

Form 990

OMB No 1545-0047

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)

2004

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning , and ending

B Check if applicable:

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

C Name of organization

D Employer identification no.

CAIR FLORIDA INC

65-1110616

Number and street (or P.O. box if mail is not delivered to street address)

Room/suite

E Telephone number

P.O. BOX 350626

City or town, state or country, and ZIP + 4

JACKSONVILLE

FL 32235-0626

F Accounting method: X 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).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No

(If "No," att. a list. See instr.)

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

I Group Exemption Number

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

G Website: N/A

J Organization type

(check only one) X 501(c) (4) < (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000.

The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 435,287

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for 1a-1c, 6a-6c, 8a-8c, 9a-9b, 10a-10b. Total revenue 382,898; Total expenses 365,657; Net assets at end of year 103,775.

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EXPENSES ASSETS

Handwritten number 22

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 page 22 of 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
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc.	25	106,000	106,000	
26	Other salaries and wages	26	42,393	42,393	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	11,352	11,352	
30	Professional fundraising fees	30			
31	Accounting fees	31	715	715	
32	Legal fees	32	5,000	5,000	
33	Supplies	33	8,009	8,009	
34	Telephone	34	24,783	24,783	
35	Postage and shipping	35	4,605	4,605	
36	Occupancy	36	39,455	39,455	
37	Equipment rental and maintenance	37			
38	Printing and publications	38	19,544	19,544	
39	Travel	39	24,030	24,030	
40	Conferences, conventions, and meetings	40	17,780	17,780	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	5,883	5,883	
43	Other expenses not covered above (itemize): a	43a			
	b See Statement 1	43b	56,108	56,108	
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	365,657	365,657	0 0

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 page 25 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others)
<p>► CIVIC ORGANIZATION 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>a EDUCATING COMMUNITY ABOUT THEIR RIGHTS AND RESPONSIBILITIES IN BEING CITIZENS/RESIDENTS OF AMERICA AND PARTICULARLY IN FLORIDA. (Grants and allocations \$ _____)</p> <p>b _____ (Grants and allocations \$ _____)</p> <p>c _____ (Grants and allocations \$ _____)</p> <p>d _____ (Grants and allocations \$ _____)</p> <p>e Other program services (attach schedule) See Stmt 2 (Grants and allocations \$ _____)</p> <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) 365,657</p>	<p>365,657</p> <p>365,657</p>

Part IV Balance Sheets (See page 25 of 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	
45	Cash-non-interest-bearing	74,095	45	74,401	46
46	Savings and temporary cash investments		46		
47a	Accounts receivable	47a			
b	Less: allowance for doubtful accounts	47b		47c	
48a	Pledges receivable	48a			
b	Less: allowance for doubtful accounts	48b		48c	
49	Grants receivable		49		
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
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		53		
54	Investments-securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
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	17,578		
b	Less: accumulated depreciation (attach schedule)	57b	6,345	57c	11,233
58	Other assets (describe See Statement 3)		13,200	58	18,375
59	Total assets (add lines 45 through 58) (must equal line 74)		90,255	59	104,009
60	Accounts payable and accrued expenses			60	
61	Grants payable			61	
62	Deferred revenue			62	
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	
65	Other liabilities (describe See Statement 4)		3,721	65	234
66	Total liabilities (add lines 60 through 65)		3,721	66	234
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted		86,534	67	103,775
68	Temporarily restricted			68	
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; column (B) must equal line 21)		86,534	73	103,775
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		90,255	74	104,009

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.
DAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

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

Table with 3 columns: Description, Adjustment, and Total. Rows include Total revenue, adjustments for gains/losses, and final Total revenue per line 12.

Table with 3 columns: Description, Adjustment, and Total. Rows include Total expenses and losses, adjustments for donated services and losses, and final Total expenses per line 17.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

Table with 5 columns: (A) Name and address, (B) Title and average hours per week devoted to position, (C) Compensation, (D) Contrib. to employee benefit plans & deferred compensation, (E) Expense account and other allowances.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

Part VI Other Information (See page 28 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
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.		<input checked="" type="checkbox"/>
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<input checked="" type="checkbox"/>
78b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
81a	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81b	Enter direct and indirect political expenditures. See line 81 instructions		<input checked="" type="checkbox"/>
82a	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
82b	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? 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.)		<input checked="" type="checkbox"/>
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		<input checked="" type="checkbox"/>
85b	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 for the prior year.		<input checked="" type="checkbox"/>
85c	Dues, assessments, and similar amounts from members		0
85d	Section 162(e) lobbying and political expenditures		0
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		0
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		0
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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?		N/A
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88	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		<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
89b	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		<input checked="" type="checkbox"/>
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed		None
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		6
91	The books are in care of: Located at: Telephone no.: ZIP + 4:		
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		<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not 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			1	-16,389	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		-16,389	0
105 Total (add line 104, columns (B), (D), and (E))					-16,389

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of 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).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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).

