

Form **990**

# 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)

OMB No 1545-0047

## 2005

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 2005 calendar year, or tax year beginning** , and ending

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

**C Name of organization**  
**CAIR FLORIDA INC**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**P.O. BOX 350626**  
 City or town, state or country, and ZIP + 4  
**JACKSONVILLE FL 32235-0626**

**D Employer identification no.**  
**65-1110616**

**E Telephone number**

**F Accounting method:**  Cash  
 Accrual  Other (specify)

**G Website:** **N/A**

**J Organization type**  
 (check only one)  501(c) ( **3** )  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 chooses to file a return, be sure to file a complete return **Some states require a complete return.**

**H and I are not applicable to section 527 organizations**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **1**  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach 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**

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **641,463**

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

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>593,650</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>			
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>593,650</b> noncash \$ )	<b>1d</b>		<b>593,650</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b>	Dividends and interest from securities	<b>5</b>			
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe )	<b>7</b>			
<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>					
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ <b>478,299</b> of contributions reported on line 1a)	<b>9a</b>	<b>47,813</b>		
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>	<b>109,479</b>		
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		<b>-61,666</b>	
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>531,984</b>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>335,515</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>46,768</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>10,071</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>392,354</b>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>139,630</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>103,775</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>243,405</b>	

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**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	96,000	86,400	4,800	
26	Other salaries and wages	26	86,418	77,776	4,321	
27	Pension plan contributions	27				
28	Other employee benefits	28	4,791	4,312	239	
29	Payroll taxes	29	14,190	12,771	709	
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 schedule)	42	13,121	13,121		
43	Other expenses not covered above (itemize):					
a	SEE STATEMENT 1	43a	65,703	33,849	31,854	
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	<b>Total functional expenses.</b> 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

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose?

**► 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.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs, & 4947(a)(1) trusts, but optional for others.)

**a 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 ►

**b**

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

**c**

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

**d**

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

**e Other program services (attach schedule) SEE STMT 2**

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

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

**335,515**

**335,515**

**Part IV Balance Sheets (See the instructions.)**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45	Cash-non-interest-bearing	74,401	45	151,815
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable			
	b	Less allowance for doubtful accounts		47c	
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts		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)			
	b	Less allowance for doubtful accounts		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			
	b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment basis	351,546			
b	Less accumulated depreciation (attach schedule)		57c	332,078	
58	Other assets (describe ► <b>SEE STATEMENT 3</b> )		18,375	58	6,175
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	104,009	59	490,068	
<b>Liabilities</b>	60	Accounts payable and accrued expenses		60	11,188
	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) <b>SEE WORKSHEET</b>		64b	235,473
	65	Other liabilities (describe ► <b>SEE STATEMENT 4</b> )		234	65
66	<b>Total liabilities.</b> Add lines 60 through 65		234	66	246,661
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>				
	67	Unrestricted	103,775	67	243,407
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74</b>				
	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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	103,775	73	243,405
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	104,009	74	490,068	





Part VI Other Information (continued)

		Yes	No
<b>82a</b>	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?		<b>X</b>
<b>82b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III )		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
<b>84b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
<b>85a</b>	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
<b>85b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
<b>85c</b>	Dues, assessments, and similar amounts from members		
<b>85d</b>	Section 162(e) lobbying and political expenditures		
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
<b>85h</b>	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	
<b>86a</b>	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12		
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities		
<b>87a</b>	501(c)(12) orgs. Enter a Gross income from members or shareholders		
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>88</b>	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		<b>X</b>
<b>89a</b>	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>89b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 ▶ 0		
	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0		
<b>90a</b>	List the states with which a copy of this return is filed ▶ <b>NONE</b>		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		<b>6</b>
<b>91a</b>	The books are in care of ▶ Telephone no. ▶		
	Located at ▶ ZIP + 4 ▶		
<b>91b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		<b>X</b>
<b>91c</b>	At any time during the calendar year, did the organization maintain an office outside of the United States?		<b>X</b>
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 ▶		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
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	-61,666	
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		-61,666	0
105 Total (add line 104, columns (B), (D), and (E))					-61,666

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 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 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 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 attachments, if any, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has knowledge.

