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Form 990-EZ

Short Form

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 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NAIOP OF NORTHEAST FLORIDA INC
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 province, country, and ZIP or foreign postal code: JACKSONVILLE, FL 322470681

D Employer identification number: 59-2551921
E Telephone number: (904) 730-8075
F Group Exemption Number

G Accounting Method: [X] 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) [X] 501(c)(6) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 177,069

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 [X]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 87,000 to 214,079.

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	190,828	22 214,079
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	190,828	25 214,079
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)	190,828	27 214,079

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, optional for others)

What is the organization's 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

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 \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	27,378
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) <input type="checkbox"/>	32	27,378

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 DIRECTOR	0 20	0	0	0
WYMAN DUGGAN PAST PRES /DIRECTOR	0 50	0	0	0
DAVE WHITE TREASURER	0 50	0	0	0
CHRISTIAN HARDEN PRES ELECT/DIRECTOR	0 50	0	0	0
TERESA DURAND-STUEBBEN DIRECTOR	0 20	0	0	0
SHARI CHANELY DIRECTOR	0 20	0	0	0
JULIE BOHN DIRECTOR	0 20	0	0	0
PETER ANDERSON PRES /DIRECTOR	0 50	0	0	0

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 Schedule O to respond to any question in this Part V

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

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

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

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 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 5 columns: (a) Name and title of each employee, (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

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 business address of each independent contractor, (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 must attach a completed Schedule A

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 (DAVE WHITE TREASURER) and Date (2015-08-10)

Paid Preparer Use Only: Print/Type preparer's name (FREDRICK J WAINIO JR), Preparer's signature, Date, Check self-employed, PTIN (P00120169), Firm's name (NEVILLE BREIDENSTEIN WAINIO CPAS), Firm's EIN (45-4074045), Firm's address (PO BOX 1583, SAINT AUGUSTINE, FL 32085), Phone no (904) 586-0048

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2014

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization NAIOP OF NORTHEAST FLORIDA INC

Employer identification number 59-2551921

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes rows 1-10 and a Total row.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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
		<u>FALL GOLF TOURNAMENT</u> (event type)	<u>DOWNTOWN TOUR & TASTING</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	42,907	20,600	460	63,967
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	42,907	20,600	460	63,967
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	20,476			20,476
	7 Food and beverages		5,787		5,787
	8 Entertainment				
	9 Other direct expenses	5,788	5,285		11,073
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					26,631

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash 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 Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activities conducted in

a The organization's facility	13a	%
b An outside facility	13b	%

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? Yes 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 ▶ \$ _____

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? Yes No

b Enter the amount of distributions required under state law distributed 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 by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
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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.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
NAIOP OF NORTHEAST FLORIDA INC

Employer identification number

59-2551921

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST INCOME AMOUNT 842
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 14,235
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CHARITABLE DONATIONS GRANTEE NAME DANIEL FOUNDATION INC GRANTEE E ADDRESS 4203 SOUTHPOINT BLVD JACKSONVILLE, FL 32216 GRANTEE RELATIONSHIP N/A PROPERTY DESCRIPTION CASH DATE OF GIFT 04/19/14 AMOUNT GIVEN 4,307
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CHARITABLE DONATIONS GRANTEE NAME FLORIDA BALLET GRANTEE ADDRESS 300 E STATE ST, STE E JACKSONVILLE, FL 32202 GRANTEE RELATIONSHIP N/A PROPERTY DESCRIPTION CASH DATE OF GIFT 07/01/14 AMOUNT GIVEN 693 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5,000
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION WEBSITE HOSTING/UPDATES AMOUNT 2,130 DESCRIPTION MEETINGS EXPENSE AMOUNT 27,378 DESCRIPTION CONFERENCES/CONVENTIONS AMOUNT 8,769 DESCRIPTION INSURANCE AMOUNT 3,513 DESCRIPTION CREDIT CARD SERVICES AMOUNT 2,283 DESCRIPTION SUPPLIES AMOUNT 785 DESCRIPTION NAME BADGES AMOUNT 762 DESCRIPTION PUBLIC RELATIONS AMOUNT 4,620 DESCRIPTION OTHER EXPENSES AMOUNT 475 DESCRIPTION DEVELOPING LEADERS EVENTS AMOUNT 115 DESCRIPTION BANK CHARGES AMOUNT 3 TOTAL TO FORM 990-EZ, LINE 16 50,833

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: NAIOP OF NORTHEAST FLORIDA INC

EIN: 59-2551921

Declaration: 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.