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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2009

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the **2009** calendar year, or tax year beginning and ending

|   |  |  |
|---|--|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>NAIOP - NORTHEAST FLORIDA CHAPTER</b><br>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br><b>P. O. BOX 10681</b><br>City or town, state or country, and ZIP + 4<br><b>JACKSONVILLE, FL 32247-0681</b> | <b>D</b> Employer identification number<br><b>59-2551921</b> |
|   | <b>E</b> Telephone number<br><b>904-730-8075</b>   |  |
|   | <b>F</b> Group Exemption Number  |  |
|   | <b>G</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br>Other (specify)   |  |

**I** Website: **NAIOPNEFL.COM**

**J** Tax-exempt status (check only one) -  501(c) ( 6 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 200902.**

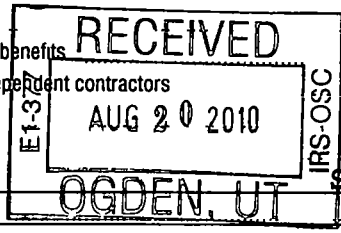
## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

|            |   |  |         |         |
|------------|---|--|---------|---------|
| Revenue    | 1   | Contributions, gifts, grants, and similar amounts received   | 1       | 66101.  |
|            | 2   | Program service revenue including government fees and contracts  | 2       |         |
|            | 3   | Membership dues and assessments  | 3       | 30525.  |
|            | 4   | Investment income  | 4       | 1386.   |
|            | 5a  | Gross amount from sale of assets other than inventory  | 5a      |         |
|            | 5b  | Less: cost or other basis and sales expenses   | 5b      |         |
|            | 5c  | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)  | 5c      |         |
|            | 6   | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>       |         |         |
|            | 6a  | Gross revenue (not including \$ _____ of contributions reported on line 1)   | 6a      | 102890. |
|            | 6b  | Less: direct expenses other than fundraising expenses  | 6b      | 89886.  |
| 6c         | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c   | 13004.  |         |
| 7a         | Gross sales of inventory, less returns and allowances                                   | 7a   |         |         |
| 7b         | Less: cost of goods sold  | 7b   |         |         |
| 7c         | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)          | 7c   |         |         |
| 8          | Other revenue (describe _____)  | 8  |         |         |
| 9          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                           | 9  | 111016. |         |
| Expenses   | 10  | Grants and similar amounts paid (attach schedule) <b>STMT 3 STMT 2</b>   | 10      | 32744.  |
|            | 11  | Benefits paid to or for members  | 11      |         |
|            | 12  | Salaries, other compensation, and employee benefits  | 12      |         |
|            | 13  | Professional fees and other payments to independent contractors  | 13      | 30865.  |
|            | 14  | Occupancy, rent, utilities, and maintenance  | 14      |         |
|            | 15  | Printing, publications, postage, and shipping  | 15      | 243.    |
|            | 16  | Other expenses (describe _____)  | 16      | 26766.  |
|            | 17  | <b>Total expenses.</b> Add lines 10 through 16   | 17      | 90618.  |
| Net Assets | 18  | Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18      | 20398.  |
|            | 19  | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19      | 278992. |
|            | 20  | Other changes in net assets or fund balances (attach explanation)  | 20      |         |
|            | 21  | Net assets or fund balances at end of year. Combine lines 18 through 20  | 21      | 299390. |

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

|   | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments   | 278992.               | 299390.         |
| 23 Land and buildings   |                       |                 |
| 24 Other assets (describe _____)  |                       |                 |
| 25 <b>Total assets</b>  | 278992.               | 299390.         |
| 26 <b>Total liabilities</b> (describe _____)  | 0.                    | 0.              |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 278992.               | 299390.         |

SCANNED SEP 17 2010



GS 17



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

|     |  | Yes | No  |
|-----|--|-----|-----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   |     | X   |
| 34  | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes   |     | X   |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.   |     |     |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?   |     | X   |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?   | N/A |     |
| 36  | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N  |     | X   |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a</span> <u>0.</u>   |     |     |
| b   | Did the organization file Form 1120-POL for this year?   |     | X   |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?   |     | X   |
| b   | If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span> <u>N/A</u>   |     |     |
| 39  | Section 501(c)(7) organizations. Enter:  |     |     |
| a   | Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span> <u>N/A</u>   |     |     |
| b   | Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span> <u>N/A</u>  |     |     |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:<br>section 4911 <span style="float:right">▶</span> <u>N/A</u> ; section 4912 <span style="float:right">▶</span> <u>N/A</u> ; section 4955 <span style="float:right">▶</span> <u>N/A</u>  |     |     |
| b   | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 |     | N/A |
| c   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <u>N/A</u>  |     |     |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <u>N/A</u>  |     |     |
| e   | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   |     | X   |
| 41  | List the states with which a copy of this return is filed. <span style="float:right">▶</span> <u>NONE</u>  |     |     |
| 42a | The organization's books are in care of <span style="float:right">▶</span> <u>JOE NEWELL, TREASURER</u> Telephone no. <span style="float:right">▶</span> <u>904-353-6500</u><br>Located at <span style="float:right">▶</span> <u>701 W ADAMS ST, JACKSONVILLE, FL</u> ZIP + 4 <span style="float:right">▶</span> <u>32204</u>  |     |     |
| b   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   |     | X   |
|     | If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |     |
| c   | At any time during the calendar year, did the organization maintain an office outside of the U.S.?<br>If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____  |     | X   |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <u>43</u> <u>N/A</u>   |     |     |
| 44  | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ   |     | X   |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ  |     | X   |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 2 columns: Yes, No. Rows 46, 47, 48, 49a, 49b.

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Content: N/A

- f Total number of other employees paid over \$100,000
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Content: N/A

- d Total number of other independent contractors each receiving over \$100,000

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: R. Joseph Newell, Date: 8/16/2010, Type or print name and title: R. JOSEPH NEWELL, TREASURER

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 8-11-10, Check if self-employed: [ ], Preparer's identifying number (See instr.): [ ], Firm's name (or yours if self-employed), address, and ZIP + 4: TAYLOR WAINIO & NEVILLE, P.A., 320 HIGH TIDE DR., SUITE 201, ST. AUGUSTINE, FL 32080-2309, EIN: [ ], Phone no.: 904-484-5008

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1  | (b) Event #2 | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |           |
|-----------------|----|---|--------------|---------------------|--|-----------|
|                 |    | SPRING &<br>FALL GOLF TOBUS TOUR<br>(event type)            | (event type) | 4<br>(total number) |  |           |
| Revenue         | 1  | Gross receipts  | 54960.       | 34370.              | 13560.   | 102890.   |
|                 | 2  | Less: Charitable contributions                              |              |                     |  |           |
|                 | 3  | Gross income (line 1 minus line 2)                          | 54960.       | 34370.              | 13560.   | 102890.   |
| Direct Expenses | 4  | Cash prizes   |              |                     |  |           |
|                 | 5  | Noncash prizes  | 6184.        | 1101.               |  | 7285.     |
|                 | 6  | Rent/facility costs   | 33638.       |                     | 13834.   | 47472.    |
|                 | 7  | Food and beverages  | 431.         |                     |  | 431.      |
|                 | 8  | Entertainment   |              |                     |  |           |
|                 | 9  | Other direct expenses                                       | 3200.        | 13474.              | 18024.   | 34698.    |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d) |              |                     |  | ( 89886 ) |
|                 | 11 | Net income summary. Combine line 3, column (d), and line 10 |              |                     |  | 13004.    |

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c))                 |     |
|-----------------|---|---|---|---|---|-----|
|                 |   |   |   |   |   |     |
| Revenue         | 1 | Gross revenue   |   |   |   |     |
|                 | 2 | Cash prizes   |   |   |   |     |
| Direct Expenses | 3 | Noncash prizes  |   |   |   |     |
|                 | 4 | Rent/facility costs   |   |   |   |     |
|                 | 5 | Other direct expenses   |   |   |   |     |
|                 | 6 | Volunteer labor   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |     |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)       |   |   |   | ( ) |
|                 | 8 | Net gaming income summary. Combine line 1, column (d), and line 7 |   |   |   |     |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

b If "Yes," explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers? \_\_\_\_\_