Signature of officer: *M.F. Mansoori*

Type or print name and title: **M.F. MANSOORI, TR**

Paid Preparer's Use Only

Preparer's signature: *[Signature]*

Firm's name (or yours if self-employed), address, and ZIP + 4: **MEEKS, ROSS, PAULK  
1354 N. LAURA STREET  
JACKSONVILLE, FL**



**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**

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

**CAIR FLORIDA INC**

Employer identification number  
**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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

**Part II-A 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 ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

**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.		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		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)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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). 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.)

(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 6 of the instructions.)



**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)**

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
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?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during 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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following.			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement )	32d		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
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		







Forms <b>990 / 990-PF</b>	<b>Mortgages and Other Notes Payable</b>	<b>2005</b>
For calendar year 2005, or tax year beginning		, and ending

Name <b>CAIR FLORIDA INC</b>	Employer Identification Number <b>65-1110616</b>
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**FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>TAMPA BAY VENTURES, LLC</b>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>240,000</b>	<b>5/18/05</b>	<b>6/01/20</b>	<b>\$1,898/MONTH</b>	<b>5.000</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>REAL ESTATE</b>	<b>TO FINANCE REAL ESTATE</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		<b>235,473</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>		<b>235,473</b>



**Depreciation and Amortization**  
**(Including Information on Listed Property)**

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

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 the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
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 instr	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2004 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 2006. 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.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified 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 ACRS)	16	125

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	2,868
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2005 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		14,255	3.0	HY	200DB	4,750
b 5-year property		7,292	5.0	HY	200DB	1,459
c 7-year property						
d 10-year property						
e 15-year property						
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	5/18/05	244,536	39 yrs.	MM	S/L	3,919
				MM	S/L	

**Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see instructions)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> 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	13,121
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.

