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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
Inspection

Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

A For the 2011 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
**NAIOP OF NORTHEAST FLORIDA, INC.
 FORMERLY NAIOP - NORTHEAST FL CHAPTER**
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. BOX 10681
 City or town, state or country, and ZIP + 4
JACKSONVILLE, FL 32247-0681

D Employer identification number
59-2551921

E Telephone number
904-730-8075

F Group Exemption Number **▶**

G Accounting Method: Cash Accrual Other (specify) **▶**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **▶ NAIOPNEFL.COM**

J Tax-exempt status (check only one) - 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

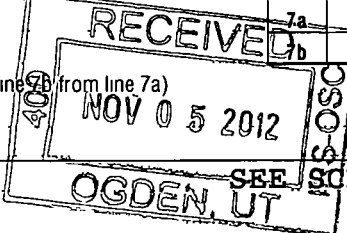
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 171468.**

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

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	65705.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	22523.
	4 Investment income	4	1122.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	82118.
	c Less: direct expenses from gaming and fundraising events	6c	66278.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15840.
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	105190.
10 Grants and similar amounts paid (list in Schedule O)	10	16710.	
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	45065.	
14 Occupancy, rent, utilities, and maintenance	14		
15 Printing, publications, postage, and shipping	15	137.	
16 Other expenses (describe in Schedule O)	16	59281.	
17 Total expenses. Add lines 10 through 16	17	121193.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-16003.	
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	238287.	
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	222284.	



SCANNED BY 707

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NAIOP OF NORTHEAST FLORIDA, INC.
FORMERLY NAIOP - NORTHEAST FL CHAPTER

Part II Balance Sheets. (see the instructions for Part II.)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	238287.	22	222284.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	238287.	25	222284.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	238287.	27	222284.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
 Check if the organization used Schedule O to respond to any question in this Part III **Expenses**
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 CHAPTER MEETINGS PROVIDE EDUCATIONAL AND NETWORKING OPPORTUNITIES FOR NORTHEAST FLORIDA PROFESSIONALS IN THE COMMERCIAL AND INDUSTRIAL REAL ESTATE INDUSTRY. (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	29259.
29 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	29259.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
CHUCK WHITE, 10407 CENTURIAN PKWAY #110, JACKSONVILLE, FL 32256	DIRECTOR 0.20	0.	0.	0.
OLIVER BARAKAT 225 WATER ST, JACKSONVILLE, FL 32202	DIRECTOR 0.50	0.	0.	0.
ERIK SHARPE 950 E BAY ST, JACKSONVILLE, FL 32202	PAST PRES./DIR. 0.50	0.	0.	0.
JOSEPH NEWELL, 701 W ADAMS ST, JACKSONVILLE, FL 32204	TREASURER 0.50	0.	0.	0.
KARL HANSON, 10151 DEERWOOD PARK BLVD, JACKSONVILLE, FL 32256	PRESIDENT 0.50	0.	0.	0.
KATE CLIFFORD, 484 JACKSONVILLE DR., JACKSONVILLE, FL 32250	DIRECTOR 0.20	0.	0.	0.
JEFF CONN, 6675 CORP. CTR PKWAY, STE 100, JACKSONVILLE, FL 32216	DIRECTOR 0.20	0.	0.	0.
MIKE HEISE, 4875 BELFORT RD, STE 110, JACKSONVILLE, FL 32256	DIRECTOR 0.20	0.	0.	0.
RYAN FOSTER, 2900 HARTLEY RD, JACKSONVILLE, FL 32257	SEC. 0.50	0.	0.	0.
PETER ANDERSON, 4102 BULLS BAY HWAY, JACKSONVILLE, FL 32219	DIRECTOR 0.20	0.	0.	0.
GORDON W STEADMAN JR, 701 W ADAMS ST, JACKSONVILLE, FL 32204	PRES. ELECT 0.50	0.	0.	0.
JIM SEBESTA, 10739 DEERWOOD PK BLVD #103, JACKSONVILLE, FL 32256	DIRECTOR 0.20	0.	0.	0.

