2756 11/14/2008 6 01 PM

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

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

C Name of organization: CAIR FLORIDA INC

Number and street (or P O box if mail is not delivered to street address): P.O. BOX 350626 | Room/suite

City or town, state or country, and ZIP + 4: JACKSONVILLE FL 32235-0626

D Employer identification number: 65-1110616

E Telephone number

F Accounting method: ☒ Cash ☐ Accrual ☐ Other (specify)

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

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 instructions) SEE STMT 1

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

I Group Exemption Number ▶

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

G **Website:** ▶ N/A

J **Organization type** (check only one) ▶ ☒ 501(c) (3) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 988,490

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

1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	903,198		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d			
e	**Total** (add lines 1a through 1d) (cash $ 903,198 noncash $)			1e	903,198
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
7	Other investment income (describe ▶)			7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		8a			
b	Less: cost or other basis and sales expenses	8b			
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	
9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ 607,462 of contributions reported on line 1b) SEE WORKSHEET	9a	85,292		
b	Less: direct expenses other than fundraising expenses	9b	145,655		
c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	-60,363
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	842,835
13	Program services (from line 44, column (B))			13	558,330
14	Management and general (from line 44, column (C))			14	100,690
15	Fundraising (from line 44, column (D))			15	17,775
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses.** Add lines 16 and 44, column (A)			17	676,795
18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	166,040
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	381,307
20	Other changes in net assets or fund balances (attach explanation)			20	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	547,347

Revenue / Expenses / Net Assets

SCANNED DEC 30 2008

RECEIVED NOV 24 2008 OGDEN, UT 096 IRS-OSC

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
DAA

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ non-cash $) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 2	25a	118,990	107,090	5,950	5,950
b Compensation of former officers, directors, key employees, etc listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	186,464	167,818	9,323	9,323
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28	26,520	23,868	1,326	1,326
29 Payroll taxes	29	23,518	21,166	1,176	1,176
30 Professional fundraising fees	30				
31 Accounting fees	31	6,947		6,947	
32 Legal fees	32	34,671		34,671	
33 Supplies	33	18,590	16,731	1,859	
34 Telephone	34	28,481	27,057	1,424	
35 Postage and shipping	35	6,080	5,776	304	
36 Occupancy	36	27,168	25,810	1,358	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	22,882	22,882		
39 Travel	39	14,411	13,690	721	
40 Conferences, conventions, and meetings	40	33,079	33,079		
41 Interest	41	10,942	10,395	547	
42 Depreciation, depletion, etc (attach schedule)	42	20,593	20,593		
43 Other expenses not covered above (itemize). a SEE STATEMENT 3	43a	97,459	62,375	35,084	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	676,795	558,330	100,690	17,775

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) and (4) orgs , and 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 ▶ ☐	558,330
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	558,330

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
Assets	45	Cash—non-interest-bearing		259,065	45	423,231
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less. allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV			54a	
	b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
	55a	Investments—land, buildings, and equipment: basis	55a			
	b	Less: accumulated depreciation (attach schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment. basis	57a 398,323			
	b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 4	57b 61,601	345,378	57c	336,722
	58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 5)		6,175	58	7,675
	59	**Total assets** (must equal line 74) Add lines 45 through 58		610,618	59	767,628
Liabilities	60	Accounts payable and accrued expenses		5,095	60	7,898
	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) SEE WORKSHEET		224,216	64b	212,383
	65	Other liabilities (describe ▶)			65	
	66	**Total liabilities.** Add lines 60 through 65		229,311	66	220,281
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		381,307	67	547,347
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		381,307	73	547,347
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		610,618	74	767,628

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

N/A

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

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

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

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

(List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6				

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

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

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

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

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
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
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.) 81a 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

DAA

Part VI Other Information (continued)

				Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		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 (See instructions in Part III) 82b				
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	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				
c	Dues, assessments, and similar amounts from members 85c				
d	Section 162(e) lobbying and political expenditures 85d				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e				
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/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a				
b	Gross receipts, included on line 12, for public use of club facilities 86b				
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b				
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a	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	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0				
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 90b 8

91a The books are in care of ▶ M.F. MANSOORI Telephone no. ▶
P.O. BOX 350626
Located at ▶ JACKSONVILLE, FL ZIP + 4 ▶ 32235

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		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**, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a					
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	-60,363	
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		-60,363	0

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ -60,363

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
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).