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>3-year GDS Property:</b>									
26	TENT	6/01/05	387			387	3 HY 200DB	0	129
27	EASELS	6/30/05	240			240	3 HY 200DB	0	80
28	4 PORT VPN ROUTER	6/30/05	160			160	3 HY 200DB	0	53
29	4 PORT VPN ROUTER	6/30/05	160			160	3 HY 200DB	0	53
30	CARD SCANNER	6/30/05	120			120	3 HY 200DB	0	40
31	2 FOLDING TABLES	6/30/05	106			106	3 HY 200DB	0	35
32	DVD WRITER	6/30/05	150			150	3 HY 200DB	0	50
33	TREO600VPC	6/30/05	150			150	3 HY 200DB	0	50
34	TREO600VPC	6/30/05	150			150	3 HY 200DB	0	50
35	DESKJET 9650	6/30/05	300			300	3 HY 200DB	0	100
36	CARD SCANNER	6/30/05	100			100	3 HY 200DB	0	33
39	SONY DVD RECORDER	6/30/05	483			483	3 HY 200DB	0	161
40	BLACKBERRY W/BLUETOOTH	6/30/05	308			308	3 HY 200DB	0	103
41	PODIUM	6/30/05	225			225	3 HY 200DB	0	75
43	LASERJET PRINTER	6/30/05	254			254	3 HY 200DB	0	85
44	CAIR IMPRINTED TABLECOVER	6/30/05	153			153	3 HY 200DB	0	51
45	CAIR IMPRINTED TABLECOVER	6/30/05	153			153	3 HY 200DB	0	51
46	CAIR IMPRINTED TABLECOVER	6/30/05	153			153	3 HY 200DB	0	51
47	CAIR IMPRINTED TABLECOVER	6/30/05	153			153	3 HY 200DB	0	51
48	TENT	6/30/05	106			106	3 HY 200DB	0	35
50	TRIPOD	6/30/05	178			178	3 HY 200DB	0	60
51	POWERCONNECT SWITCH	6/30/05	109			109	3 HY 200DB	0	36
52	2 DELL POWEREDGE	6/30/05	1,272			1,272	3 HY 200DB	0	424
53	4 DELL DIMENSION	6/30/05	2,392			2,392	3 HY 200DB	0	797
55	DVD WRITER	6/30/05	122			122	3 HY 200DB	0	41
56	OLYMPUS DIGITAL CAMERA	6/30/05	873			873	3 HY 200DB	0	291
57	HARD DRIVE	6/30/05	106			106	3 HY 200DB	0	35
58	DELL DIMENSION 2400	6/30/05	341			341	3 HY 200DB	0	114
59	DELL DIMENSION 3000	6/30/05	891			891	3 HY 200DB	0	297
63	MONITOR TFT	6/30/05	600			600	3 HY 200DB	0	200
65	OLYMPUS DIGITAL VOICE RECORDER	6/30/05	244			244	3 HY 200DB	0	81
66	CAMCORDER CANON ZR100	6/30/05	582			582	3 HY 200DB	0	194
67	JVC CAMCORDER	6/30/05	945			945	3 HY 200DB	0	315
68	TREO 650	6/30/05	265			265	3 HY 200DB	0	88
70	CASIO DIGITAL CAMERA	6/30/05	350			350	3 HY 200DB	0	117
71	2 15" FLAT SCREEN	6/30/05	376			376	3 HY 200DB	0	125
72	DVD RECORDER	6/30/05	298			298	3 HY 200DB	0	99
73	ATI RADEON	6/30/05	180			180	3 HY 200DB	0	60
74	PC TV TUNER	6/30/05	120			120	3 HY 200DB	0	40
			<u>14,255</u>			<u>14,255</u>		<u>0</u>	<u>4,750</u>
<b>5-year GDS Property:</b>									
37	PROJECTOR INFOCUS X2	6/30/05	696			696	5 HY 200DB	0	139
38	NEC PHONE W/DISPLAY	6/30/05	239			239	5 HY 200DB	0	48
42	MULTI-LINE PHONE SYSTEM	6/30/05	2,500			2,500	5 HY 200DB	0	500
49	SONY LAPTOP	6/30/05	1,543			1,543	5 HY 200DB	0	309
60	20 FOLDING CHAIRS	6/30/05	450			450	5 HY 200DB	0	90
61	11 FOLDING CHAIRS	6/30/05	231			231	5 HY 200DB	0	46
62	DESK	6/30/05	500			500	5 HY 200DB	0	100
64	RECEPTION DESK	6/30/05	945			945	5 HY 200DB	0	189
69	TRUTECH 15" FLAT SCREEN TV	6/30/05	188			188	5 HY 200DB	0	38
			<u>7,292</u>			<u>7,292</u>		<u>0</u>	<u>1,459</u>
<b>15-year GDS Property:</b>									
77	L/H IMPROV	12/31/05	6,000			6,000	15 HY S/L	0	0
			<u>6,000</u>			<u>6,000</u>		<u>0</u>	<u>0</u>
<b>Non-Residential Real Property:</b>									
75	BUILDING - TAMPA	5/18/05	244,536			244,536	39 MM S/L	0	3,919

