

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
 Jacksonville Regional Chamber of Commerce Inc
 Commerce Inc

Number and street (or P O box if mail is not delivered to street address) Room/suite
 3 Independent Drive

City or town, state or country, and ZIP + 4
 Jacksonville, FL 32202

D Employer identification number
 59-0306160

E Telephone number
 (904) 366-6631

F Accounting method Cash Accrual
 Other (specify) ▶

◆ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Web site: ▶ www.myjaxchamber.com

J Organization type (check only one) ▶ 501(c) (6) ◀ (insert no) 4947(a)(1) or 527

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 8,718,310

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates ▶ _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ _____

M Check if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)


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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		1,025,987	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ <u>931,468</u> noncash \$ <u>94,519</u>)	1e			1,025,987
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			2,793,719
	3 Membership dues and assessments	3			3,535,082
	4 Interest on savings and temporary cash investments	4			52,407
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less rental expenses	6b			
c Net rental income or (loss) subtract line 6b from line 6a	6c				
7 Other investment income (describe ▶)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a				
	b Less cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule) If any amount is from gaming , check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			1,311,115	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			8,718,310	
Expenses	13 Program services (from line 44, column (B))	13			
	14 Management and general (from line 44, column (C))	14			
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses Add lines 16 and 44, column (A)	17			9,811,910
18 Excess or (deficit) for the year Subtract line 17 from line 12	18			-1,093,600	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			7,839,738	
20 Other changes in net assets or fund balances (attach explanation)	20			0	
21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			6,746,138	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a 715,054			
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26 3,406,652			
27 Pension plan contributions not included on lines 25a, b and c	27 267,289			
28 Employee benefits not included on lines 25a - 27	28 234,370			
29 Payroll taxes	29 289,694			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 115,905			
34 Telephone	34 103,958			
35 Postage and shipping	35 84,660			
36 Occupancy	36 144,284			
37 Equipment rental and maintenance	37 513,832			
38 Printing and publications	38 255,524			
39 Travel	39 1,146,264			
40 Conferences, conventions, and meetings	40 162,683			
41 Interest	41 3,089			
42 Depreciation, depletion, etc (attach schedule) 	42 169,683			
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 9,811,910			

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? ▶ The primary purpose of the Jacksonville Regional Chamber of Commerce is to lead regional economic development by supporting the growth of area businesses, helping to attract and establish new businesses by fostering a healthy and inclusive business environment. Moreover, it improves quality of life through responsible sustained leadership on community and regional issues of relevance to our members. Program Service Accomplishments include Beaches Development Community Affairs Membership services Government affairs Minority business development New business recruitment International business development Education/Workforce Preparation Existing business development</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
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a SEE STATEMENT 3

(Grants and allocations \$) If this amount includes foreign grants, check here

b _____

(Grants and allocations \$) If this amount includes foreign grants, check here

c _____

(Grants and allocations \$) If this amount includes foreign grants, check here

d _____

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . .

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		410,832	45	380,213	
	46 Savings and temporary cash investments		1,077,235	46	1,119,310	
	47a Accounts receivable	47a	2,250,297			
	b Less allowance for doubtful accounts	47b	136,702	1,572,192	47c	2,113,595
	48a Pledges receivable	48a	5,354,441			
	b Less allowance for doubtful accounts	48b	729,307	5,704,514	48c	4,625,134
	49 Grants receivable				49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)				50b	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			47,552	53	95,920
	54a Investments—publicly-traded securities <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV				54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV				54b	
	55a Investments—land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments—other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	3,017,998			
	b Less accumulated depreciation (attach schedule)	57b	2,007,019	1,142,930	57c	1,010,979
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			1,897,385	58	1,784,318	
59 Total assets (must equal line 74) Add lines 45 through 58			11,852,640	59	11,129,469	
Liabilities	60 Accounts payable and accrued expenses		784,773	60	618,863	
	61 Grants payable			61		
	62 Deferred revenue		3,228,129	62	3,439,468	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	325,000
	65 Other liabilities (describe <input type="checkbox"/> _____)				65	
66 Total liabilities Add lines 60 through 65			4,012,902	66	4,383,331	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		1,820,857	67	1,970,070	
	68 Temporarily restricted		6,018,881	68	4,776,068	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			7,839,738	73	6,746,138
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			11,852,640	74	11,129,469