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

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

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

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: [signature] Date: 11-17-08

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

Paid Preparer's Use Only

Preparer's signature: [signature] Date | Check if | Preparer's SSN or PTIN [redacted]

Firm's name (or yours if self-employed), address, and ZIP + 4: MEEKS, ROSS, SELAND[redacted]
1354 N. LAURA STREE[redacted]
JACKSONVILLE, FL 3[redacted]

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

2007

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) Compensation	(d) Contributions to empl benefit plans & deferred comp	(e) Expense account and 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.)	1		X
	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.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ▶ ________

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ ________

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	801,987	641,463	435,287	255,587	2,134,324
16 Membership fees received					0
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, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	801,987	641,463	435,287	255,587	2,134,324
24 Line 23 minus line 17	801,987	641,463	435,287	255,587	2,134,324
25 Enter 1% of line 23	8,020	6,415	4,353	2,556	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 0

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c

d Add. Amounts from column (e) for lines: 18 ____ 19 ____ 22 ____ 26b ____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) 293,500 (2005) 164,775 (2004) 104,375 (2003) 67,262

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:

(2006) 0 (2005) 0 (2004) 0 (2003) 0

c Add: Amounts from column (e) for lines. 15 2,134,324 16 ____ 17 ____ 20 ____ 21 ____ ▶ 27c 2,134,324

d Add· Line 27a total 629,912 and line 27b total ____ ▶ 27d 629,912

e Public support (line 27c total minus line 27d total) ▶ 27e 1,504,412

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f 2,134,324

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 70.4866%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

Part V Private School Questionnaire (See page 9 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?	29		
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		
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?	31		
	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?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
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?	33h		
	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? 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		

Schedule A (Form 990 or 990-EZ) 2007 CAIR FLORIDA INC 65-1110616 Page 6

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table-	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is-	**The lobbying nontaxable amount is-**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

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

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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

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

			Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of			
(i)	Cash	51a(i)		X
(ii)	Other assets	a(ii)		X
b	Other transactions:			
(i)	Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii)	Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii)	Rental of facilities, equipment, or other assets	b(iii)		X
(iv)	Reimbursement arrangements	b(iv)		X
(v)	Loans or loan guarantees	b(v)		X
(vi)	Performance of services or membership or fundraising solicitations	b(vi)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Federal Statements

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

Description	Cash	Noncash	Total
CONTRIBUTIONS FROM EVENTS	$ 607,462	$	$ 607,462
TOTAL	$ 607,462	$ 0	$ 607,462

Federal Statements

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	$	$	$
OFFICER COMPENSATION			
COMPENSATION	107,090	5,950	5,950
TOTAL	$ 107,090	$ 5,950	$ 5,950

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	$	$	$	$
PAYROLL SERVICE CHARGES	4,090		4,090	
WEBSITE	847		847	
BANK/CREDIT CARD FEES	4,851		4,851	
ADVERTISING & PROMOTIONS	30,216	30,216		
MEALS	5,615	5,334	281	
DUES & SUBSCRIPTION	530		530	
BOOKS & PUBLICATION	290		290	
CLEANING SERVICES	1,379		1,379	
UTILITIES	15,896	15,101	795	
TEMP SERVICES	2,340		2,340	
INSURANCE	11,856	11,263	593	
SECURITY MONITORING	1,635		1,635	
REPAIRS & MAINTENANCE	3,941		3,941	
PROF FEES	7,049		7,049	
MISCELLANEOUS	6,131		6,131	
TAXES AND LICENSES	485	461	24	
PEST CONTROL	308		308	
TOTAL	$ 97,459	$ 62,375	$ 35,084	$ 0

Federal Statements

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
BUILDING AND EQUIPMENT	$ 325,256	$ 41,012	$ 337,189	$ 61,601
LAND	61,134		61,134	
TOTAL	$ 386,390	$ 41,012	$ 398,323	$ 61,601

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEPOSIT	$ 6,175	$ 6,175
EMPLOYEE RECEIVABLE		1,500
TOTAL	$ 6,175	$ 7,675

Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ALTAF ALI 900 SW 86TH AVE PEMBROKE PINES FL 33025	EXE. DIRECTO	40+	57,430	0	0
AHMED BEDIER 720 8TH ST N. ST. PETERBURGS FL 33731	EXE. DIRECTO	40+	61,560	0	0
M.F. MANSOORI 433 BRODY COVE TRL JACKSONVILLE FL 32225	TREASURER	AS NEEDED	0	0	0
ATIF FAREED 175 E. TRADEWINDS RD WINTER SPRNGS FL 32708	CHAIRMAN	AS NEEDED	0	0	0
RASHID ABBARA 10701 SW 146 CT. MIAMI FL 33186	DIRECTOR	AS NEEDED	0	0	0
PATRICK HANNA 4406 E. TARPON DR TAMPA FL 33617	DIRECTOR	AS NEEDED	0	0	0
MOHAMED GHABOUR 3405 SYLVAN SHADOW VALRICO FL 33594	VICE CHAIR	AS NEEDED	0	0	0
MICHELLE YUWAY 3130 SHORELINE DR CLEARWATER FL 33760	DIRECTOR	AS NEEDED	0	0	0
SYED ALI RAHMAN 83 GABLES BLVD WESTON FL 33326	DIRECTOR	AS NEEDED	0	0	0

Statement 6 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
RAZA ALI 405 IRIS ST CELEBRATION FL 34747	DIRECTOR	AS NEEDED	0	0	0
SHAHAB SEHGAL 9624 CAMBERLEY CIR ORLANDO FL 32836	DIRECTOR	AS NEEDED	0	0	0
PARVEZ AHMED 12346 WINTERPINE CT JACKSONVILLE FL 32225	DIRECTOR	AS NEEDED	0	0	0
SUHAIL NANJI 6811 NW 117TH AVE PARKLAND FL 33076	DIRECTOR	AS NEEDED	0	0	0

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

Donor Name	2006	2005	2004	2003
DISQUALIFIED AMOUNT	293,500	164,775	104,375	67,262
TOTAL	293,500	164,775	104,375	67,262

Form **4562** | 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 | **2007** | Attachment Sequence No **67**

Name(s) shown on return: CAIR FLORIDA INC

Identifying number: 65-1110616

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
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	500,000
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 instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 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 2008. 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 qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant 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	576

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 2007	17	18,025
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 ▶ ☐		

Section B-Assets Placed in Service During 2007 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		1,071	3.0	HY	200DB	358
b 5-year property		2,926	5.0	HY	200DB	586
c 7-year property		7,335	7.0	HY	200DB	1,048
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	
			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

(a)	(b)	(c)	(d)	(e)	(f)	(g)
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	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	20,593
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.