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
			<u>244,536</u>			<u>244,536</u>		<u>0</u>	<u>3,919</u>
<b>Prior MACRS:</b>									
1	OFFICE PARTITIONS	1/09/03	1,101		X	1,046	7 HY 200DB	55	299
2	MONITOR	1/30/03	73		X	51	5 MQ200DB	53	8
3	MINOLTA PRINTER	10/15/03	748		X	374	5 MQ200DB	535	85
4	L/H IMPROV - TAMPA OFFICE	12/15/03	1,500		X	1,460	15 HY 150DB	40	146
5	OFFICE IMPROVEMENT	3/01/04	2,500			2,500	5 HY 150DB	125	238
6	COPIER/FAX	5/22/04	450			450	5 HY 200DB	90	144
7	SHREDDER	7/30/04	100		X	50	5 HY 200DB	60	16
8	CANAPY TENT	8/15/04	203			203	5 HY 200DB	41	65
9	PDA PHONE (ALTAF)	9/02/04	509		X	255	5 HY 200DB	305	82
10	PHONE SYSTEM	9/15/04	2,466			2,466	7 HY 200DB	352	604
11	4 - WALKIE TALKIES	10/15/04	192		X	96	5 HY 200DB	115	31
12	3-EASELS	11/15/04	124		X	62	3 HY 200DB	83	27
13	SIGNS	2/15/04	925		X	462	15 HY 150DB	486	44
14	COMP EQUIP-COMP USA	6/30/04	217		X	108	5 HY 200DB	130	35
15	COMP EQUIP-OFFICE DEPOT	6/30/04	382		X	191	5 HY 200DB	229	61
16	TELOSA DATABASE S/W	7/15/04	748		X	374	3 HY S/L	436	125
17	VERIZON CELPHONE	8/15/04	215		X	107	5 HY 200DB	129	34
18	HP LAPTOP (AHMED)	9/15/04	1,999		X	999	5 HY 200DB	1,199	320
19	VACUM CLEANER	9/17/04	85		X	43	3 HY 200DB	57	18
20	FAX/PRINTER	9/19/04	215		X	107	5 HY 200DB	129	35
21	LEATHER CHAIR	9/19/04	85		X	43	5 HY 200DB	51	13
22	SONY LAPTOP (PARVEZ)	9/09/04	2,060		X	1,030	5 HY 200DB	1,236	330
23	DVD/VCR COMBO	10/06/04	157		X	79	5 HY 200DB	94	25
24	25" TV	10/06/04	158		X	79	5 HY 200DB	95	25
25	10-EASELS	10/15/04	366		X	183	5 HY 200DB	220	58
			<u>17,578</u>			<u>12,818</u>		<u>6,345</u>	<u>2,868</u>
<b>Other Depreciation:</b>									
54	SOFTWARE	6/30/05	749			749	3 MO S/L	0	125
76	LAND - TAMPA	5/18/05	61,134			61,134	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>61,883</u>			<u>61,883</u>		<u>0</u>	<u>125</u>
	<b>Total ACRS and Other Depreciation</b>		<u>61,883</u>			<u>61,883</u>		<u>0</u>	<u>125</u>
	<b>Grand Totals</b>		<u>351,544</u>			<u>346,784</u>		<u>6,345</u>	<u>13,121</u>
	<b>Less: Dispositions</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>351,544</u>			<u>346,784</u>		<u>6,345</u>	<u>13,121</u>

### Affiliations Schedule

► File with each consolidated income tax return.

OMB No 1545-0025

For tax year ending

Name of common parent corporation  
**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 or town, state, and ZIP code  
**JACKSONVILLE, FLORIDA 32235-0626**

**Part I Overpayment Credits, Estimated Tax Payments, and Tax Deposits (see instructions)**

Corp No	Name and address of corporation	Employer identification number	Portion of overpayment credits and estimated tax payments	Portion of tax deposited with Form 7004
2	Subsidiary corporations: <b>CAIR FLORIDA HOLDING COMPANY INC</b>	<b>20 : 2782775</b>	0	0
3				
4				
5				
6				
7				
8				
9				
10				
Totals (Must equal amounts shown on the consolidated tax return.)			0	0

**Part II Principal Business Activity, Voting Stock Information, Etc. (see instructions)**

Corp No	Principal business activity (PBA)	PBA Code No	Did the subsidiary make any nondividend distributions?		Stock holdings at beginning of year			
			Yes	No	Number of shares	Percent of voting power	Percent of value	Owned by corporation no
2	Subsidiary corporations: <b>CAIR FLORIDA HOLDING COMPANY INC</b>			✓	0	0 %	0 %	N/A
3						%	%	
4						%	%	
5						%	%	
6						%	%	
7						%	%	
8						%	%	
9						%	%	
10						%	%	