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: PARVEZ AHMED, CHAIRMAN Date: 11/14/05

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11-14-05 Check if self-employed: Preparer's SSN or PTIN (See Gen. Instr. W): P00545176

Firm's name (or yours if self-employed), address, and ZIP + 4: MEEKS, ROSS, PAULK & ASSOC., CPAS, LLC EIN: 59-3533195
1300 RIVERPLACE BOULEVARD, SUITE 300 Phone no.: 904-346-0046
JACKSONVILLE, FL 32207

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

CAIR FLORIDA INC

65-1110616

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. ben. plans & deferred comp.	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

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

Schedule A (Form 990 or 990-EZ) 2004

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	197,173	70,973	15,781		283,927
16 Membership fees received			420		420
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Stmt 6			630		630
23 Total of lines 15 through 22	197,173	70,973	16,831		284,977
24 Line 23 minus line 17	197,173	70,973	16,831		284,977
25 Enter 1% of line 23	1,972	710	168		

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____		26d	
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	%

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:
 (2003) _____ (2002) _____ (2001) _____ (2000) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:
 (2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines: 15 283,927 16 420 17 _____ 20 _____ 21 _____	27c	284,347
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	284,347
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	284,977
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.7789%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 4 columns: Question ID, Question Text, N/A, Yes, No. Rows include questions 29-35 regarding racial discrimination, financial aid, and organizational policies.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	41	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	42	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	43	
		44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		Yes	No	Amount
a	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c	Media advertisements			
d	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i	Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c. 'No' column contains 'X' for all items.

Table with 4 columns: (a) Line no., (b) Amount Involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) (input checked)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

Form **4562**

Depreciation and Amortization

OMB No 1545-0172

(Including Information on Listed Property)

2004

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No. **67**

Name(s) shown on return

CAIR FLORIDA INC

Identifying number
65-1110616

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	410,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	
(a) Description of property (b) Cost (business use only) (c) Elected cost			
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instructions)	14	4,269
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	221
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here	18	

Section B-Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		479	3.0	HY	200DB	98
b 5-year property		3,980	5.0	HY	200DB	795
c 7-year property		2,466	7.0	HY	200DB	352
d 10-year property						
e 15-year property		2,962	15.0	HY	150DB	148
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

20a	Class life		S/L
b	12-year		S/L
c	40-year		MM

Part IV Summary (see page 8 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	5,883
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2004)

65-1110616

Federal Asset Report

FYE: 12/31/2004

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179168(k)	Sec (k)	Basis for Depr	PerConv Meth	Prior	Current
3-year GDS Property:										
12	3-EASELS	11/15/04	124			X	62	3 HY 200DB	0	83
16	TELOSA DATABASE S/W	7/15/04	748			X	374	3 HY S/L	0	436
19	VACUM CLEANER	9/17/04	85			X	43	3 HY 200DB	0	57
			<u>957</u>				<u>479</u>		<u>0</u>	<u>576</u>
5-year GDS Property:										
6	COPIER/FAX	5/22/04	450				450	5 HY 200DB	0	90
7	SHREDDER	7/30/04	100			X	50	5 HY 200DB	0	60
8	CANOPY TENT	8/15/04	203				203	5 HY 200DB	0	41
9	PDA PHONE (ALTAF)	9/02/04	509			X	255	5 HY 200DB	0	305
11	4 - WALKIE TALKIES	10/15/04	192			X	96	5 HY 200DB	0	115
14	COMP EQUIP-COMP USA	6/30/04	217			X	108	5 HY 200DB	0	130
15	COMP EQUIP-OFFICE DEPOT	6/30/04	382			X	191	5 HY 200DB	0	229
17	VERIZON CELPHONE	8/15/04	215			X	107	5 HY 200DB	0	129
18	HP LAPTOP (AHMED)	9/15/04	1,999			X	999	5 HY 200DB	0	1,199
20	FAX/PRINTER	9/19/04	215			X	107	5 HY 200DB	0	129
21	LEATHER CHAIR	9/19/04	85			X	43	5 HY 200DB	0	51
22	SONY LAPTOP (PARVEZ)	9/09/04	2,060			X	1,030	5 HY 200DB	0	1,236
23	DVD/VCR COMBO	10/06/04	157			X	79	5 HY 200DB	0	94
24	25" TV	10/06/04	158			X	79	5 HY 200DB	0	95
25	10-EASELS	10/15/04	366			X	183	5 HY 200DB	0	220
			<u>7,308</u>				<u>3,980</u>		<u>0</u>	<u>4,123</u>
7-year GDS Property:										
10	PHONE SYSTEM	9/15/04	2,466				2,466	7 HY 200DB	0	352
			<u>2,466</u>				<u>2,466</u>		<u>0</u>	<u>352</u>
15-year GDS Property:										
5	OFFICE IMPROVEMENT	3/01/04	2,500				2,500	15 HY 150DB	0	125
13	SIGNS	2/15/04	925			X	462	15 HY 150DB	0	486
			<u>3,425</u>				<u>2,962</u>		<u>0</u>	<u>611</u>
Prior MACRS:										
1	OFFICE PARTITIONS	1/09/03	1,101				1,101	39 MMS/L	27	28
2	MONITOR	1/30/03	73			X	51	5 MQ200DB	40	13
3	MINOLTA PRINTER	10/15/03	748			X	374	5 MQ200DB	393	142
4	L/H IMPROV - TAMPA OFFICE	12/15/03	1,500				1,500	39 MMS/L	2	38
			<u>3,422</u>				<u>3,026</u>		<u>462</u>	<u>221</u>
Grand Totals			17,578				12,913		462	5,883
Less: Dispositions			0				0		0	0
Net Grand Totals			<u>17,578</u>				<u>12,913</u>		<u>462</u>	<u>5,883</u>