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	8,718,310
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	8,718,310
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	8,718,310

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	9,811,910
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	9,811,910
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	9,811,910

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	<u>38</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b		No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c		No
d Does the organization have a written conflict of interest policy?	75d	Yes	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	Yes	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		No
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes	
b If "Yes," enter the name of the organization <input type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a		
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		No
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year	85b		No
c Dues assessments, and similar amounts from members	85c	3,535,082	
d Section 162(e) lobbying and political expenditures	85d	116,806	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	212,105	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	-95,299	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		No
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		No
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts, included on line 12, for public use of club facilities	86b		
87 501(c)(12) orgs. Enter a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		No
b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b		No
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0		
d Enter Amount of tax on line 89c, above, reimbursed by the organization			
e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e		
f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f		No
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a List the states with which a copy of this return is filed			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b		69
91a The books are in care of <u>LYNETTE BEITZ</u> Telephone no <u>(904) 366-6631</u> <u>3 INDEPENDENT DR</u> Located at <u>JACKSONVILLE, FL</u> ZIP + 4 <u>32202</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)?	91b	Yes	No
If "Yes," enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Label Sales	511120	10,300			
b Newcomers	511120	4,570			
c Program Service					712,318
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					2,066,531
94 Membership dues and assessments					3,535,082
95 Interest on savings and temporary cash investments			14	52,407	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a AttendanceSponsor			07	1,274,188	
b Royalties			15	36,927	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		14,870		1,363,522	6,313,931
105 Total (add line 104, columns (B), (D), and (E))					7,692,323

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93C	The Chamber WAS ABLE TO PLAN EVENTS TO BRING MEMBERS AND POTENTIAL
& G	MEMBERS TOGETHER TO STIMULATE BUSINESS DEVELOPMENT AND ECONOMIC GROWTH
& 94	IN THE JACKSONVILLE AREA THESE EVENTS ENABLED THE CHAMBER TO BE ABLE TO SUCCESSFULLY DEVELOP PROGRAMS TO EDUCATE AND PREPARE INDIVIDUALS ENTERING THE JACKSONVILLE WORKFORCE, INCREASE MINORITY BUSINESSES, HELP EXISTING BUSINESSES, AND DEVELOP THE INTERNATIONAL BUSINESSES THAT WERE CONSIDERING ENTERING INTO THE JACKSONVILLE AREA \$66 MILLION IN GOVERNMENT CONTRACTS FOR SMALL AND OTHER EXISTING BUSINESSES, 63 NEW BUSINESS STARTED, 1608 ENTREPRENEURS ATTENDED WORKSHOPS AT THE SMALL BUSINESS CENTER, AND 4449 DIRECT JOBS INCLUDING 4,308 HIGH WAY JOBS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities Complete only if the organization is a controlling organization as defined in section 512(b)(13)

				Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

		Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?			

Please 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		2008-07-15 Date
	Walter M Lee III President Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Rob Loverch	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Smoak Davis & Nixon LLP 1514 Nira Street Jacksonville, FL 32207			EIN
					Phone no (904) 396-5831

Additional Data

Software ID:

Software Version:

EIN: 59-0306160

Name: Jacksonville Regional Chamber of Commerce
Commerce Inc

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Marketing	43a	613,192			
b Insurance	43b	9,589			
c Professional Fees	43c	816,508			
d Fees & Taxes	43d	53,212			
e Filing Fees	43e	4,147			
f Auto	43f	24,000			
g Data Processing & Payroll	43g	80,313			
h Bad Debts	43h	108,385			
i Staff Recognition	43i	16,791			
j Transfer program	43j	291,142			
k Recruitment	43k	19,181			
l Professional Development	43l	120,793			
m Subscriptions	43m	41,716			