**Part III Changes in Stock Holdings During the Tax Year**

Corp No	Name of corporation	Shareholder of Corporation No	Date of transaction	(a) Changes		(b) Shares held after changes described in column (a)	
				Number of shares acquired	Number of shares disposed of	Percent of voting power	Percent of value
<b>1</b>	<b>CAIR FLORIDA INC</b>	<b>2</b>	<b>042805</b>	<b>1</b>	<b>0</b>	<b>100</b> %	<b>100</b> %
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%

- (c) If any transaction listed above caused either a deconsolidation of a subsidiary or a deconsolidation of any share of subsidiary stock and afterward, any member continued to hold stock of the subsidiary, did the basis of any retained share exceed its value immediately before the deconsolidation? If "Yes," see the instructions for details.  Yes  No
- (d) Is the group deducting a loss recognized on the disposition of the stock of a subsidiary? If "Yes," see the instructions for details, including the statements that must be attached.  Yes  No
- (e) If the equitable owners of any capital stock shown above were other than the holders of record, provide details of the changes.

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(f) If additional stock was issued, or if any stock was retired during the year, list the dates and amounts of these transactions.  
**ON 04/28/05 CAIR FLORIDA HOLDING COMPANY INC WAS INCORPORATED WITH CAIR FLORIDA INC BEING THE ONLY MEMBER.**

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**Part IV Additional Stock Information** (see instructions)

**1** During the tax year, did the corporation have more than one class of stock outstanding? . . . . .  Yes  No  
 If "Yes," enter the name of the corporation and list and describe each class of stock.

Corp No.	Name of corporation	Class of stock

**2** During the tax year, was there any member of the consolidated group that reaffiliated within 60 months of disaffiliation? . . . . .  Yes  No  
 If "Yes," enter the name of the corporation(s) and explain the circumstances.

Corp No	Name of corporation	Explanation

**3** During the tax year, was there any arrangement in existence by which one or more persons that were not members of the affiliated group could acquire any stock, or acquire any voting power without acquiring stock, in the corporation, other than a de minimis amount, from the corporation or another member of the affiliated group? . . . . .  Yes  No  
 If "Yes," enter the name of the corporation and see the instructions for what to enter in Items 3a, 3b, 3c, and 3d.

Corp No	Name of corporation	Item 3a	Item 3b	Item 3c
		%	%	%
		%	%	%
		%	%	%
		%	%	%

Corp No.	Item 3d—Provide a description of any arrangement.

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

▶ Attach to the consolidated income tax return.

For the calendar year 20 **05**, or other tax year beginning **0428**, 20 **05** and ending **DECEMBER 31**, 20 **05**

Name <b>CAIR FLORIDA HOLDING COMPANY INC</b>	Employer identification number <b>20 : 2782775</b>
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Number, street, and room or suite no  
**P. O. BOX 350626**

City or town, state, and ZIP code  
**JACKSONVILLE, FLORIDA 32235-0626**

Name of parent corporation <b>CAIR FLORIDA INC</b>	Employer identification number <b>65 : 1110616</b>
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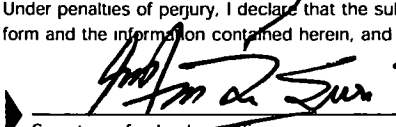
The subsidiary corporation named above authorizes its parent corporation to include it in a consolidated return for the tax year indicated and for each subsequent year the group must file a consolidated return under the applicable regulations. If the parent corporation does not file a consolidated return on

behalf of the subsidiary, the subsidiary authorizes the Commissioner of the Internal Revenue Service or an IRS official to do so.

The subsidiary consents to be bound by the provisions of the consolidated return regulations.