Form **8868**
(Rev. December 2004)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- I am filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- I am 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.

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

Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.

Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See Instructions.	Name of Exempt Organization CAIR FLORIDA INC	Employer identification number 65-1110616
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 350626	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. JACKSONVILLE FL 32235-0626	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

Books are in the care of ▶

Telephone No. ▶ 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 will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **8/15/05**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2004** or
▶ tax year beginning, and ending

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

3a 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 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

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

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

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

Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Name of Exempt Organization: CAIR FLORIDA INC; Employer identification number: 65-1110616; P.O. BOX 350626; JACKSONVILLE FL 32235-0626

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

- Form 990 (checked), Form 990-BL, Form 990-EF, Form 990-PF, Form 990-T (sec. 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 4011-A, Form 4720, Form 5227, Form 6069, Form 8870

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

- The books are in the care of; Telephone No.; 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)

I request an additional 3-month extension of time until 11/15/05. For calendar year 2004, or other tax year beginning and ending. If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period

State in detail why you need the extension: Additional time is requested to gather information to prepare a complete and accurate return.

8a application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any refundable credits. See instructions. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature and Verification

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

Signature: [Handwritten Signature] Title: Tax Preparer Date: 8-10-05

Notice to Applicant-To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested. Other

Director By: Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: MEEKS, ROSS, PAULK & ASSOC., CPAS, LLC; Number and street (include suite, room, or apt. no.) or a P.O. box number: 1300 RIVERPLACE BOULEVARD, SUITE 300; City or town, province or state, and country (including postal or ZIP code): JACKSONVILLE FL 32207

EXTENSION APPROVED SEP 06 2005 FIELD DIRECTOR SUBMISSION PROCESSING, OGD/

Federal Statements

Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
WEBSITE DEVELOP./SUPPORT	508	508		
BANK/CREDIT CARD FEES	2,010	2,010		
TEMPORARY HELP	552	552		
ADVERTISING & PROMOTIONS	24,563	24,563		
MEALS	2,334	2,334		
TAXES & LICENSES	261	261		
SUBSCRIPTIONS	590	590		
CLEANING SERVICES	1,390	1,390		
UTILITIES	2,315	2,315		
INSURANCE	7,077	7,077		
SECURITY MONITORING	842	842		
REPAIRS & MAINTENANCE	1,780	1,780		
MISCELLANEOUS	11,886	11,886		
Total	<u>\$ 56,108</u>	<u>\$ 56,108</u>	<u>\$ 0</u>	<u>\$ 0</u>

Statement 2 - Form 990, Part III, Line e - Other Program Services

EDUCATING COMMUNITY ABOUT THEIR RIGHTS AND
RESPONSIBILITIES IN BEING CITIZENS/RESIDENTS OF AMERICA
AND PARTICULARLY IN FLORIDA.

Federal Statements**Statement 3 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
TAMPA OFFICE RENTAL DEPOSIT	\$ 13,200	\$ 13,200
S.FL OFFICE RENTAL DEPOSIT		5,000
S.FL UTILITY DEPOSIT		175
Total	<u>\$ 13,200</u>	<u>\$ 18,375</u>

Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
PAYROLL WITHHOLDING TAX PAYABLE	\$ 3,721	\$ 234
Total	<u>\$ 3,721</u>	<u>\$ 234</u>