NAIOP OF NORTHEAST FLORIDA, INC.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	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 tax year covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9	39a	N/A
39b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
40c	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		N/A
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
40e	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	40e	X
41	List the states with which a copy of this return is filed. <input type="checkbox"/> NONE		
42a	The organization's books are in care of <input type="checkbox"/> JOE NEWELL, TREASURER Telephone no. <input type="checkbox"/> 904-353-6500 Located at <input type="checkbox"/> 701 W ADAMS ST, JACKSONVILLE, FL ZIP + 4 <input type="checkbox"/> 32204		
42b	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)? If "Yes," enter the name of the foreign country: <input type="checkbox"/>	42b	X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	X
43	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <input type="checkbox"/>		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
44c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

NAIOP OF NORTHEAST FLORIDA, INC.
FORMERLY NAIOP - NORTHEAST FL CHAPTER

Form 990-EZ (2011)

59-2551921

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		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	b If "Yes," was the related organization a section 527 organization?	49b	

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."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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." **N/A**

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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

Sign Here

Signature of officer: *Fredrick J. Wainio* Date: *10/24/2011*

Type or print name and title: *Fredrick J. Wainio, Treasurer*

Paid Preparer Use Only	Print/Type preparer's name FREDRICK J. WAINIO JR.	Preparer's signature <i>Fredrick J. Wainio</i>	Date <i>10-18-12</i>	Check <input type="checkbox"/> if self-employed	PTIN P00120169
	Firm's name ▶ TAYLOR & WAINIO, P.A.			Firm's EIN ▶ 59-3463463	
	Firm's address ▶ 2450 OLD MOULTRIE RD, STE. 201 ST. AUGUSTINE, FL 32086-3100			Phone no. 904-484-5008	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

NAIOP OF NORTHEAST FLORIDA, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SPRING & FALL GOLF TO (event type)	NAIOP AWARDS DINNER (event type)	4 (total number)		
Revenue	1	Gross receipts	44757.	9675.	27686.	82118.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	44757.	9675.	27686.	82118.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	2632.			2632.
	6	Rent/facility costs	17386.	9521.	3030.	29937.
	7	Food and beverages			3709.	3709.
	8	Entertainment				
	9	Other direct expenses	5851.	15368.	8781.	30000.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(66278)
11	Net income summary. Combine line 3, column (d), and line 10				15840.	

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add 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 _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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Name of the organization	NAIOP OF NORTHEAST FLORIDA, INC. FORMERLY NAIOP - NORTHEAST FL CHAPTER	Employer identification number 59-2551921
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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	1122.

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: NAIOP OF FLORIDA

AFFILIATE ADDRESS: 6107 B MEMORIAL HWY TAMPA, FL 33615

PURPOSE OF PAYMENT: STATE DUES

AMOUNT OF PAYMENT: 13585.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CHARITABLE DONATIONS

GRANTEE NAME: DANIEL FOUNDATION INC

GRANTEE ADDRESS: 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 32216

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 03/16/11

AMOUNT GIVEN: 2125.

ACTIVITY CLASSIFICATION: CHARITABLE DONATIONS

GRANTEE NAME: WOUNDED WARRIOR PROJECT

GRANTEE ADDRESS: 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256

GRANTEE RELATIONSHIP: N/A

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 07/24/11

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011
Open to Public
Inspection

Name of the organization **NAIOP OF NORTHEAST FLORIDA, INC.**
FORMERLY NAIOP - NORTHEAST FL CHAPTER Employer identification number
59-2551921

AMOUNT GIVEN: 1000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 3125.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: **AMOUNT:**

WEBSITE HOSTING/UPDATES 2038.

MEETINGS EXPENSE 29259.

CONFERENCES/CONVENTIONS 6251.

INSURANCE 2500.

CREDIT CARD SERVICES 1944.

SUPPLIES 912.

NAME BADGES 908.

OTHER ADMIN EXPENSES 4466.

PUBLIC RELATIONS 8250.

BANK CHARGES 103.

DUES 2650.

TOTAL TO FORM 990-EZ, LINE 16 59281.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - 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.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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Department of the Treasury
Internal Revenue Service

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.

Name of the organization

NAIOP OF NORTHEAST FLORIDA, INC.
FORMERLY NAIOP - NORTHEAST FL CHAPTER

Employer identification number

59-2551921

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.