**Sign Here**

Under penalties of perjury, I declare that the subsidiary named above has authorized me to sign this form on its behalf, that I have examined this form and the information contained herein, and to the best of my knowledge and belief, it is true, correct, and complete

	<b>11-13-06</b>	<b>DIRECTOR/TREASURER</b>
Signature of subsidiary officer	Date	Title

**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.



**Federal Statements****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.



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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
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	<u>\$ 65,703</u>	<u>\$ 33,849</u>	<u>\$ 31,854</u>	<u>\$ 0</u>

# Federal Statements

## 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.

**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	\$
S.FL OFFICE RENTAL DEPOSIT	5,000	5,000
S.FL UTILITY DEPOSIT	175	175
2006 BANQUET DEPOSIT		1,000
TOTAL	<u>\$ 18,375</u>	<u>\$ 6,175</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	\$ 234	\$
TOTAL	<u>\$ 234</u>	<u>\$ 0</u>

**Federal Statements**

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

Name	Address		Title	Average Hours	Compensation	Benefits	Expenses
	City, State, Zip						
PARVEZ AHMED	12346 WINTERPINE CT		CHAIRMAN	0	AS NEEDED	0	0
	JACKSONVILLE FL 32225						
ALTAF ALI	900 SW 86TH AVE		EXE. DIRECTO	0	50+	48,000	0
	PEMBROKE PINES FL 33025						
AHMED BEDIER	720 8TH ST N.		EXE. DIRECTO	0	50+	48,000	0
	ST. PETERBURGS FL 33731						
MUJEEB QADRI	661 E. ALT. DRIVE		DIRECTOR	0	AS NEEDED	0	0
	ALTAMONTE SPRNGS FL 32701						
M.F. MANSOORI	433 BRODY COVE TRL		TREASURER	0	"	0	0
	JACKSONVILLE FL 32225						
ATIF FAREED	175 E. TRADEWINDS RD		SECRETARY	0	"	0	0
	WINTER SPRNGS FL 32708						
DR. EZZAT ZAKI	17503 OSPREY MANOR		DIRECTOR	0	"	0	0
	LITHIA FL 33547						
RASHID ABBARA	10701 SW 146 CT.		DIRECTOR	0	"	0	0
	MIAMI FL 33186						
DR. M.A. SALEEM	10437 EMERALD WOODS		DIRECTOR	0	"	0	0
	ORLANDO FL 32836						
DR. NAZIR HAMOUI	4571 LAKE WOODS DR		DIRECTOR	0	"	0	0
	SPRING HILL FL 34607						
PATRICK HANNA	4406 E. TARPON DR		DIRECTOR	0	"	0	0
	TAMPA FL 33617						
DANETTE MASK	5826 NW 29TH STREET		DIRECTOR	0	"	0	0
	GAINESVILLE FL 32653						

**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	\$ 478,299	\$	\$ 478,299
TOTAL	\$ 478,299	\$ 0	\$ 478,299

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

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

## Federal Statements

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	1,361
MISCELLANEOUS	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	14,343
VIDEO/SOUND SYSTEM	2,368
HONORARIUMS	3,600
AWARDS & SUPPLIES	1,193
SUBTOTAL	34,719
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.

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).

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

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

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

**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) . If this is for the **whole** group, check this box  . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15/06**.

5 For calendar year **2005**, or other tax year beginning , and ending

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

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8 This application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ **0**

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$

c **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. \$ **0**

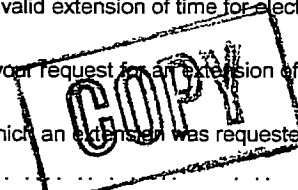
**Signature and Verification**

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 *[Signature]* Title *Tax Preparer* Date **8-14-06**

**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



By: \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ 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.**

Print	Name <b>MEEKS, ROSS, PAULK &amp; ASSOC., CPAS, LLC</b>	<b>EXTENSION APPROVED</b> <b>AUG 30 2006</b> <b>FIELD DIRECTOR,</b> <b>SUBMISSION PROCESSING, OGDEN</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>1354 N. LAURA STREET</b>	
	City or town, province or state, and country (including postal or ZIP code) <b>JACKSONVILLE FL 32206</b>	