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
3-year GDS Property:												
119	TREO PHONE	2/28/07	318				318	3	HY	200DB	0	106
124	DIGITAL LAMINATOR	3/17/07	293				293	3	HY	200DB	0	98
126	BLACKBERRY	5/31/07	300				300	3	HY	200DB	0	100
128	EXT. HARDDRIVE	6/30/07	160				160	3	HY	200DB	0	54
			1,071				1,071				0	358
5-year GDS Property:												
121	PANASONIC SPEAKERPHONE	12/01/07	308				308	5	HY	200DB	0	62
123	CONFERENCE PHONE	2/27/07	300				300	5	HY	200DB	0	60
125	DELL COMPUTER	3/31/07	599				599	5	HY	200DB	0	120
129	TIME CLOCK PLUS	6/30/07	669				669	5	HY	200DB	0	134
133	NIKKON DIGITAL CAMERA	12/01/07	550				550	5	HY	200DB	0	110
135	TV/DVD COMBO	5/14/07	200				200	5	HY	200DB	0	40
136	SOFA & CHAIR	10/15/07	300				300	5	HY	200DB	0	60
			2,926				2,926				0	586
7-year GDS Property:												
122	6 - MAHOGONY RECTANGULAR TABL	2/14/07	2,448				2,448	7	HY	200DB	0	350
131	SECURIT CAMERAS/INSTALLATION	6/30/07	1,887				1,887	7	HY	200DB	0	270
132	STACKABLE CHAIRS	7/31/07	1,100				1,100	7	HY	200DB	0	157
134	SECURITY CAMERAS/INSTALLATION	3/31/07	1,900				1,900	7	HY	200DB	0	271
			7,335				7,335				0	1,048
Prior MACRS:												
1	OFFICE PARTITIONS	1/09/03	1,101			X	771	7	HY	200DB	568	152
2	MONITOR	1/30/03	73			X	51	5	MQ	200DB	67	5
3	MINOLTA PRINTER	10/15/03	748			X	374	5	MQ	200DB	671	41
4	L/H IMPROV - TAMPA OFFICE	12/15/03	1,500			X	1,183	15	HY	150DB	317	119
5	OFFICE IMPROVEMENT	3/01/04	2,500				2,500	15	HY	150DB	576	193
6	COPIER/FAX	5/22/04	450				450	5	HY	200DB	320	52
7	SHREDDER	7/30/04	100			X	50	5	HY	200DB	86	5
8	CANAPY TENT	8/15/04	203				203	5	HY	200DB	144	24
9	PDA PHONE (ALTAF)	9/02/04	509			X	255	5	HY	200DB	436	29
10	PHONE SYSTEM	9/15/04	2,466				2,466	7	HY	200DB	1,388	308
11	4 - WALKIE TALKIES	10/15/04	192			X	96	5	HY	200DB	164	11
12	3-EASELS	11/15/04	124			X	62	3	HY	200DB	119	5
13	SIGNS	2/15/04	925			X	462	15	HY	150DB	569	36
14	COMP EQUIP-COMP USA	6/30/04	217			X	108	5	HY	200DB	186	13
15	COMP EQUIP-OFFICE DEPOT	6/30/04	382			X	191	5	HY	200DB	327	22
16	TELOSA DATABASE S/W	7/15/04	748			X	374	3	HY	S/L	686	62
17	VERIZON CELPHONE	8/15/04	215			X	107	5	HY	200DB	184	12
18	HP LAPTOP (AHMED)	9/15/04	1,999			X	999	5	HY	200DB	1,711	115
19	VACUM CLEANER	9/17/04	85			X	43	3	HY	200DB	82	3
20	FAX/PRINTER	9/19/04	215			X	107	5	HY	200DB	184	13
21	LEATHER CHAIR	9/19/04	85			X	43	5	HY	200DB	73	4
22	SONY LAPTOP (PARVEZ)	9/09/04	2,060			X	1,030	5	HY	200DB	1,763	119
23	DVD/VCR COMBO	10/06/04	157			X	79	5	HY	200DB	134	9
24	25" TV	10/06/04	158			X	79	5	HY	200DB	136	9
25	10-EASELS	10/15/04	366			X	183	5	HY	200DB	313	22
26	TENT	6/01/05	387				387	3	HY	200DB	301	58
27	EASELS	6/30/05	240				240	3	HY	200DB	187	35
28	4 PORT VPN ROUTER	6/30/05	160				160	3	HY	200DB	125	24
29	4 PORT VPN ROUTER	6/30/05	160				160	3	HY	200DB	125	24
30	CARD SCANNER	6/30/05	120				120	3	HY	200DB	93	18
31	2 FOLDING TABLES	6/30/05	106				106	3	HY	200DB	82	16
32	DVD WRITER	6/30/05	150				150	3	HY	200DB	117	22
33	TREO600VPC	6/30/05	150				150	3	HY	200DB	117	22
34	TREO600VPC	6/30/05	150				150	3	HY	200DB	117	22
35	DESKJET 9650	6/30/05	300				300	3	HY	200DB	233	45
36	CARD SCANNER	6/30/05	100				100	3	HY	200DB	78	15
37	PROJECTOR INFOCUS X2	6/30/05	696				696	5	HY	200DB	362	133
38	NEC PHONE W/DISPLAY	6/30/05	239				239	5	HY	200DB	124	46
39	SONY DVD RECORDER	6/30/05	483				483	3	HY	200DB	376	72