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Walter M Lee III C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	President 45 00	292,938	10,500	22,447
Jerry Mallot C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Executive Vice President 45 00	252,077	10,500	32,066
Lynette Beitz C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	CFO 45 00	91,602	2,924	0
Dr Steven Wallace C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair 5 00	0	0	0
Ronald Autrey C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair - Elect 5 00	0	0	0
Edward E Burr C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Immediate Past Chair 5 00	0	0	0
Linda Kelso C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	General Counsel 5 00	0	0	0
THOMAS VAN BERKEL c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	TREAsurer 5 00	0	0	0
Beverly Anderson c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair - Beaches 5 00	0	0	0
Kristi Bageant-Epperson C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair - Business Recruitment 5 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

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George Gabel C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair-INTERNATIONAL 5 00	0	0	0
Marty Fiorentino C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair-GOVERNMENT AFFAIRS 5 00	0	0	0
Michael Munz C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair-COMMUNICATIONS 5 00	0	0	0
A Hugh Greene C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair - CornerstoneEcon Develop 5 00	0	0	0
Esther Bullard C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair - Councils 5 00	0	0	0
Bruce Barcelo C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair - Education & Workforce 5 00	0	0	0
Melanie White C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair - Events & Membership 5 00	0	0	0
Robert White C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair - Existing Business 5 00	0	0	0
Michael R Hightower C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	chair - membership 5 00	0	0	0
John Meserve c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	chair - military affairs 5 00	0	0	0

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Sonny Bhikha c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	Chair - small business 5 00	0	0	0
ALVIN BROWN C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	MEMBER-AT-LARGE 5 00	0	0	0
douglas baer c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
michael blaylock c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
carl cannon c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
john clark c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
t r hainline c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
robert w helms c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
leerie jenkins jr c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
Rev Dr Robert V Lee III c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0

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Lisa Vallien Moore c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
michael shalley c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
gregory b smith c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
michael stewart c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
alan stinson c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
cindy stover c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	at-Large Member 5 00	0	0	0
KEITH TICKELL C/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	At-Large Member 5 00	0	0	0
Honorable daniel j davis c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	ex-officio member 5 00	0	0	0
honorable Victoria I drake c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	ex-officio member 5 00	0	0	0
Juan Diaz c/O JACKSONVILLE REGIONAL CHAMBER OF COMMERCE INC 3 INDEPENDENT DRIVE JACKSONVILLE, FL 32202	ex-officio member 5 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
Jacksonville Chamber Foundation Inc	X	
COMMUNITY AND ECONOMIC DEVELOPMENT HOLDINGS INC	X	

TY 2007 Depreciation and Depletion Schedule

Name: Jacksonville Regional Chamber of Commerc
Commerce Inc

EIN: 59-0306160

Asset	Amount
Building and Improvements	112,973
Computer Equipment and software	42,453
Furnitures and fixtures	14,257

TY 2007 Land etc. Schedule

Name: Jacksonville Regional Chamber of Commerc
Commerce Inc

EIN: 59-0306160

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Building and Improvements	1,952,442	1,379,435	573,007
Computer Equipment and software	406,223	353,603	52,620
Furnitures and fixtures	325,375	273,981	51,394
land	305,054		305,054
Artwork	28,904		28,904

TY 2007 Mortgages and Notes Payable Schedule

Name: Jacksonville Regional Chamber of Commerce
 Commerce Inc

EIN: 59-0306160

Total Mortgage Amount: 0

Item No.	1
Lender's Name	WACHOVIA BANK
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	325000
Balance Due	325000
Date of Note	2004-12
Maturity Date	2008-12
Repayment Terms	
Interest Rate	6.4600
Security Provided by Borrower	UNSECURED
Purpose of Loan	LINE OF CREDIT
Description of Lender Consideration	
Consideration FMV	

TY 2007 Other Assets Schedule

Name: Jacksonville Regional Chamber of Commerc
Commerce Inc

EIN: 59-0306160

Description	Beginning of Year Amount	End of Year Amount
Due from Affiliates	1,897,385	1,784,318