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? \_\_\_\_\_

|     | Yes | No |
|-----|-----|----|
| 9a  |     |    |
| 10a |     |    |
| 11  |     |    |
| 12  |     |    |

**13** Indicate the percentage of gaming activity operated in:

|                               |            |   |
|-------------------------------|------------|---|
| a The organization's facility | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

|     | Yes | No |
|-----|-----|----|
| 13  |     |    |
| 14  |     |    |
| 15a |     |    |
| 16  |     |    |
| 17a |     |    |

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

| DESCRIPTION                   | AMOUNT |
|-------------------------------|--------|
| TELEPHONE                     | 1289.  |
| WEBSITE HOSTING/UPDATES       | 1192.  |
| MEETINGS EXPENSE              | 9905.  |
| CONFERENCES/CONVENTIONS       | 6983.  |
| T-SHIRTS/MISC.                | 520.   |
| BANK/CREDIT CARD SERVICES     | 1081.  |
| SUPPLIES                      | 840.   |
| HOMETOWN DEMOCRACY EXPENSES   | 2500.  |
| NAME BADGES                   | 2456.  |
| TOTAL TO FORM 990-EZ, LINE 16 | 26766. |



|   |     |               |
|---|-----|---------------|
| CHARITABLE DONATIONS<br>BOYS AND GIRLS CLUBS N E FL<br>1300 RIVERPLACE BLVD<br>JACKSONVILLE, FL 32207 | N/A | 577.          |
| CHARITABLE DONATIONS<br>AMERICAN DIABETES ASSOC.<br>1701 N BEAUREGARD ST<br>ALEXANDRIA, VA 22311      | N/A | 1000.         |
| CHARITABLE DONATIONS<br>PINE CASTLE INC<br>4911 SPRING PARK RD<br>JACKSONVILLE, FL 32207              | N/A | 386.          |
| SCHOLARSHIPS  | N/A | 1250.         |
| SCHOLARSHIPS  | N/A | 2500.         |
| CHARITABLE DONATIONS<br>JAX PRIDE<br>220 E FORSYTH ST<br>JACKSONVILLE, FL 32202                       | N/A | 2000.         |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10  |     | <u>18284.</u> |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

NAIOP - NORTHEAST FLORIDA CHAPTER IS A REGIONAL CHAPTER OF THE NATIONAL ASSOCIATION OF INDUSTRIAL AND OFFICE PARKS. IT PROVIDES EDUCATION, NETWORKING AND COMMUNICATION, AND PROMOTES PUBLIC POLICY FOR COMMERCIAL REAL ESTATE PROFESSIONALS IN NORTHEAST FLORIDA. ITS MEMBERS PROMOTE RESPONSIBLE AND SUSTAINABLE DEVELOPMENT THAT CREATES JOBS. THE NAIOP SUPPORTS DIVERSITY WITHIN THE INDUSTRY.

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

|   |  |   |
|---|--|---|
| <b>Part II</b> Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). |  |   |
| Type or print<br>File by the extended due date for filing the return. See instructions.                         | Name of Exempt Organization<br><b>NAIOP - NORTHEAST FLORIDA CHAPTER</b>  | Employer identification number<br><b>59-2551921</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>P. O. BOX 10681</b>                               | For IRS use only                                    |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>JACKSONVILLE, FL 32247-0681</b> |   |

Check type of return to be filed (File a separate application for each return):

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041-A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

**JOE NEWELL, TREASURER**

• The books are in the care of **▶ 701 W ADAMS ST - JACKSONVILLE, FL 32204**

Telephone No. **▶ 904-353-6500**

FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUIRED TO COMPILE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

|    |   |    |               |
|----|---|----|---------------|
| 8a | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | 8a | \$            |
| b  | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$            |
| c  | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | 8c | \$ <b>N/A</b> |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ *[Handwritten Signature]*** Title **▶ CPA**

Date **▶ 8-7-10**