	received	17								200000000000000000000000000000000000000	15	
41	Do you meet the requir	ements conc	eming qualifie	d autom	obile den	nonstra	tion use	97		90.00					
<u> </u>	Note: If your answer to	37, 38, 39, 4	u, or 41 is 'Ye	s, do no	ot comple	te Sect	tion B fo	or the c	covered ve	hicles.				100	
P	art VI   Amortization			/h)	r -	1-1		-	1.45		7-1			10	
	(a) Description	of costs	Cate	(b) amortization begins		(c) Amortizab amount	ole		(d) Code section		(e) Amortiza penad or per	itian .	Ar fo	(f) nortization r this year	
42	Amortization of costs to	hat begins du	ring your 201	3 tax yea	ar:										
		2.00.1										- 3			
				i i											
43	Amortization of costs t	hat began be	fore your 2013	3 tax yea	r	a mercen			1000001/000107	vanotniki inte	0.00000000	43			
	Total. Add amounts in									147224444		44			

FORM 4562, P	ART V	LISTED	PROPERTY	INFORMAT	OM-MO	RE THA	N 5	0% STATEM	ENT
(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/C		(H) (DEDUCTION E	I) 179 LECTED
(J) (K) AUTO TOTAL NO MILES		ESS CO	(M) MMUTING PI MILES	(N) ERSONAL MILES	(O) WAS VE AVAIL. Y N	H. > ? OWN	) 5% IER? N		
EXPRESS VAN	05/22/01	100.00	26,264.	26,264.	5.00	SL -	НУ	34547	_
2002 VAN - PPA	07/17/02	100.00	24,050.	24,050.	5.00	SL -	НУ		
VEHICLES - 2005	06/30/05	100.00	108,380.	108,380.	5.00	SL -	НҮ		
2010 FORD E-350SD VAN	01/28/10	100.00	33,116.	33,116.	5.00	SL -	НҮ	1,875.	
2006 ELDORADO AERO ELITE	08/06/10	100.00	47,000.	47,000.	5.00	SL -	нү	1,875.	
FORD VAN	02/01/10	100.00	20,996.	20,996.	5.00	SL -	HY		
FORD EXPLORER	02/01/10	100.00	2,175.	2,175.	5.00	SL -	нч		
CHEVY VAN	02/01/10	100.00	20,200.	20,200.	5.00	SL -	НҮ	1,875.	
2014 THOMAS 77	08/29/13	100210 12011	202020	2022					
PASSENGER		100.00	109,311.	109,311.	5.00	SL -	HY	7,287.	
TOTAL TO FOR	M 4562, 1	PART V,	LINE 26					12,912.	