2756 CAIR FLORIDA INC
65-1110616
FYE: 12/31/2007

Federal Asset Report
Form 990, Page 1

11/14/2008 6:01 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
40	BLACKBERRY W/BLUETOOTH	6/30/05	308				308	3	HY	200DB	240	46
41	PODIUM	6/30/05	225				225	3	HY	200DB	175	33
42	MULTI-LINE PHONE SYSTEM	6/30/05	2,500				2,500	5	HY	200DB	1,300	480
43	LASERJET PRINTER	6/30/05	254				254	3	HY	200DB	197	38
44	CAIR IMPRINTED TABLECOVER	6/30/05	153				153	3	HY	200DB	119	23
45	CAIR IMPRINTED TABLECOVER	6/30/05	153				153	3	HY	200DB	119	23
46	CAIR IMPRINTED TABLECOVER	6/30/05	153				153	3	HY	200DB	119	23
47	CAIR IMPRINTED TABLECOVER	6/30/05	153				153	3	HY	200DB	119	23
48	TENT	6/30/05	106				106	3	HY	200DB	82	16
49	SONY LAPTOP	6/30/05	1,543				1,543	5	HY	200DB	802	296
50	TRIPOD	6/30/05	178				178	3	HY	200DB	139	26
51	POWERCONNECT SWITCH	6/30/05	109				109	3	HY	200DB	85	16
52	2 DELL POWEREDGE	6/30/05	1,272				1,272	3	HY	200DB	989	189
53	4 DELL DIMENSION	6/30/05	2,392				2,392	3	HY	200DB	1,860	355
55	DVD WRITER	6/30/05	122				122	3	HY	200DB	95	18
56	OLYMPUS DIGITAL CAMERA	6/30/05	873				873	3	HY	200DB	679	129
57	HARD DRIVE	6/30/05	106				106	3	HY	200DB	82	16
58	DELL DIMENSION 2400	6/30/05	341				341	3	HY	200DB	265	51
59	DELL DIMENSION 3000	6/30/05	891				891	3	HY	200DB	693	132
60	20 FOLDING CHAIRS	6/30/05	450				450	5	HY	200DB	234	86
61	11 FOLDING CHAIRS	6/30/05	231				231	5	HY	200DB	120	44
62	DESK	6/30/05	500				500	5	HY	200DB	260	96
63	MONITOR TFT	6/30/05	600				600	3	HY	200DB	467	89
64	RECEPTION DESK	6/30/05	945				945	5	HY	200DB	491	182
65	OLYMPUS DIGITAL VOICE RECORDEI	6/30/05	244				244	3	HY	200DB	190	36
66	CAMCORDER CANON ZR100	6/30/05	582				582	3	HY	200DB	453	86
67	JVC CAMCORDER	6/30/05	945				945	3	HY	200DB	735	140
68	TREO 650	6/30/05	265				265	3	HY	200DB	206	39
69	TRUTECH 15" FLAT SCREEN TV	6/30/05	188				188	5	HY	200DB	98	36
70	CASIO DIGITAL CAMERA	6/30/05	350				350	3	HY	200DB	272	52
71	2 15" FLAT SCREEN	6/30/05	376				376	3	HY	200DB	292	56
72	DVD RECORDER	6/30/05	298				298	3	HY	200DB	232	44
73	ATI RADEON	6/30/05	180				180	3	HY	200DB	140	27
74	PC TV TUNER	6/30/05	120				120	3	HY	200DB	93	18
75	BUILDING - TAMPA	5/18/05	244,536				244,536	39	MM	S/L	10,189	6,270
77	L/H IMPROV	12/31/05	6,000				6,000	15	HY	S/L	400	400
78	DELL DIMENSION E510	3/16/06	942				942	5	HY	200DB	188	302
80	DELL DIMENSION 1100	5/18/06	526				526	5	HY	200DB	105	169
82	DUAL-TUNER/WIN TV MCE KIT	1/01/06	257				257	5	HY	200DB	51	82
83	WIN TV PVR USB	1/26/06	30				30	5	HY	200DB	6	10
84	CONSOLE TABLE	3/01/06	104				104	5	HY	200DB	21	33
85	ROUND TABLE	3/01/06	160				160	5	HY	200DB	32	51
86	PROJECTOR MOUNT	3/02/06	160				160	5	HY	200DB	32	51
87	LECTERN MAHOGANY	3/03/06	225				225	5	HY	200DB	45	72
88	SONY CAMCORDER	2/02/06	348				348	5	HY	200DB	70	111
89	DVD-FUNDRAISING TRNG	4/10/06	202				202	5	HY	200DB	40	65
90	FELLOWES SHREDDER	10/31/06	159				159	5	HY	200DB	32	51
91	WESTINGHSE MONITOR	11/24/06	149				149	5	HY	200DB	30	47
92	MACBOOK PRO APPLE LAPTOP	11/24/06	2,160				2,160	5	HY	200DB	432	691
93	11 - FOLDING CHAIRS	1/03/06	192				192	5	HY	200DB	38	62
94	3 - 6' ADJ TABLES	1/31/06	150				150	5	HY	200DB	30	48
95	4 - SIDE CHAIRS	1/13/06	520				520	5	HY	200DB	104	166
96	NEC LCD PROJECTOR	1/03/06	600				600	5	HY	200DB	120	192
97	PROJECTION SCREEN	1/09/06	210				210	5	HY	200DB	42	67
98	FILE CABINET/2 BOOKSHELFS	2/02/06	339				339	5	HY	200DB	68	108
99	LIGHTED BLDG SIGN	2/13/06	2,100				2,100	15	HY	150DB	105	200
100	KENMORE RANGE & FRIDGE	2/21/06	548				548	5	HY	200DB	110	175
101	LEXMARK PRINTER	2/15/06	920				920	5	HY	200DB	184	294
102	20 - FOLDING CHAIRS	2/20/06	350				350	5	HY	200DB	70	112
103	3 - 6' ADJ TABLES	2/20/06	150				150	5	HY	200DB	30	48
104	RCA CORDLESS TELEPHONE	2/02/06	73				73	5	HY	200DB	15	23
105	3 - RCA 4-LINE PHONES	2/09/06	283				283	5	HY	200DB	57	90
106	DVD/VCR COMBO	3/11/06	223				223	5	HY	200DB	45	71
107	DELL DIMENSION 5150	2/06/06	982				982	5	HY	200DB	196	315
108	8-PORT VPN ROUTER	2/06/06	272				272	5	HY	200DB	54	87
109	CANNON DIGITAL CAMERA	5/08/06	387				387	5	HY	200DB	77	124
110	DELL DIMENSION E521	10/17/06	766				766	5	HY	200DB	153	245
111	160 GB EXT HARD DRIVE	10/17/06	166				166	5	HY	200DB	33	53
112	L/H IMPROVEMENTS	5/16/06	17,620				17,620	15	HY	150DB	881	1,674
114	4 - TABLES	8/31/06	408				408	5	HY	200DB	82	130
115	CAMERA RECORDER/MP3 PLAYER	9/30/06	319				319	5	HY	200DB	64	102