Federal Statements

Statement 5 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Address		Average Hours	Compensation	Benefits	Expenses
	City, State, Zip	Title				
PARVEZ AHMED	12346 WINTERPINE CT JACKSONVILLE FL 32225	CHAIRMAN	AS NEEDED	0	0	0
ALTAF ALI	900 SW 86TH AVE PEMBROKE PINES FL 33025	EXE. DIRECTO	50+	53,000	0	0
AHMED BEDIER	720 8TH ST N. ST. PETERBURGS FL 33731	EXE. DIRECTO	50+	53,000	0	0
MUJEEB QADRI	661 E. ALT. DRIVE ALTAMONTE SPRNGS FL 32701	DIRECTOR	AS NEEDED	0	0	0
M.F. MANSOORI	433 BRODY COVE TRL JACKSONVILLE FL 32225	TREASURER	"	0	0	0
HASHIM MUBARAK	3317 HARBOUR PL PANAMA CITY FL 32405	DIRECTOR	"	0	0	0
ATIF FAREED	175 E. TRADEWINDS RD WINTER SPRNGS FL 32708	SECRETARY	"	0	0	0
DR. EZZAT ZAKI	17503 OSPREY MANOR LITHIA FL 33547	DIRECTOR	"	0	0	0
RASHID ABBARA	10701 SW 146 CT. MIAMI FL 33186	DIRECTOR	"	0	0	0
DR. M.A. SALEEM	10437 EMERALD WOODS ORLANDO FL 32836	DIRECTOR	"	0	0	0
DR. NAZIR HAMOUI	4571 LAKE WOODS DR SPRING HILL FL 34607	DIRECTOR	"	0	0	0
PATRICK HANNA	4406 E. TARPON DR TAMPA FL 33617	DIRECTOR	"	0	0	0
DANETTE MASK	5826 NW 29TH STREET GAINESVILLE FL 32653	DIRECTOR	"	0	0	0

Federal Statements

Statement 6 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>
DINNER	\$ <u> </u>	\$ <u> </u>	\$ <u> 630</u>	\$ <u> </u>
Total	\$ <u> 0</u>	\$ <u> 0</u>	\$ <u> 630</u>	\$ <u> 0</u>

65-1110616

Sec 168(k) Report

FYE: 12/31/2004

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Sec 168(k)	Prior Sec 168(k)	Tax - Basis for Depr
Activity: Form 990, Page 1								
2	MONITOR	1/30/03	73		0	0	22	51
3	MINOLTA PRINTER	10/15/03	748		0	0	374	374
7	SHREDDER	7/30/04	100		0	50	0	50
9	PDA PHONE (ALTAF)	9/02/04	509		0	254	0	255
11	4 - WALKIE TALKIES	10/15/04	192		0	96	0	96
12	3-EASELS	11/15/04	124		0	62	0	62
13	SIGNS	2/15/04	925		0	463	0	462
14	COMP EQUIP-COMP USA	6/30/04	217		0	109	0	108
15	COMP EQUIP-OFFICE DEPOT	6/30/04	382		0	191	0	191
16	TELOSA DATABASE S/W	7/15/04	748		0	374	0	374
17	VERIZON CELPHONE	8/15/04	215		0	108	0	107
18	HP LAPTOP (AHMED)	9/15/04	1,999		0	1,000	0	999
19	VACUM CLEANER	9/17/04	85		0	42	0	43
20	FAX/PRINTER	9/19/04	215		0	108	0	107
21	LEATHER CHAIR	9/19/04	85		0	42	0	43
22	SONY LAPTOP (PARVEZ)	9/09/04	2,060		0	1,030	0	1,030
23	DVD/VCR COMBO	10/06/04	157		0	78	0	79
24	25" TV	10/06/04	158		0	79	0	79
25	10-EASELS	10/15/04	366		0	183	0	183
Form 990, Page 1			<u>9,358</u>		<u>0</u>	<u>4,269</u>	<u>396</u>	<u>4,693</u>
Grand Total			<u>9,358</u>		<u>0</u>	<u>4,269</u>	<u>396</u>	<u>4,693</u>

Federal Statements**Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions from Events	\$ 198,332	\$	\$ 198,332
Total	\$ 198,332	\$ 0	\$ 198,332

Federal StatementsSpecial Events Direct Expenses

Description	Amount
Column A	\$
TAMPA ANNUAL BANQUET	
Supplies	266
Printing and Publications	3,999
Travel	1,274
BANQUET HALL/HOTEL CHARGE	21,604
VIDEO/SOUND SYSTEM	1,850
SECURITY	364
HONARARIUM	2,000
MEALS	245
CLOWN SERVICES	150
MISCELLANEOUS	215
Advertising	1,024
SubTotal	<u>32,991</u>
Column B	
S. FLORIDA ANNUAL BANQUET	
Travel	3,102
BANQUET HALL/HOTEL CHARGES	14,005
VIDEO/SOUND SYSTEM	1,251
HONORARIUMS	1,040
SubTotal	<u>19,398</u>
Total	<u><u>52,389</u></u>

Direct expenses other than fundraising expenses
reported on Form 990, page 1, line 9b.