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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2012

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 2012 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**

**D** Employer identification number  
**59-2551921**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P. O. BOX 10681**

**E** Telephone number  
**904-730-8075**

City or town, state or country, and ZIP + 4  
**JACKSONVILLE, FL 32247-0681**

**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

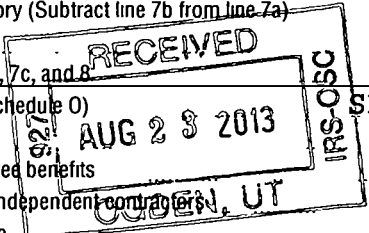
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the 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 **▶ \$ 170648.**

**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		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	73213.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	21001.
	4 Investment income	4	1508.
	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	74926.
	c Less: direct expenses from gaming and fundraising events	6c	73567.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	1359.
	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 <b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97081.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	18340.
	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	43873.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	198.
	16 Other expenses (describe in Schedule O)	16	55223.
	17 <b>Total expenses.</b> Add lines 10 through 16	17	117634.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-20553.
Net Assets	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	222284.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	201731.



SCANNED SEP 11 2013

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NAIOP OF NORTHEAST FLORIDA, INC.

**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	222284.22	201731.
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	222284.25	201731.
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)	222284.27	201731.

**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

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.

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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	19943.
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	19943.

**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 title	(b) 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
TRACI JENKS PRES. ELECT/DIRECTOR	0.50	0.	0.	0.
OLIVER BARAKAT DIRECTOR	0.20	0.	0.	0.
ERIK SHARPE DIRECTOR	0.20	0.	0.	0.
JOSEPH NEWELL TREASURER	0.50	0.	0.	0.
KARL HANSON VICE-PRES/DIR.	0.20	0.	0.	0.
WYMAN DUGGAN DIRECTOR	0.20	0.	0.	0.
JEFF CONN DIRECTOR	0.20	0.	0.	0.
MIKE HEISE DIRECTOR	0.20	0.	0.	0.
PETER ANDERSON DIRECTOR	0.20	0.	0.	0.
GORDON W STEADMAN JR PRESIDENT	0.50	0.	0.	0.
JIM SEBESTA 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?	38a	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"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
42c	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"/>	42c	X
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 <input type="checkbox"/> 43 N/A	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 (2012)

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	<b>Yes</b>	<b>No</b>
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	<b>X</b>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

	<b>Yes</b>	<b>No</b>
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	
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 title of each employee paid more than \$100,000	(b) 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 ▶

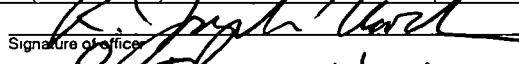
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A


(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.

<b>Sign Here</b>	Signature of officer 	Date <b>8/13/2013</b>
	Type or print name and title <b>R. JOSEPH NOWEN, TREASURER</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature 	Date <b>8-5-13</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00120169</b>
	Firm's name	▶ <b>FREDRICK J WAINIO CPA P.L.</b>		Firm's EIN	▶ <b>35-2463333</b>
	Firm's address	▶ <b>P O BOX 3623 ST AUGUSTINE, FL 32085-3623</b>		Phone no.	<b>904-586-8674</b>

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))	
		FALL GOLF TOURNAMENT (event type)	DOWNTOWN TOUR & TASTI (event type)	4 (total number)		
Revenue	1	Gross receipts	50595.	8760.	15571.	74926.
	2	Less Contributions				
	3	Gross income (line 1 minus line 2)	50595.	8760.	15571.	74926.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	2588.			2588.
	6	Rent/facility costs	19999.	1530.	12811.	34340.
	7	Food and beverages	324.	1352.	3568.	5244.
	8	Entertainment				
	9	Other direct expenses	3674.	2052.	25669.	31395.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 73567 )
	11	Net income summary. Combine line 3, column (d), and line 10				1359.

**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				
Revenue	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

**2012**

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

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: AMOUNT:  
INTEREST INCOME 1508.

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: 13520.

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: 04/11/12  
AMOUNT GIVEN: 3000.

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: 12/10/12

**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

**2012**

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:** **820.**

**ACTIVITY CLASSIFICATION: CHARITABLE DONATIONS**

**GRANTEE NAME: FLORIDA BALLETT**

**GRANTEE ADDRESS: 300 E. STATE ST., STE. E JACKSONVILLE, FL 32202**

**GRANTEE RELATIONSHIP: N/A**

**PROPERTY DESCRIPTION: CASH**

**DATE OF GIFT: 12/18/12**

**AMOUNT GIVEN:** **1000.**

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10** **4820.**

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

**DESCRIPTION OF OTHER EXPENSES:** **AMOUNT:**

**WEBSITE HOSTING/UPDATES** **139.**

**MEETINGS EXPENSE** **19943.**

**CONFERENCES/CONVENTIONS** **7714.**

**INSURANCE** **2647.**

**CREDIT CARD SERVICES** **1891.**

**SUPPLIES** **772.**

**NAME BADGES** **783.**

**PUBLIC RELATIONS** **15600.**

**BANK CHARGES** **237.**

**OTHER EXPENSES** **5497.**

**TOTAL TO FORM 990-EZ, LINE 16** **55223.**

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - NAIOP - NORTHEAST FLORIDA**

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

Schedule O (Form 990 or 990-EZ) (2012)

**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

**2012**

Open to Public  
Inspection

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

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.

## Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NAIOP - NORTHEAST FLORIDA CHAPTER	59-2551921
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	P. O. BOX 10681	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	JACKSONVILLE, FL 32247-0681	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ JOE NEWELL, 701 W ADAMS ST, ST AUGUSTINE, 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 12 or

▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return

Change in accounting period

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions