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 Open to Public inspection

Depa	artment c	of the Treasu enue Service	יע	•	The organization may	benet have to us	fit trust or private foun e a copy of this return to	dation	v state re	porting require	ments		Open to F	
				ar, or	tax year beginning		, and ending							
		applicable	Please	С	Name of organization		 				D	Employe	r identificat	ion no.
	Address	change	ge label or CATP FLORIDA INC									65-1	110616	5
П	Name ch	nange	print or type. Number and street (or P O box if mail is not delivered to street address) Roc									Telepho	ne number	_
Ħ.	Initial ret	euro.			•		is not delivered to street ad	dress)		Room/suite			<u> </u>	
Ħ			Specific		P.O. BOX 35	0626					F	Account	ing method:	Cash
님	Final reti	urn	Instruc-		City or town, state or coun	• .					Ш	Accrual	Other	(specify)
<u></u>	Amende	d return	tions.]	JACKSONVILI		FL 3223		<u> 526</u>					
	Applicati	on pending			501(c)(3) organizations	٠.	• •	e Ha	ind I are no	ot applicable to s	ection 5	527 organ		С-1
_		. /		usts n	nust attach a completed	Schedule A	(Form 990 or 990-EZ).	1 '.	•	a group return fo			Yes	∐ No
		e: N/					···			," enter number o		tes 🕨	1 ===	$\overline{}$
	-	zation type				. \square		1 '	•	affiliates include			X Yes	∐ No
	(check	only one)	<u>▶ ^ </u> ¬	501(0	$(3) \le (\text{insert } n)$	0) 4	947(a)(1) or 527	┥		" attach a list. Se		•		
K	Check h	ere 🕨 📙	if the c	organı	zation's gross receipts are i	normally not	more than \$25,000 The	H(0	•	a separate return		-	\Box	₩
	organiza	ition need no	t file a retu	urn wi	th the IRS, but if the organia	ation choose	es to file a return, be	 		zation covered by			Yes	X No
	sure to fi	ile a complet	e return S	Some	states require a complet	e return.		_ 		Exemption N				
	Cross r	roccinto As	dd linna E	CL 01	n Ob and 10b to line 13		641,46	1 -		< ▶ X If the	-		-	
	art I				o, 9b, and 10b to line 12 enses, and Chang					ach Sch B (Fo			Z, or 990-P	<u>F)</u>
	1						ASSELS OF FUHA E	Daiaii	ces (Se	e ule msut		15. <i>)</i>		
	-			-	nts, and similar amount	s received		1a		593,65	n			
	a	Direct pub						1b		393,03	4			
		Indirect pu		•	no (granto)			1c			\dashv			
	d				ns (grants) ugh 1c) (cash \$	503	3,650 noncash \$	10		· · · · · · · · · · · · · · · · · · ·	٦ ر	.	503	, 650
	2	=			ue including governmen			line 9			2			, 030
<u></u>	3					l ices and	contracts (nom Fait Vii	, 11110 34	<i>,</i>		3			
	4	Membership dues and assessments Interest on savings and temporary cash investments									4	_		
3	5		_		from securities	nents					5	_		
න	6a	1 . 1								-				
0	b						┨							
ب	c		•		ss) (subtract line 6b fro	m line 6a)		<u> </u>			T 60	.		
	7			-	ne (describe)				7			
SCANREGEGEDEC	8a				es of assets other	Γ	(A) Securities		(E	3) Other				· -
3		than inver	ntory					8a			7			
2	b	Less cost	t or other	r bası	s and sales expenses			8b			7			
8	С	Gain or (lo	oss) (atta	ach so	chedule)			8c						
\mathcal{Q}	d	Net gain o	or (loss) ((comb	bine line 8c, columns (A) and (B))					80	<u> </u>		
נגש ה	_9 _	Speciale	ents and	d acti	⊽tties (attach schedule).	. If any amo	ount is from gaming, ch	eck he	r >					
ł	al	Vije se jev	eMute (mo	t incl	yding \$47	8,299	of	S	EE WO	ORKSHEE!	ן יו			
		contributio						9a		47,81				
	_ b &	HPGG dire	rt expen	ses	er than fundraising ex	rpenses		9b		109,47	<u>9</u>			
1	C4 C	Net incom	e or (los	s) (rg	நி special events (subti	act line 9b	from line 9a)				90	<u>: </u>	-61	<u>, 666</u>
- [10a	GIOSS Sal	e <mark>s of inv</mark>	entor	less returns and allow	vances		10a			4			
	ь							10b			_			
Ì	С	Gross pro	fit or (los	ss) fro	om sales of inventory (a	ttach sched	dule) (subtract line 10b	from lin	e 10a)		10	<u>c </u>		
	11		•		art VII, line 103)						11			
	12				es 1d, 2, 3, 4, 5, 6c, 7, 8	d, 9c, 10c,	and 11)				12			, 984
G	13	_		•	line 44, column (B))						13	3		,515
Expenses	14	_		-	ral (from line 44, columi	n (C)) .					14			768
per	15		• •		I4, column (D))						15		10	,071
Щ	16	•		-	attach schedule)						10			
	17				nes 16 and 44, column		<u> </u>				17			354
sets	18				ne year (subtract line 17		•				18			630
AS	19	Net assets or fund balances at beginning of year (from line 73, column (A))							19		103	,7 <u>75</u>		
Net Assets	20		-		ssets or fund balances (20		040	ACE
	21	Net assets	s or fund				40 40 100				2.	1 1	.774	,405
FOR	Privacy	v Act and F	aperwo	rk Re	nces at end of year (coreduction Act Notice, se	noine lines	18, 19, and 20)			 		<u> </u>		90 (2005)

F		All organizations	must	complete column (A)	Columns (B), (C), and	(D) are required for sec	ction 501(c)(3) and (4)
	1 411011011411 = 21,0011000		d sec	tion 4947(a)(1) nonexe	mpt chantable trusts b	ut optional for others. (See the instructions)
	Do not include amounts reporte			(A) Total	(B) Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Pa	art I.		(7) 10101	services	and general	(b) Fundraising
22	Grants and allocations (attach schedule)				t		1
	(cash \$ cash \$		22				
	If this amount includes foreign grants, che	ck here 🕨 🔲					ţ.
23	Specific assistance to individuals (attach						!
	schedule)		23				į
24	Benefits paid to or for members (attach						
	schedule)		24				
25	Compensation of officers, directors, etc.		25	96,000	86,400	4,800	4,800
26	Other salaries and wages		26	86,418	77,776	4,321	4,321
27	Pension plan contributions		27				
28	Other employee benefits		28	4,791	4,312	239	240
29	Payroll taxes		29	14,190	12,771	709	710
30	Professional fundraising fees		30				
31	Accounting fees		31				
32	Legal fees		32				
33	Supplies		33	5,961	5,365	596	
34	Telephone .		34	25,180	23,921	1,259	
35	Postage and shipping		35	4,874	4,630	244	
36	Occupancy		36	33,511	31,835	1,676	
37	Equipment rental and maintenance		37				
38	Printing and publications		38	14,720	14,720		
39	Travel		39	16,449	15,627	822	
40	Conferences, conventions, and meetings		40	6,474	6,474		
41	Interest		41	4,962	4,714	248	
42	Depreciation, depletion, etc (attach sched	ule)	42	13,121	13,121		-
43	Other expenses not covered above (itemiz	e):					·
а	SEE STATEMENT 1		43a	65,703	33,849	31,854	
b			43b				
c			43c				
d	i i		43d				
е	•		43e				
f	•		43f				
g	3		43g				
44	Total functional expenses. Add lines 22						
	through 43. (Organizations completing						
	columns (B)-(D), carry these totals to lines						
_	13-15)		44	392,354	335,515	46,768	10,071
Joi	int Costs. Check ▶ ☐ If you are following	SOP 98-2.					
	e any joint costs from a combined education		fundr	aising solicitation repor	rted in (B) Program ser	vices?	Yes X No
	Yes," enter (i) the aggregate amount of these joint of				unt allocated to Program se		
(iri)	the amount allocated to Management and general	<u></u>			unt allocated to Fundraising		

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

335,515

335,515 Form 990 (2005)

Page 3 Statement of Program Service Accomplishments (See the instructions.) Part III 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 What is the organization's primary exempt purpose? **Program Service** ▶ CIVIC ORGANIZATION **Expenses** (Required for 501(c)(3) & All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs, & 4947(a)(1) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) trusts, but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) others) EDUCATING COMMUNITY ABOUT THEIR RIGHTS AND RESPONSIBILITIES IN BEING CITIZENS/RESIDENTS OF AMERICA AND PARTICULARLY IN FLORIDA. (Grants and allocations If this amount includes foreign grants, check here (Grants and allocations If this amount includes foreign grants, check here C If this amount includes foreign grants, check here (Grants and allocations

STMT

SEE

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

(Grants and allocations

(Grants and allocations \$

e Other program services (attach schedule)

<u>. Р</u>	art IV	Balance Sheets (See the instruction	ns.)			
	Nòte:	Where required, attached schedules and amount column should be for end-of-year amounts only	s within the description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing		74,401	45	151,815
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b	┪	47c	
	~			·····	7.0	
	48a	Pledges receivable	48a			
	Ь	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and	d key employees			
		(attach schedule)			50	
	51a	Other notes and loans receivable (attach				
		schedule)	51a		_	
Assets	b	Less. allowance for doubtful accounts	51b		51c	
Ass	52	Inventones for sale or use			52	
-	53	Prepaid expenses and deferred charges	, party		53	
	54	Investments-securities	Cost FM	v	54	
	55a	Investments-land, buildings, and	1 1		١ .	
		equipment: basis	55a			
	b	Less. accumulated depreciation (attach				
		schedule)	55b		55c	
	56	Investments-other (attach schedule)	[251 54		56	
	57a	Land, buildings, and equipment basis	57a 351,54	의	4	
	b	Less accumulated depreciation (attach schedule)	57b 19,46	8 11,233		332,078
	58	Other assets (describe SEE STATEM		18,375		6,175
	"	Offici dosets (describe P	10,373	36	0,175	
	59	Total assets (must equal line 74) Add lines 45 th	104,009	59	490,068	
	60	Accounts payable and accrued expenses			60	11,188
	61	Grants payable			61	
	62	Deferred revenue			62	
Ś	63	Loans from officers, directors, trustees, and key e	employees (attach			
謹		schedule)			63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)			64a	
_	b	Mortgages and other notes payable (attach sched			64b	235,473
	65	Other liabilities (describe SEE STATE)	MENT 4	234	65	
	66	Total liabilities. Add lines 60 through 65	.	234	66	246,661
	Orga	nizations that follow SFAS 117, check here	and complete lines			
' A		67 through 69 and lines 73 and 74.		102 775	. 2 .	242 407
263	67	Unrestricted .	•	103,775	67	243,407
alar	68 69	Temporanly restricted Permanently restricted			68	
Ä		nizations that do not follow SFAS 117, check he	re ▶ ☐ and		69	
Ĕ	Oiga	complete lines 70 through 74	ie P [] and			
P	70	Capital stock, trust principal, or current funds			70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and e	 guipment fund		71	
SS	72	Retained earnings, endowment, accumulated incomment	••		72	
et A	73	Total net assets or fund balances (add lines 67				
Ź	ŀ	70 through 72;	-			
		column (A) must equal line 19, column (B) must	equal line 21)	103,775		243,405
	74	Total liabilities and net assets/fund balances. A		104,009		490,068

Form	n 990 (20Q5)	CAIR FLORIDA INC			65-1	110616				Page 5
Pa	art IV-A	Reconciliation of Revenue per Audite	d Finan	cial State	ments	With Revenue	per	Retu	ırn (Se	
	`	instructions.)								
а		e, gains, and other support per audited financial stat	tements					а	ļ	<u>531,984</u>
b		uded on line a but not on Part I, line 12:								
1		ed gains on investments			b1					
2		vices and use of facilities			b2					
3		of prior year grants			b3					
4	Other (specif	у):			1					
					b4					
	Add lines b1	-		•				ь	<u> </u>	F21 004
С	Subtract line							С		531,984
d		luded on Part I, line 12, but not on line a:			امدا					
1		expenses not included on Part I, line 6b			d1					
2	Other (specif	у).			اما					
	Add lines d1	and 42			d2					
_								d		531,984
e D:	art IV-B	le (Part I, line 12) Add lines c and d Reconciliation of Expenses per Audite	ad Eina	ncial State	monte	With Expanse	S D	e or Do	turn	331,364
		es and losses per audited financial statements	eu rilla	iciai State	<u> </u>	With Expense	<u>s p</u>		Lusti	392,354
a b		luded on line a but not Part I, line 17:						а		372,333
1		vices and use of facilities			ы			,		
2		justments reported on Part I, line 20			b2					
3		ted on Part I, line 20			b3					
4	Other (specif	· ·			53		-	ŧ		
7	Other (Specif				_{b4}					
	Add lines b1	through b4						b		
С	Subtract line							c		392,354
d		uded on Part I, line 17, but not on line a:								332,331
1		expenses not included on Part I, line 6b			d1			,		
2	Other (specif	• •	•		H		-	,		
_	Other (opcon	<i>y</i> /·			d2			* ;		
	Add lines d1				<u>uz</u>			d	1	
e		ses (Part I, line 17) Add lines c and d					•	e	<u> </u>	392,354
Pa	art V-A	Current Officers, Directors, Trustees,	and Ke	v Employe	es (Lis	t each person who v	vas a		er. dire	
		or key employee at any time during the year even	if they we	re not compe	nsated)	(See the instruction	ıs)		,	,,
	•			(B) e and average l		(C) Compensation	([) Con	trib to benefit	(E) Expense
		(A) Name and address	we	e and average reak devoted to p	nours per position	(If not paid, enter -0)	l pla	ans & o	leferred tion plans	account and other allowances
				•						
S	EE STAT	EMENT 5								
				-						
							<u> </u>			
							_			
							<u> </u>			
							<u> </u>			
_							T	_		
		·		-			ļ	-		
		·								

Part V.A. Current Officers, Directors, Trustees, and Key Employees (continue) **Residual component of the c	Form	990 (2005) CAIR FLORIDA INC	65	-1110616			F	Page 6
Device	Pa	rt V-A Current Officers, Directors, Trustees, ar	nd Key Employees (continued)				T
b Ava any officers, directors, trustees, or key employees listed in Form 990, Part V.A. or highest compensated members of the properties	75a	Enter the total number of officers, directors, and trustees permitted	ed to vote on organization	business at board			İ	
employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part II, or Hill A, reliefable to see their through family to business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationships. c. Do any officers, directors, trustoes, or key employees listed in Form 990, Part VA, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or Hill, provide compensated professional and other independent contractors listed in Schedule A, Part I, or Hill, provide compensation from any other organizations, whether tax evering to travable, that are related to his organization to the related in the individuals and statement and the other organizations. If "res, attach a statement that identifies the individuals supporting organizations." Jose the organization and the other organization or state organizations. Jose the organization and the other organization organization and the other organizations, including amounts paid to each individual by each related organization. A consistency of the compensation organization organization and the other organization organization and the other organization organization organization and the other organization organi		•		•	•			
contractors lated in Schedule A, Part II-4 or II-8, related to each other through family or business relationships; If Yes," attach a statement that identifies the individuals and explains the relationship(s) c. Do any officers, directors, finateses, or key employees lated in Form 990, Part V-A, or highest compensated employees lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part I, or highest compensated professional and other independent contractors lated in Schedule A, Part I, or highest compensation from any other organizations, whether tax exempt or faxable, that are related to this organization from any other organizations, whether tax exempt or faxable, that are related or solid and individuals, seplains the related organization. If Yes, "attach a tatelement that identifies the morth ordinals, seplains the relationship between this organization and the other organization or officer specifies (associated below) during the year, its that person below and enter the amount of compensation or other benefits (described below) during the year, its that person below and enter the amount of compensation or other benefits (described below) during the year, its that person below and enter the amount of compensation or other benefits (described below) during the year, its that person below and enter the amount of compensation or other benefits (described below) during the year, its that person below and enter the amount of compensation or other benefits (described below) during the year its that profession or other benefits (described below) during the year its that profession or other benefits (described below) during the year its that profession or other benefits or the year its that profession or other benefits or the year its that profession or	b		, ,	•				,
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) a. D. Dainy officers, directors, frustess, or key employees listed in Form 990, Part VA, or highest compensated employees fasted in Schedule A, Part I. Phylares compensated of members and produced contractors stated in Schedule A, Part IIA point compensation from any other organizations, whether tax exempt or tracetic, that are related to the organization from any other organizations, whether tax exempt or tracetic, that are related to the organization from any other organizations, whether tax exempt of the organization and the other organization (a), and describes the compensation arrangements, including amounts part to each individual by each related organization. d. Does the organization have a written conflict of interest policy? Part V-S. Tormer Officer, 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 (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits (described below) during the year. (a) Name and address (b) Loans and Advances (c) Compensation or the pensions of the second and address selection of each address of the address of the address of the second and address selections and address of the second and address selections and address of the second and address selections and address of the second and address of the second and address of the second and a				•				
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 I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II, or High R, convex compensation from any other organizations, whether tax exempt or traxable, that are related to this organizations from any other organizations include section S09(a)(3) supporting organizations. If Yes, "attach a statement that identifies the individual by each related organization." Joses the organization have a written confided interest policy? Part V.B: Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (assorbed below) during the year, list that person below and enter the amount of compensation or other benefits (assorbed below) during the year, list that person below and enter the amount of compensation or other benefits (assorbed below) during the year, list that person below and enter the amount of compensation or other benefits (assorbed below) during the year, list that person below and enter the amount of compensation or other benefits (assorbed below) during the year, list that person below and enter the amount of compensation or other benefits (assorbed below) during the year, list that a compensation and the organization specifies of the word organization and the organization with a statewed or nationwide organization flying in common membership, governing bodies, trustees, officers, etc., lo any other exempt or nonexempt by a common membership, governing bodies, trustees, officers, etc., lo any other exempt or nonexempt organization? If Yes			• •			75h		Y
employees isted in Schedule A, Part I. A or Ityles to compensated professional and other independent contractors isted in Schedule A, Part I. A or Ityle, receive compensation from any other organizations, whether tax evering or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(3) and describes the compensation arrangements, including amounts paid to each individual by each related organization. Joses the organization have a winten conflict of interest policy? Part V-B. Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list that person below and enter the amount of 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 (C) Compensation (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (D) Chemical Section of Compensation or other benefits in the appropriate column. See the instructions of the instructions		Telationships: If Tes, attach a statement that identifies the mark	nddais and explains the re	iationship(s)		730		
employees isted in Schedule A, Part I. A or Ityles to compensated professional and other independent contractors isted in Schedule A, Part I. A or Ityle, receive compensation from any other organizations, whether tax evering or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(3) and describes the compensation arrangements, including amounts paid to each individual by each related organization. Joses the organization have a winten conflict of interest policy? Part V-B. Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (described below) during the year, list that person below and enter the amount of 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 (C) Compensation (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (D) Chemical Section of Compensation or other benefits in the appropriate column. See the instructions of the instructions	С	Do any officers, directors, trustees, or key employees listed in Fo	orm 990, Part V-A, or highe	est compensated				,
tax exempt or taxable, that are related to this organization should section 509(x)3 supporting organizations. If "Yes," attach a datatement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, uncluding amounts paid to sech individual by sech related organization. If Does the organization have a wintern conflict or interest policy? Part V.B. Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if the opposition of the year, list that person below and enter the amount of 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 (D) Compensation (E) Expense				•				İ
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If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization. Does the organization have a winten conflict of inferest policy? Part Y-B: Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (day former officer, director, trustee, or key employeer 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) Loars and Advances (C) Compensation (C) Compensation (C) Compensation (C) Compensation (E) Expringe (E) Expr		tax exempt or taxable, that are related to this organization through	h common supervision or	common control?		75c		X
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If "Yes," attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a X 78a X 78b 78b 78b 78b 78c 78c 78c 78c	77			1000				
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Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 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 X If "Yes," enter the name of the organization and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions.) b Did the organization file Form 1120-POL for this year? 81b X			,000 or more during the ye	sar covered by this h	stuiti:			
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Solution Solution	-			,		79		X
b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions.) b Did the organization file Form 1120-POL for this year? 81b X	80a	Is the organization related (other than by association with a state	wide or nationwide organiz	zation) through				
and check whether it is exempt or nonexempt 81a Enter direct and indirect political expenditures. (See line 81 instructions.) b Did the organization file Form 1120-POL for this year? 81b X		common membership, governing bodies, trustees, officers, etc., t	to any other exempt or nor	nexempt organization	1?	80a		X
81a Enter direct and indirect political expenditures. (See line 81 instructions.) b Did the organization file Form 1120-POL for this year? 81b X	b	If "Yes," enter the name of the organization ▶		.	_			
b Did the organization file Form 1120-POL for this year?					nonexempt			l
	81a	· · · · · · · · · · · · · · · · · · ·	ictions.)	81a	•			
		Did the organization file Form 1120-POL for this year?					- 000	

Form	990 (2005) CAIR FLORIDA INC	65-1110616		<u> </u>	age 7
<u> Pa</u>	rt VI Other Information (continued)			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or fa	acılıtıes at no charge	ı		
	or at substantially less than fair rental value?		82a	ļ	X
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.	1 1			-
	(See instructions in Part III)	82b		۱	
83a	Did the organization comply with the public inspection requirements for returns and ex		83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo	contributions? N/F		 	7.5
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a	├	X
ь	If "Yes," did the organization include with every solicitation an express statement that	such contributions or N/A	.		-
0.5	gifts were not tax deductible?	• -		┼	<u> </u>
85 b	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by mei	mbers / N/A		 	
U	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 u		85b		
	received a waiver for proxy tax owed for the prior year.	inless the organization			
С	Dues, assessments, and similar amounts from members	85c		'	ł
d	Section 162(e) lobbying and political expenditures	85d		1	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e			ĺ
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	_		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/2	85g	-	1 -
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add th	•	. 555	† — —	
	to its reasonable estimate of dues allocable to nondeductible lobbying and political exp			ŀ	
	following tax year?	N/A	85h	ļ	
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			١.
þ	Gross income from other sources. (Do not net amounts due or paid to other		* *		1
	sources against amounts due or received from them.)	87b		ľ	
88	At any time during the year, did the organization own a 50% or greater interest in a tax	able corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulati	ons sections 301 7701-2	غب		
	and 301.7701-3? If "Yes," complete Part IX		88		X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the		*		.
_	•	section 4955 D		- !	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess				
	during the year or did it become aware of an excess benefit transaction from a prior year	ear? If "Yes," attach			3.5
_	a statement explaining each transaction		89Ь	ł.,	<u> </u>
С	Enter: Amount of tax imposed on the organization managers or disqualified persons di	unng the year			^
4	sections 4912, 4955, and 4958 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	-			
	Number of employees employed in the pay period that includes March 12, 2005 (See	•			
-	instructions.)	906			6
91a	The books are in care of	Telephone no. ▶			
		valopilo ilo			
	Located at	ZIP + 4 ▶			
b	At any time during the calendar year, did the organization have an interest in or a sign.	ature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account	unt, or other financial		Yes	No
	account)?		91b		X
	If " Yes," enter the name of the foreign country ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Rep	port of Foreign Bank			
	and Financial Accounts.		_		
	At any time during the calendar year, did the organization maintain an office outside of	f the United States?	91c		X
С	If "Yes," enter the name of the foreign country ▶		_		
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- C				▶ [
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 92			
			For	m 99 0	(2005

		6 10 57 AM FLORIDA I		(O - 4h -	65-111	10616		Page 8
		Analysis of Income-Pro	ducing Activitie					
		oss amounts unless otherwise			ed business income		by sec 512, 513, or 514	(E) Related or
	atèd.			(A) Business code	(B) Amount	(C) Exclusion	(D) Amount	exempt function
93		service revenue				code		income
а						 		
b						-		
С								
d								
е			· -· _ · · · · · · · · ·				-	
f		e/Medicaid payments				ļ		
g	Fees an	d contracts from government agen	cies					
94	Member	ship dues and assessments						
95	Interest	on savings and temporary cash inv	estments					
96	Dividend	ds and interest from securities						
97	Net rent	al income or (loss) from real estate)					
а	debt-fina	anced property						
b	not debt	-financed property						
98	Net rent	al income or (loss) from personal p	property					
99	Other in	vestment income						
100	Gain or	(loss) from sales of assets other th	an inventory					
101	Net inco	me or (loss) from special events				1	-61,666	
102	Gross p	rofit or (loss) from sales of inventor	у					
103	Other re	venue: a						
þ								
С								
d								
е						L		
104	Subtotal	(add columns (B), (D), and (E))		*	C) }	-61,666	0
105	Total (a	dd line 104, columns (B), (D), and	(E))			-		-61,666
Note	: Line 105	5 plus line 1d, Part I, should equal	the amount on line 1	2, Part I.				
Pa	art VIII	Relationship of Activiti	es to the Accon	nplishmen	t of Exempt Purp	oses (S	See the instructio	ns.)
Lir	ne No.	Explain how each activity for whi	ch income is reporte	d in column (E	E) of Part VII contribut	ted import	antly to the accomplis	hment
	▼	of the organization's exempt purp	ooses (other than by	providing fund	ds for such purposes)	•		
N	/A							
							<u>-</u>	
På	art IX	Information Regarding	Taxable Subsid	liaries and	Disregarded En	tities (S	See the instruction	ns.)
,	Name add	(A) dress, and EIN of corporation,	(B) Percentage of	l ,	(C) Nature of activities		(D) Total income	(E)
	partner	ship, or disregarded entity	ownership interes		valure or activities		Total moone	End-of-year assets
	N/A			%	-			
				%				
				%				
				%				
Pa	art X	Information Regarding	Transfers Asso	ciated wit	h Personal Bene	fit Cont	racts (See the in	structions.)
(a) Did th	e organization, during the year, red					_	Yes X No
ì	(b) Did th	e organization, during the year, pa	v premiums, directly	or indirectly, o	on a personal benefit	contract?		Yes X No
Ì	Note: If "Y	es" to (b), file Form 8870 and Form	n 4720 (see instructi	ions).	•			
		Under penalties of perjury, I declare the						
		and belief, it is true, correct, and offmr	te Declaration of pre	parer (other th				
	ase	A STATE OF THE STA	mas Sw	ja i				
Sig		Signature of officer						
Her	e	M.F.	MANSOORI	T				
		Type or pnnt name and title	·- <u> </u>	•				
Pai	d	Preparer's signature	e cor					
Pre	parer's			ש דוזגם				
	Only	Firm's name (of yours						
	-			STRE				
		JAC	KSONVILLE,	FL .				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2005

Name of the orga		ORIDA INC		Employer id 65 - 1110	entification number
Part I	Compensation of the Five Highest Paid Empl	·	rs, Directors,		
	(See page 1 of the instructions. List each one.	If there are none, enter "I	None.")		
	(a) Name and address of each employee paid more than \$50,000	(b) Title and average hour per week devoted to position		(d) Contrib empl ben p & deferred co	plans account & other
NONE					
				1	
				 	_
				<u> </u>	
	of other employees paid over \$50,000	•	,		<u>_</u> .
Part II-A	Compensation of the Five Highest Paid Indep (See page 2 of the instructions. List each one	pendent Contractors for I (whether individuals or fire	Professional 3 ms). If there a	Services are none, e	enter "None.")
	(a) Name and address of each independent contractor paid more		(b) Type of		(c) Compensation
NONE					
					<u> </u>
	of others receiving over \$50,000 for		۰		. ",
Part II-B		pendent Contractors for (Other Service		
	(List each contractor who performed services firms. If there are none, enter "None." See page	other than professional se			uals or
	(a) Name and address of each independent contractor paid more		(b) Type of	service	(c) Compensation
NONE	 				
		. :			
		•			
Total number	of other contractors receiving over				
\$50,000 for ot		b			
For Paperwor	k Reduction Act Notice, see the Instructions for Form 990	and Form 990-EZ.	Schedu	le A (Form 9	90 or 990-EZ) 200

Sch	edule	e A (Form 990 or 990-EZ) 2005 CAIR FLORIDA INC 65-1110616		F	age 2
[P	art I	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	Du	inng the year, has the organization attempted to influence national, state, or local legislation, including any	T		
	atte	empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
		incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,			
		rt VI-A, or line i of Part VI-B)	1		X
		ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
		ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
2		e lobbying activities. inng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
•		bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
		th any taxable organization with which any such person is affiliated as an officer, director, trustee, majority	*	,	
		mer, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
	tra	nsactions.)			
_	5-	de evelence en language of account O		-	
a b		le, exchange, or leasing of property? nding of money or other extension of credit?	2a 2b		X
c		rnishing of goods, services, or facilities?	2c	-	X
d		yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
е	Tra	ansfer 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			
_		u determine that recipients qualify to receive payments)	3a		X
b		you have a section 403(b) annuity plan for your employees?	3b		X
c 4a		ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
+a		d you maintain any separate account for participating donors where donors have the right to provide advice on se use or distribution of funds?	4a		х
b		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
P	art l		1		
***		(out pages out to other months and out of the			
ine 5	orga	inization is not a private foundation because it is: (Please check only ONE applicable box)			
6	H	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i) A school Section 170(b)(1)(A)(ii). (Also complete Part V)			
7	Н	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
8	П	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	у,		
			-		
		and state			
10	LJ	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A (Also complete the Support Schedule in Part IV-A.)	ν)(IV).		
11a	П	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Secti	on		
	_	170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
11b	Ц	A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	X	An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross rec	eipts		
		from activities related to its chantable, 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			
13	\Box	organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13	ш	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). Check			
		the box that describes the type of supporting organization: Type 1 Type 2 Type 3			
		Provide the following information about the supported organizations. (See page 6 of the instructions.)			
			b) Line r	numbe	 er
		(a) Name(s) of supported organization(s)	from al	bove	
					_
14	$\perp \perp$	An organization organized and operated to test for public safety, Section 509(a)(4) (See page 6 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) 2004 (b) 2003 (e) Total Gifts, grants, and contributions received (Do 435,287 255,587 76,531 16,831 784,236 not include unusual grants. See line 28.) 16 Membership fees received 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 0 by the organization after June 30, 1975 19 Net income from unrelated business activities not included in line 18 20 Tax revenues levied for the organization's benefit and either paid to it or expended on 0 its behalf 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 0 public without charge 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets 435,287 255,587 76,531 16,831 23 Total of lines 15 through 22 435,287 255,587 76,531 16,831 24 Line 23 minus line 17 4,353 2,556 25 Enter 1% of line 23 765 168 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 0 26a 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 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts 26b Total support for section 509(a)(1) test Enter line 24, column (e) 26c Add: Amounts from column (e) for lines: 18 22 26b 264 e Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f % 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 104,375 (2003)67,262 2,600 (2001) 5,000 (2002)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 11b, 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: 0 (2004)(2003)(2001)(2002)Add. Amounts from column (e) for lines 15 784,236 27c 179,237 179,237 Add Line 27a total. 27d Public support (line 27c total minus line 27d total) 27e 604,999 Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ 27f 784,236 f 77.1450% Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 bnef description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Page 4

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	<u> </u>	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30	ļ	<u> </u>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media duning			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	-		
	that makes the policy known to all parts of the general community it serves?	31	<u> </u>	
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
32	Door the organization maintain the following			
	Does the organization maintain the following.	20-	-	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		-
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	225	1	1
_	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	32b	 	
·	with student admissions, programs, and scholarships?	32c		1
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		<u> </u>
		320	 	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
	, and the control of		4	2.
			*	P.
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
		ŀ		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
	Hop of feether 2			
T	Use of facilities?	33f		
~	Athletic programs?	22-		
9	Attrictic programs:	33g		-
h	Other extracumcular activities?	33h		
•••		00	-	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)]
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		L_
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
				1
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			-
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

3ch	edule A (Form 990 or 990-EZ) 2005 C	AIR FLORID	A INC			65-11	1061	.6 F	age 5
	art VI-A Lobbying Expen			i es (See p	age 9				ugo o
	` (To be completed				•			. <u>.</u>	
Che	eck a If the organization belo	ongs to an affiliated gr	roup Check	b if	you che	ecked "a" and "lir	nited co	ntrol" provisions app	ly
		n Lobbying Expe				(a) Affiliated grou totals	ф	(b) To be complete for ALL electing organizations	ed g
		litures" means amoun			T 20			Organizations	
	Total lobbying expenditures to influence	· · · · · · · · · · · · · · · · · · ·			36				
	Total lobbying expenditures to influence		airect lobbying)		37				
	Total lobbying expenditures (add lines Other exempt purpose expenditures	30 and 37)			38				
	Total exempt purpose expenditures (a	dd Imae 38 and 30)			40				
	Lobbying nontaxable amount. Enter th	•	Iouana tablo		40			-	
	If the amount on line 40 is-		nontaxable amount is	-					i
	Not over \$500,000	20% of the amour		Ĭ ¬					
	Over \$500,000 but not over \$1,000,000		% of the excess over \$50	0000					
	Over \$1,000,000 but not over \$1,500,000		% of the excess over \$1,0	· [41			,	-
	Over \$1,500,000 but not over \$17,000,000		of the excess over \$1,50		 ' 				
	Over \$17,000,000	\$1,000,000	. 01 410 02000 0101 01,00	.0,000					· 3
	Grassroots nontaxable amount (enter				42				
	Subtract line 42 from line 36 Enter -0-	•	n line 36		43				
	Subtract line 41 from line 38 Enter -0-		•		44				
						* ;		*	:
	Caution: If there is an amount on either	er line 43 or line 44, ye	ou must file Form 472	0					1
		4-Year Ave	raging Period Ur	nder Section	on 501	(h)			
	(Some organizati	ons that made a secti	on 501(h) election do	not have to d	complete	all of the five co	lumns b	elow.	
		_							
		See the instructions	for lines 45 through 50		•	structions)			
		See the instructions		on page 11	of the in		Pariod		
				on page 11	of the in	Year Averaging	Period		
	Calendar year (or	(a)	Lobbying Exp	on page 11 penditures D	of the in uring 4-	Year Averaging (d)	Period	(e)	
	Calendar year (or fiscal year beginning in) ▶		Lobbying Exp	on page 11	of the in uring 4-	Year Averaging	Period	(e) Total	
	fiscal year beginning in)	(a)	Lobbying Exp	on page 11 penditures D	of the in uring 4-	Year Averaging (d)	Period	1	
15	fiscal year beginning in)	(a) 2005	Lobbying Exp	enditures D	of the in uring 4-	Year Averaging (d)	Period	1	
15 16	Lobbying nontaxable amount Lobbying ceiling amount (150% of	(a)	Lobbying Exp	on page 11 penditures D	of the in uring 4-	Year Averaging (d)	Period	1	
15 16	fiscal year beginning in)	(a) 2005	Lobbying Exp	enditures D	of the in uring 4-	Year Averaging (d)	Period	1	
1 <u>5</u>	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e))	(a) 2005	Lobbying Exp	enditures D	of the in uring 4-	Year Averaging (d)	Period	1	
1 <u>5</u>	Lobbying nontaxable amount Lobbying ceiling amount (150% of	(a) 2005	Lobbying Exp	enditures D	of the in uring 4-	Year Averaging (d)	Period	1	
15 16	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures	(a) 2005	Lobbying Exp	enditures D	of the in uring 4-	Year Averaging (d)	Period	1	
15 16 17	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	(a) 2005	Lobbying Exp	enditures D	of the in uring 4-	Year Averaging (d)	Period	1	
15 16 17	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of	(a) 2005	Lobbying Exp	enditures D	of the in uring 4-	Year Averaging (d)	Period	1	
15 16 17	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount	(a) 2005	Lobbying Exp	enditures D	of the in uring 4-	Year Averaging (d)	Period	1	
15 16 17	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e))	(a) 2005	Lobbying Exp	enditures D	of the in uring 4-	Year Averaging (d)	Period	1	
15 16 17 18 19	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	(a) 2005	Lobbying Exp (b) 2004	enditures D	of the in uring 4-	Year Averaging (d)	Period	1	
15 16 17 18 19	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activit	(a) 2005	(b) 2004	enditures D (c 20	of the in uring 4- :) 03	Year Averaging (d) 2002		Total	
15 16 17 18 19	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	(a) 2005 y by Nonelecting by by organization	(b) 2004 Public Charities as that did not con	enditures D (c 20	of the in uring 4- :) 03	Year Averaging (d) 2002	11 of ti	Total	N/A
15 16 17 18 19 Pa	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activit (For reporting on	y by Nonelecting by by organization out to influence nation	(b) 2004 Public Charities as that did not could, state or local legislation.	enditures D (c 20	of the in uring 4- :) 03	Year Averaging (d) 2002	11 of ti	Total	
15 16 17 18 19 Pa	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activit (For reporting oning the year, did the organization atternal	y by Nonelecting by by organization out to influence nation	(b) 2004 Public Charities as that did not could, state or local legislation.	enditures D (c 20	of the in uring 4- :) 03	Year Averaging (d) 2002	11 of ti	Total	N/A
15 16 17 18 19 Pa	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activit (For reporting on ing the year, did the organization atterment to influence public opinion on a leg	y by Nonelecting by by organization opt to influence national	(b) 2004 Public Charities as that did not could, state or local legislaterendum, through the interest of the content of the c	enditures D (c 20 s mplete Pa ation, includir use of:	of the in uring 4- :) 03	Year Averaging (d) 2002	11 of ti	Total	N/A
15 16 17 18 19 Page 19 Durn atter	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activit (For reporting oning the year, did the organization atterment to influence public opinion on a leg Volunteers	y by Nonelecting by by organization opt to influence national	(b) 2004 Public Charities as that did not could, state or local legislaterendum, through the interest of the content of the c	enditures D (c 20 s mplete Pa ation, includir use of:	of the in uring 4- :) 03	Year Averaging (d) 2002	11 of ti	Total	N/A
15 16 17 18 19 20 20 20 20 20 20 20 20 20 20 20 20 20	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activit (For reporting oning the year, did the organization atterment to influence public opinion on a leg Volunteers Paid staff or management (Include of	y by Nonelecting by by organization to influence nation gislative matter or referencements on the experience of the expe	(b) 2004 Public Charities as that did not could, state or local legislaterendum, through the interest of the content of the c	enditures D (c 20 s mplete Pa ation, includir use of:	of the in uring 4- :) 03	Year Averaging (d) 2002	11 of ti	Total	N/A
15 16 17 18 19 Duri a b c	Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures art VI-B Lobbying Activit (For reporting oning the year, did the organization atterment to influence public opinion on a leg Volunteers Paid staff or management (Include of Media advertisements	y by Nonelecting by by organization pt to influence nation gislative matter or referencements on the public	(b) 2004 Public Charities as that did not could, state or local legislaterendum, through the interest of the content of the c	enditures D (c 20 s mplete Pa ation, includir use of:	of the in uring 4- :) 03	Year Averaging (d) 2002	11 of ti	Total	N/A

Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

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

Total lobbying expenditures (Add lines through c h.)

Sche	dule A (Fon	m <u>990 or 99</u> 0-EZ) 2005	CAIR I	FLORIDA	INC		65-1110616		F	age 6
	rt VII					ions and Relations	hips With Noncharita	able		ugo o
	·	Exempt Organiz	ations (S	ee page 12	of the instruct	ions.)				
51	-		•		•	• •	ation described in section			
						7, relating to political org	anizations?	1		т—
а		from the reporting organ	nization to a	nonchantable	exempt organization	on of			Yes	
	(i) Cash						•	51a(i)		X
_	` '	er assets			•			a(ii)		X
Ь	Other trans	sactions. s or exchanges of asse	to with a nor	andorstable ave	met organization			h/n		x
	• •	hases of assets from a			. •	•		b(i) b(ii)		X
		tal of facilities, equipme			ariization			b(iii)		X
		nbursement arrangeme		200010				b(iv)		X
		ns or loan guarantees						b(v)	-	X
		ormance of services or	membership	or fundraising	solicitations			b(vi)		X
С		facilities, equipment, m						С		X
d						olumn (b) should always s	show the fair market value o	of the		
	goods, oth	er assets, or services g	given by the i	reporting organ	nization If the orga	inization received less th	an fair market value in any			
	transaction	or sharing arrangemei	nt, show in c	olumn (d) the v	value of the goods	, other assets, or service	s received:			
	(a)	(b)		(c)			(d)			
	Line no	Amount involved	Name o	of nonchantable e	exempt organization	Description of tr	ansfers, transactions, and shanr	ng arranger	ments	
	/>	<u> </u>								
_N/	/ A		ļ			 				
			ļ							
			+	<u> </u>		 				
		_	 		·					

			<u> </u>		-					
	described	nization directly or indir in section 501(c) of the emplete the following so	Code (other		•	e tax-exempt organization tion 527?		➤ [] Ye	es 🛚	K No
		(a) Name of organization		Туре	(b) of organization		(c) Description of relationship			
1	N/A									
				<u> </u>						
				ļ <u>.</u>						
				<u> </u>						
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		<u>_</u>				 				
		_		1		I				_

2756 11/13/2006	10 57 AM							
Form 99	90		S	pecial Events S	Schedule	-		2005
L`	1	For calendar	year 2005, or tax year b	eginning	, and endir	ng		
Name							Employer Ide	entification Number
CAIR F	LORID	A INC					65-111	0616
			(A)	(B)	(C)	Oth	ers	Total
Gross receipt	s	_	318,707	117,373	90,032		0	526,112
Less contril	outions		297,320	100,069	80,910		0	478,299
Gross revenu	е		21,387	17,304	9,122		0	47,813
Less direct	expenses		49,597	34,719	25,163		0	109,479
Net income (I	oss)		-28,210	-17,415	-16,041		0	-61,666
					· · · · · · · · · · · · · · · · · · ·			
Description:	(A)	TAMP	A ANNUAL BAN	QUET				
	(B)	S. F	LORIDA ANNUA	L BANQUET				
	(C)	ORLA	NDO ANNUAL E	SANQUET				
	Others	·						
				-				
				· · · · · · · · · · · · · · · · · · ·				
								
			· · · · · · · · · · · · · · · · · · ·	.				

2756 11/13/2006 12 57 PM							
Forms 990 / 990-PF	Mo	rtgages and Ot	her Notes Payable		2005		
	For calendar year 2005, o	r tax year beginning	, and ending				
Name		-		Employer Ide	entification Number		
CAIR FLORIDA	A INC		65-1110616				
FORM 990, PA	ART IV, LINE 64	B - ADDITION	NAL INFORMATION				
	Name of lender			disqualified perso	n		
(1) TAMPA BAY	VENTURES, LLC						
(2)							
(3)							
(4)	<u> </u>						
(5)							
(6)	·						
(7)							
(8) (9)							
(10)							
Original amou	int Date of loan	Maturity date	Repayment terms		Interest rate		
(1) 240,		6/01/20	\$1,898/MONTH		5.000		
(2)	0,20,00	0,02,20	72/000/1201121		- 3.000		
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)			<u> </u>				
(10)			<u> </u>				
	Security provided by borrower	•	Purpose	of loan			
(1) REAL ESTAT	ľE		TO FINANCE REAL ES	TATE			
(2)							
(3)							
(4)							
(5)							
(6)		·		····			
(7) (8)				 -			
(9)	· · · · · · · · · · · · · · · · · · ·						
(10)							
							
	deration furnished by lender		Balance due at beginning of year	ance due at nd of year			
(1)			 		235,473		
(2)	<u> </u>			+			
(3)	<u> </u>			 			
(4) (5)			 	+			
(6)				 			
(7)							
(8)							
(9)		11					
(10)							

Totals

235,473

Form 4562 (Rev January 2006) Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172 2005

Attachment Sequence No 63

Name(s) shown on return

CATO DIODINA TNO

Identifying number

	CAIR_FI	OKIDA INC				65-	<u> </u>	0010
	ess or activity to which this form relates							
	NDIRECT DEPRECIATI			- 470			_	
Pa	rt I Election To Expen Note: If you have a				u complete i	Dart I		
1	Maximum amount See the instruc				u complete	ait i.	1	105,000
2	Total cost of section 179 property	-					2	203/000
3	Threshold cost of section 179 prop	•	•				3	420,000
4	Reduction in limitation. Subtract lir						4	220,000
5	Dollar limitation for tax year. Subtra		· ·	0 If married fili	ng senarately	see instr	5	
	(a) Description			Cost (business us		Elected cos		
6			<u> </u>		(5)			* * ′
7	Listed property. Enter the amount	from line 29			7			3
8	Total elected cost of section 179 p	roperty. Add amount	ts in column (c), lines 6	and 7			8	
9	Tentative deduction. Enter the sm						9	
10							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 A	dd lines 9 and 10, bu	ut do not enter more tha	an line 11			12	
13	Carryover of disallowed deduction	to 2006 Add lines 9	and 10, less line 12	•	13			` ^`
Note	: Do not use Part II or Part III below	for listed property. I	nstead, use Part V.					
Pa	ırt II 🧎 Special Depreciati	on Allowance a	nd Other Depreci	ation (Do no	ot include lis	ted prop	erty.)	(See instructions.)
14	Special allowance for certain aircra	aft, certain property v	vith a long production p	period, and qual	ified NYL			
	or GO Zone property (other than listed property) placed in service during the tax year (see instructions)						14	
15	Property subject to section 168(f)(1) election					15	
16	Other depreciation (including ACR						16	125
Pa	rt III MACRS Depreciat	ion (Do not inclu	ude listed property	<u>/.) (See instr</u>	uctions.)			
			Section A					
17	MACRS deductions for assets place						17	2,868
18	If you are electing to group any assets p						L	
	Section B-As		vice During 2005 Tax		1	ciation Sys	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciati (business/investment u- only-see instructions)	se (a) nood	(e) Convention	(f) Me	thod	(g) Depreciation deduction
19a	3-year property		14,2		HY	200		4,750
b	5-year property		7,29	92 5.0	HY	200	DB	1,459
С	7-year property				ļ	ļ		
d	10-year property					1		
е	15-year property							
f	20-year property			_		ļ		
g	25-year property			25 yrs.		S/L		
h				27 5 yrs.	MM	S/L		
	property	F /10 /0F	044 5	27 5 yrs	MM	S/L		
İ	Nonresidential real	5/18/05	244,53	36 39 yrs.	MM	S/L		3,919
	property				MM	S/L		
		ets Placed in Servic	e During 2005 Tax Ye	ar Using the A	Iternative Depi	_		r
	Class life		···	42		S/L		
	12-year			12 yrs.	100	S/L		
	40-year	tructions)		40 yrs	<u> MM</u>	S/L		<u> </u>
	Lusted property. Enter amount from						24	
21	Listed property Enter amount from Total . Add amounts from line 12, i			mn (a) and he-	21	•	21	
22							22	12 121
23	Enter here and on the appropriate For assets shown above and place	-	•	poradoris-see t	isu.		22	13,121
LJ	enter the portion of the basis attrib	-	•		23			
	Since and position of the basis attitud							

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Federal Asset Report Form 990, Page 1

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Asset	Description	Date In Service	Bus Cost %	Sec Basis 179Bonus for Depr	PerConv Meth	Prior	Current
_	GDS Property:	C 101 10 F	205	205	2 171/2007		
	TENT	6/01/05	387	387		0	129
	EASELS 4 PORT VPN ROUTER	6/30/05 6/30/05	240	240		0	80
	4 PORT VPN ROUTER	6/30/05	160 160	160 160		0	53
	CARD SCANNER	6/30/05	120	120		0	53 40
	2 FOLDING TABLES	6/30/05	106	106		0	35
	DVD WRITER	6/30/05	150	150		ő	50
	TREO600VPC	6/30/05	150	150		ŏ	50
	TREO600VPC	6/30/05	150	150		ŏ	50
	DESKJET 9650	6/30/05	300	300		0	100
	CARD SCANNER	6/30/05	100	100	3 HY 200DB	0	33
	SONY DVD RECORDER	6/30/05	483	483	3 HY 200DB	0	161
	BLACKBERRY W/BLUETOOTH	6/30/05	308	308	3 HY 200DB	0	103
	PODIUM	6/30/05	225	225	3 HY 200DB	0	75
	LASERJET PRINTER	6/30/05	254	254		0	85
	CAIR IMPRINTED TABLECOVER	6/30/05	153	153	3 HY 200DB	0	51
	CAIR IMPRINTED TABLECOVER CAIR IMPRINTED TABLECOVER	6/30/05 6/30/05	153	153	3 HY 200DB	0	51
	CAIR IMPRINTED TABLECOVER	6/30/05	153 153	153 153	3 HY 200DB 3 HY 200DB	0	51 51
	TENT	6/30/05	106	106		0	35
	TRIPOD	6/30/05	178	178	3 HY 200DB	ő	60
	POWERCONNECT SWITCH	6/30/05	109	109	3 HY 200DB	ŏ	36
	2 DELL POWEREDGE	6/30/05	1,272	1,272		ŏ	424
53	4 DELL DIMENSION	6/30/05	2,392	2,392	3 HY 200DB	Ö	797
	DVD WRITER	6/30/05	122	122	3 HY 200DB	0	41
	OLYMPUS DIGITAL CAMERA	6/30/05	873	873	3 HY 200DB	0	291
	HARD DRIVE	6/30/05	106	106		0	35
	DELL DIMENSION 2400	6/30/05	341	341	3 HY 200DB	0	114
	DELL DIMENSION 3000	6/30/05	891	891	3 HY 200DB	0	297
	MONITOR TFT	6/30/05	600	600		0	200
	OLYMPUS DIGITAL VOICE RECORDER		244	244	3 HY 200DB	0	81
	JVC CAMCORDER JVC CAMCORDER	6/30/05	582	582	3 HY 200DB	0	194
	TREO 650	6/30/05 6/30/05	945 265	945 265	3 HY 200DB 3 HY 200DB	0	315 88
	CASIO DIGITAL CAMERA	6/30/05	350	350		ő	117
	2 15" FLAT SCREEN	6/30/05	376	376	3 HY 200DB	ő	125
1 7	DVD RECORDER	6/30/05	298	298	3 HY 200DB	ő	99
73	ATI RADEON	6/30/05	180	180		ŏ	60
74	PC TV TUNER	6/30/05	120	120		Ō	40
		_	14,255	14,255	•	0	4,750
		=	11,233		=		4,750
5-vear	GDS Property:						
37	PROJECTOR INFOCUS X2	6/30/05	696	696	5 HY 200DB	0	139
38	NEC PHONE W/DISPLAY	6/30/05	239	239		0	48
	MULTI-LINE PHONE SYSTEM	6/30/05	2,500	2,500		0	500
	SONY LAPTOP	6/30/05	1,543	1,543	5 HY 200DB	0	309
	20 FOLDING CHAIRS	6/30/05	450	450		0	90
	11 FOLDING CHAIRS	6/30/05	231	231	5 HY 200DB	0	46
	DESK RECEPTION DESK	6/30/05	500 945	500		0	100
	TRUTECH 15" FLAT SCREEN TV	6/30/05 6/30/05	188	945 188	5 HY 200DB	0	189
0,9	TROTECTION PLAT SCREEN IV	0/30/03 _			5 HY 200DB		38
		=	7,292		=	0	1,459
<u>15-yea</u>	r GDS Property:	10/21/25			16 1111 66	_	_
//	L/H IMPROV	12/31/05	6,000	6,000	15 HY S/L	0	0
			6,000	6,000		0	0
		=			-		
Ni P	esidential Deal Property.						
	esidential Real Property: BUILDING - TAMPA	5/18/05	244,536	244 524	39 MM S/L	0	2.010
'3	POIDDING - I VINII V	2110103	4 44 ,330	2 44 ,330	37 IVIIVI 3/L	U	3,919