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
116	DELL DIMENSION 3100	7/31/06	630				630	5	HY	200DB	126	202
117	EXTERNAL HARD DRIVE	8/31/06	134				134	5	HY	200DB	27	43
118	VIEWSONIC MONITOR	6/30/06	280				280	5	HY	200DB	56	90
			323,705				318,393				40,523	18,025
	Other Depreciation:											
54	SOFTWARE	6/30/05	749				749	3	MO	S/L	375	249
76	LAND - TAMPA	5/18/05	61,134				61,134	0	--	Land	0	0
79	ENTERPRISE - NETWORK SOFTWARE	5/01/06	149				149	3	MO	S/L	33	50
81	MAILING LIST SOFTWARE	10/06/06	328				328	3	MO	S/L	27	110
113	PEACHTREE SOFTWARE	6/30/06	325				325	3	MO	S/L	54	109
120	GIFTWORKS SOFTWARE	12/01/07	299				299	3	MO	S/L	0	8
127	WEB BUNDLE S/W	6/30/07	160				160	3	MO	S/L	0	27
130	CREATIVE SUITE PREMIUM	6/30/07	140				140	3	MO	S/L	0	23
	Total Other Depreciation		63,284				63,284				489	576
	Total ACRS and Other Depreciation		63,284				63,284				489	576
	Grand Totals		398,321				393,009				41,012	20,593
	Less: Dispositions		0				0				0	0
	Less: Start-up/Org Expensed		0				0				0	0
	Net Grand Totals		398,321				393,009				41,012	20,593

Form **990**

Special Events Schedule

2007

For calendar year 2007, or tax year beginning , and ending

Name: CAIR FLORIDA INC

Employer Identification Number: 65-1110616

	(A)	(B)	(C)	Others	Total
Gross receipts	313,718	276,204	102,832	0	692,754
Less contributions	279,589	247,081	80,792	0	607,462
Gross revenue	34,129	29,123	22,040	0	85,292
Less direct expenses	50,425	48,274	46,956	0	145,655
Net income (loss)	-16,296	-19,151	-24,916	0	-60,363

Description:

(A) S. FLORIDA ANNUAL BANQUET

(B) TAMPA ANNUAL BANQUET

(C) ORLANDO ANNUAL BANQUET

Others

Federal Statements

Special Events Direct Expenses

Description	Amount
COLUMN A	$
S. FLORIDA ANNUAL BANQUET	
SUPPLIES	382
PRINTING AND PUBLICATIONS	5,789
TRAVEL	2,918
BANQUET HALL/HOTEL CHARGES	34,636
VIDEO/SOUND SYSTEM	5,000
HONORARIUMS	1,500
MISCELLANEOUS	200
SUBTOTAL	50,425
COLUMN B	
TAMPA ANNUAL BANQUET	
SUPPLIES	2,319
POSTAGE AND SHIPPING	234
PRINTING AND PUBLICATIONS	9,879
TRAVEL	3,085
BANQUET HALL/HOTEL CHARGE	25,163
VIDEO/SOUND SYSTEM	4,277
HONARARIUM	1,000
MISCELLANEOUS	2,317
SUBTOTAL	48,274
COLUMN C	
ORLANDO ANNUAL BANQUET	
SUPPLIES	826
PRINTING AND PUBLICATIONS	5,387
TRAVEL	2,983
HONARARIUM	6,400
AUDIO & VIDEO	4,472
HOTEL/BANQUET HALL CHARGES	25,120
MISCELLANEOUS	1,768
SUBTOTAL	46,956
TOTAL	145,655

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

2756 11/14/2008 6:01 PM

Forms 990 / 990-PF	Mortgages and Other Notes Payable For calendar year 2007, or tax year beginning , and ending	2007

Name	Employer Identification Number
CAIR FLORIDA INC	65-1110616

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

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

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

	Security provided by borrower	Purpose of loan
(1)	REAL ESTATE	TO FINANCE REAL ESTATE
(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)		224,216	212,383
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		224,216	212,383

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 2006, THE FORM 990 INCLUDES THE REVENUES AND EXPENDITURES OF THE PARENT, CAIR FLORIDA INC, AND ITS SOLE SUBSIDIARY, CAIR FLORIDA HOLDING COMPANY, INC.

Form **851** (Rev December 2005) Department of the Treasury Internal Revenue Service

Affiliations Schedule

▶ **File with each consolidated income tax return.**

For tax year ending , 2007

OMB No 1545-0025

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, FL 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
1	Common parent corporation		0	0
2	Subsidiary corporations: CAIR FLORIDA HOLDING COMPANY INC	20-2782775	0	0
3				
4				
5				
6				
7				
8				
9				
10				
	Totals (Must equal amounts shown on the consolidated tax return) ..... ▶		0.00	0.00

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
1	Common parent corporation CAIR FLORIDA INC							
2	Subsidiary corporations: CAIR FLORIDA HOLDING COMPANY INC			X	0	0%	0 %	N/A
3						%	%	
4						%	%	
5						%	%	
6						%	%	
7						%	%	
8						%	%	
9						%	%	
10						%	%	

For Paperwork Reduction Act Notice, see instructions.

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STF FED1531F 1

Part III Changes in Stock Holdings During the Tax Year

Corp No	Name of corporation	Share-holder 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
1	CAIR FLORIDA INC	2	4/28/05	1	0	100%	100%
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%

(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.

(f) If additional stock was issued, or if any stock was retired during the year, list the dates and amounts of these transactions.

ON 4/28/05 CAIR FLORIDA HOLDING COMPANY INC WAS INCORPORATED WITH CAIR FLORIDA INC BEING THE ONLY MEMBER.

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.

Form **1122**
(Rev December 2003)
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 calendar year 20 07 , or other tax year beginning , 20 and ending , 20

Name	Employer identification number
CAIR FLORIDA HOLDING COMPANY INC	20-2782775
Number, street, and room or suite no P.O. BOX 350626	
City or town, state, and ZIP code JACKSONVILLE, FL 32235-0626	
Name of parent corporation CAIR FLORIDA INC	Employer identification number 65-1110616

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

▶ Signature of subsidiary officer | 11-17-08 Date | ▶ DIRECTOR/TREASURER 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

Statement 1 - Form 990, Item H(c) - Affiliates Included in Return

Business Name	Addr	EIN	BOY	EOY
CAIR FLORIDA HOLDING COMPANY, INC	P.O. BOX 350626			