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2756 CAIR FLORIDA INC

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Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus <u>%</u>	Sec 179Bonus		PerConv Meth	Prior	Current
Prior 1 2 3	MACRS: OFFICE PARTITIONS MONITOR MINOLTA PRINTER	1/09/03 1/30/03 10/15/03	1,101 73 748		X X X	1,046 51 374	7 HY 200DB 5 MQ200DB 5 MQ200DB	55 53 535	3,919 299 8 85
4 5 6 7 8 9	L/H IMPROV - TAMPA OFFICE OFFICE IMPROVEMENT COPIER/FAX SHREDDER CANAPY TENT PDA PHONE (ALTAF)	12/15/03 3/01/04 5/22/04 7/30/04 8/15/04 9/02/04	1,500 2,500 450 100 203 509		x x	1,460 2,500 450 50 203 255	15 HY 150DB	40 125 90 60 41 305	146 238 144 16 65 82
10 11 12 13 14 15	PHONE SYSTEM 4 - WALKIE TALKIES 3-EASELS SIGNS	9/15/04 10/15/04 11/15/04 2/15/04 6/30/04 6/30/04	2,466 192 124 925 217 382		X X X X X	2,466 96 62 462 108 191	7 HY 200DB 5 HY 200DB 3 HY 200DB	352 115 83 486 130 229	604 31 27 44 35 61
16 17 18 19 20 21		7/15/04 8/15/04 9/15/04 9/17/04 9/19/04 9/19/04	748 215 1,999 85 215 85		X X X X X X	374 107 999 43 107	3 HY S/L 5 HY 200DB 5 HY 200DB 3 HY 200DB 5 HY 200DB 5 HY 200DB	436 129 1,199 57 129 51	125 34 320 18 35
22 23 24 25	SONY LAPTOP (PARVEZ) DVD/VCR COMBO 25" TV 10-EASELS	9/09/04 10/06/04 10/06/04 10/15/04	2,060 157 158 366 17,578		X X X X	1,030 79 79 183 12,818	5 HY 200DB 5 HY 200DB 5 HY 200DB 5 HY 200DB	1,236 94 95 220 6,345	330 25 25 25 58 2,868
54	r Depreciation; SOFTWARE LAND - TAMPA	6/30/05 5/18/05	749 61,134			749 61,134	3 MO S/L 0 Land	0 0	125
	Total Other Depreciation Total ACRS and Other Deprec	ciation =	61,883			61,883	-	0	125
	Grand Totals Less: Dispositions Net Grand Totals	_	351,544 0 351,544			346,784 0 346,784		6,345 0 6,345	13,121 0 13,121

Department of the Treasury Internal Revenue Service

Affiliations Schedule

▶ File with each consolidated income tax return.

For tax year ending

Employer identification number

OMB No 1545-0025

65 1110616

Number, street, and room or suite no. If a P.O. box, see instructions.

P. O. BOX 350626

CAIR FLORIDA INC

City or town, state, and ZIP code

Name of common parent corporation

JACKSONVILLE, FLORIDA 32235-0626

	Overpayment Credits, Estimated Tax Pa			100	0 111000	CHOINS		-
Corp No	Name and address of corporation	ıder	Employer identification number		Portion of overpayment credits and estimated tax payments		Portion of tax deposited with Form 7004	
1	Common parent corporation	*	~ × 6			0		0
2	Subsidiary corporations: CAIR FLORIDA HOLDING COMPANY INC	20 278	2775			0		0
3_								
4								
5								
6								
7								.=
8								
9								
10								
	TII Principal Business Activity, Voting Stoc	k illioilliation,	Etc. (See	mstruc	tions)			
Corp	Principal business activity (PBA)	PBA Code	Did the sub	sidiary ndividend	Stock		t beginning	·
Corp No		PBA	Did the sub make any noi distributi	sidiary ndividend ons?	Stock Number of	Percent of voting		Owned by corporation
		PBA Code	Did the sub	sidiary ndividend	Stock	Percent of	Percent of	Owned by corporation no
No —	Principal business activity (PBA) Common parent corporation	PBA Code	Did the sub make any noi distributi	osidiary ndividend ons?	Stock Number of	Percent of voting	Percent of value	Owned by corporation no
1	Principal business activity (PBA) Common parent corporation CAIR FLORIDA INC Subsidiary corporations:	PBA Code	Did the sub make any noi distributi	osidiary ndividend ons?	Stock Number of shares	Percent of voting power	Percent of value	Owned by corporation no
1 2	Principal business activity (PBA) Common parent corporation CAIR FLORIDA INC Subsidiary corporations:	PBA Code	Did the sub make any noi distributi	osidiary ndividend ons?	Stock Number of shares	Percent of voting power	Percent of value	Owned by corporation no
1 2 3	Principal business activity (PBA) Common parent corporation CAIR FLORIDA INC Subsidiary corporations:	PBA Code	Did the sub make any noi distributi	osidiary ndividend ons?	Stock Number of shares	Percent of voting power 0 %	Percent of value	Owned by corporation no
1 2 3	Principal business activity (PBA) Common parent corporation CAIR FLORIDA INC Subsidiary corporations:	PBA Code	Did the sub make any noi distributi	osidiary ndividend ons?	Stock Number of shares	Percent of voting power 0 %	Percent of value	Owned by corporation no
1 2 3 4 5	Principal business activity (PBA) Common parent corporation CAIR FLORIDA INC Subsidiary corporations:	PBA Code	Did the sub make any noi distributi	osidiary ndividend ons?	Stock Number of shares	Percent of voting power 0 %	Percent of value 0 % % % % %	Owned by corporation no
1 2 3 4 5	Principal business activity (PBA) Common parent corporation CAIR FLORIDA INC Subsidiary corporations:	PBA Code	Did the sub make any noi distributi	osidiary ndividend ons?	Stock Number of shares	Percent of voting power 0 % % % %	Percent of value	Owned by corporation no
1 2 3 4 5 6 7	Principal business activity (PBA) Common parent corporation CAIR FLORIDA INC Subsidiary corporations:	PBA Code	Did the sub make any noi distributi	osidiary ndividend ons?	Stock Number of shares	Percent of voting power 0 % % % % % %	Percent of value	Owned by corporation no N/A

Par	t III Changes in Stock Holdings During the	Tax Ye	ar				
Corp	Name of corporation	Share- holder of	Date of	(a) Ch	anges	(b) Shares changes de colum	escribed in
No	Name of corporation	Corpora- tion No	transaction	Number of shares acquired	Number of shares disposed of	Percent of voting power	Percent of value
1	CAIR FLORIDA INC	2	042805	1	0	100 %	100 %
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%
				i		%	%
(e)	If the equitable owners of any capital stock shown about	ove were	other than	n the holders c	f record, provi	de details of t	the changes.
		·					
(f) ON (If additional stock was issued, or if any stock was re						
MEN	IBER.				· - · · · · · · · · · · · · · · · · · · ·		
			_				
						· · · · · · · · · · · · · · · · · · ·	

Page	.3

Par	t IV Additional Stock Information (see instructions)				
1 [During the tax year, did the corporation have more than one of "Yes," enter the name of the corporation and list and describ	ass of stock outstan	ding? «.	☐ Yes	☑ No
Corp No.	Name of corporation		Class of stock		
				•	
			-		
(During the tax year, was there any member of the consolidate of disaffiliation?			☐ Yes	☑ No
Corp No	Name of corporation		Explanation		
r s a	During the tax year, was there any arrangement in existence by nembers of the affiliated group could acquire any stock, or actock, in the corporation, other than a de minimis amount, from affiliated group?	cquire any voting por the corporation or a	wer without acquiring nother member of the	☐ Yes	☑ No
Corp No	Name of corporation	Item 3a	Item 3b	Item 3	lc .
		%	%		%
		%	%		%
		%	%		%
Corp	Item 3d—Provide a description of any arrangement.	%	%		%
No.				·	
		 			
					<u>.</u>

Department of the Treasury Internal Revenue Service

Authorization and Consent of Subsidiary Corporation To Be Included in a Consolidated Income Tax Return

► Attach to the consolidated income tax return.

For the cale	ndar year 20 05, or other tax year beginning	0428	, 20	05	and endin	g DECEMBER 31	, ₂₀ 05	5
Name CAIR FLO	RIDA HOLDING COMPANY INC	-				Employer identification 20 : 2782775	number	
Number, stree	et, and room or suite no 350626							
•	state, and ZIP code IVILLE, FLORIDA 32235-0626							
Name of parent corporation CAIR FLORIDA INC						Employer identification 65 : 1110616	number	
corporation indicated a consolidate	liary corporation named above authorizes its part to include it in a consolidated return for the and for each subsequent year the group must ed return under the applicable regulations. If the poration does not file a consolidated return on	tax year Co file a off he	mmissionei icial to do s	r of tl so. ary с	he Intern onsents (subsidiary authorizes to all Revenue Service or a so be bound by the probability.	an IRS	
Sign Here	Under penalties of perjury, I declare that the subsidiary in form and the information contained herein, and to the be	st of my knowled		ıt ıs tn	ue, correct,			
	Signature of subsidiary officer	Date			Title			

Cat No 17228S

Instructions for the subsidiary corporation. Complete and submit an original, signed Form 1122 to the common parent corporation of the consolidated group for the first tax year the subsidiary consents to be included in the group's consolidated income tax return.

Instructions for the parent corporation filing the consolidated return. The common parent corporation of a consolidated group must attach a separate Form 1122 to the group's consolidated income tax return for each subsidiary

corporation for the first tax year each subsidiary consents to be included in the consolidated return. Attach to the consolidated return either the signed Form 1122 or an unsigned version containing the same information stated on the signed form. If the parent corporation submits an unsigned Form 1122, it must retain the original, signed form in its records.

Form 1122 (Rev 12-2003)



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Federal Statements

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Form 990 - General Footnote

Description

CONSOLIDATED RETURN
ON APRIL 28, 2005 CAIR FLORIDA HOLDING COMPANY INC WAS INCORPORATED IN THE STATE OF FLORIDA. CAIR FLORIDA INC IS THS SOLE OWNER/MEMBER OF CAIR FLORIDA HOLDING COMPANY INC. CAIR FLORIDA HOLDING COMPANY INC WAS FORMED TO HOLD TITLE TO REAL ESTATE USED BY CAIR FLORIDA INC FOR ITS EXEMPT PURPOSE. FOR 2005 THE FORM 990 INCLUDES THE REVENUES AND EXPENDITURES OF THE PARENT, CAIR FLORIDA INC, AND ITS SOLE SUBSIDIARY, CAIR FLORIDA HOLDING COMPANY, INC.

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Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
BANK/CREDIT CARD FEES	4,875		4,875	
ADVERTISING & PROMOTIONS	18,166	18,166		
MEALS	1,466	1,393	73	
UTILITIES	11,174	10,615	559	
PROFESSIONAL FEES	8,374		8,374	
MISCELLANEOUS	17,780		17,780	
REAL ESTATE TAXES	3,868	3,675	193	
TOTAL	\$ 65,703	\$ 33,849	\$ 31,854	\$ 0

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Federal Statements

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

Description

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

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Federal Statements

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

Description	Beginning of Year	End of Year
TAMPA OFFICE RENTAL DEPOSIT	\$ 13,200	\$
S.FL OFFICE RENTAL DEPOSIT	5,000	5,000
S.FL UTILITY DEPOSIT	175	175
2006 BANQUET DEPOSIT		1,000
TOTAL	\$ 18,375	\$ 6,175

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

Description	Be o	ginning f Year	End of Year	
PAYROLL WITHHOLDING TAX PAYABLE	\$	234	\$	
TOTAL	\$	234	\$	0

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Federal Statements

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

	Name	<i>P</i>	Address					
	City, State	, Zip	Title		Average Hours	Compensation	Benefits	Expenses
PARVEZ AHMED	JACKSONVILLE FL 3222	12346 WINTERPINE		0	AS NEEDED	0	0	0
ALTAF ALI	PEMBROKE PINES FL 33	900 SW 86TH AVE	EXE. DIRECTO		(0 +	48,000	0	0
AHMED BEDIER		720 8TH ST N.			50+	·		U
MUJEEB QADRI	ST. PETERBURGS FL 33	731 661 E. ALT. DRIV	EXE. DIRECTO	0	50+	48,000	0	0
	ALTAMONTE SPRNGS FL	32701	DIRECTOR	0	AS NEEDEI	0	0	0
M.F. MANSOORI	JACKSONVILLE FL 3222		TREASURER	0	V	0	0	0
ATIF FAREED	WINTER SPRNGS FL 327	80	SECRETARY	0	14	0	0	0
DR. EZZAT ZAKI	LITHIA FL 33547	17503 OSPREY MAN		0	u	0	0	0
RASHID ABBARA	MIAMI FL 33186	10701 SW 146 CT.	DIRECTOR	0	н	0	0	0
DR. M.A. SALEEM	ORLANDO FL 32836	10437 EMERALD WO	ODS DIRECTOR	0	ų	0	0	0
DR. NAZIR HAMOUI		4571 LAKE WOODS		0	u	0	0	0
PATRICK HANNA		4406 E. TARPON D)R		-,	J	ŭ	J
DANETTE MASK	TAMPA FL 33617	5826 NW 29TH STR	DIRECTOR EET	0	11	0	0	0
	GAINESVILLE FL 32653		DIRECTOR	0	Ħ	0	0	0

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

Description	 <u>C</u> ash	 Noncash	_	Total
CONTRIBUTIONS FROM EVENTS	\$ 478,299	\$ 	\$	478,299
TOTAL	\$ 478,299	\$ 0	\$	478,299

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Schedule A, Part IV, Line 27a - Support from Disqualified Persons

Donor Name	2004	2003	2002	2001
	104,375	67,262	2,600	5,000
TOTAL	104,375	67,262	2,600	5,000

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Special Events Direct Expenses

Description	Amount
COLUMN A	 \$
TAMPA ANNUAL BANQUET	·
POSTAGE AND SHIPPING	208
PRINTING AND PUBLICATIONS	4,516
TRAVEL	3,394
BANQUET HALL/HOTEL CHARGE	30,175
VIDEO/SOUND SYSTEM	3,800
HONARARIUM	5,000
AWARDS & SUPPLIES MISCELLANEOUS	1,361
	1,143
SUBTOTAL	49,597
COLUMN B	
S. FLORIDA ANNUAL BANQUET	
POSTAGE AND SHIPPING	1,400
PRINTING AND PUBLICATIONS	5,389
TRAVEL	6,426
BANQUET HALL/HOTEL CHARGES VIDEO/SOUND SYSTEM	14,343 2,368
HONORARIUMS	2,368 3,600
AWARDS & SUPPLIES	1,193
SUBTOTAL	34,719
	31,713
COLUMN C ORLANDO ANNUAL BANQUET	
POSTAGE AND SHIPPING	605
PRINTING AND PUBLICATIONS	2,245
TRAVEL	3,019
AWARDS & SUPPLIES	532
HONARARIUM	2,500
AUDIO & VIDEO	1,925
HOTEL/BANQUET HALL CHARGES	13,944
MISCELLANEOUS	393
SUBTOTAL	25,163
TOTAL	109,479

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES REPORTED ON FORM 990, PAGE 1, LINE 9B.