

**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

Department of the Treasury  
Internal Revenue Service

**A** For the 2001 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: **ABE BROWN MINISTRIES, INC.**  
 Number and street (or P O box if mail is not delivered to street address): **2921 N. 29TH STREET**  
 Room/suite: \_\_\_\_\_  
 City or town state or country, and ZIP + 4: **TAMPA FL 33605**

**D** Employer ID number: **59-2410601**

**E** Telephone number: **813-247-3285**

**F** Accounting method:  Accrual  Cash  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 no. of affiliates:  N/A

**H(c)** Are all affiliates included?  N/A  Yes  No (If "No" att a list See instr.)

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

**I** Enter 4-digit GEN: \_\_\_\_\_

**G** Web site: \_\_\_\_\_

**J** Organization type (check only one):  501(c) ( **3** ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts Add lines 6b, 8b, 9b and 10b to line 12: **198,533**

**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 Specific Instructions on page 16)**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>167,480</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>167,480</b> noncash \$ _____ )	<b>1d</b>		<b>167,480</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII line 93)	<b>2</b>		<b>28,714</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>2,339</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>8d</b>			
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net profit (loss) from special events (subtract line 9b from line 9a)	<b>9c</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>10c</b>	Net profit (loss) from sales of inventory (attach sch) (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>198,533</b>	
<b>13</b>	Program services (from line 44 column (B))	<b>13</b>		<b>164,460</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>54,527</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>27,646</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>246,633</b>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-48,100</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>432,989</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>384,889</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 Specific Instructions on page 21.)

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 \$ _____ )				
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers directors etc	34,909	24,436	6,982	3,491
26	Other salaries and wages	25,744	18,021	5,149	2,574
27	Pension plan contributions				
28	Other employee benefits	3,543	2,480	709	354
29	Payroll taxes	3,675	2,572	735	368
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	4,854	3,398	970	486
34	Telephone	6,127	4,289	1,226	612
35	Postage and shipping	3,950	1,144	2,506	300
36	Occupancy				
37	Equipment rental and maintenance	31,400	25,120	6,280	
38	Printing and publications	4,441	749	2,347	1,345
39	Travel	8,741	7,315	1,426	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation depletion, etc (att sch)	40,713	28,499	8,142	4,072
43	Other expenses not covered above (itemize) a	43a			
	b SEE STATEMENT 1	43b	78,536	46,437	18,055
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	246,633	164,460	54,527	27,646

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 Specific Instructions on page 24)**

What is the organization's primary exempt purpose?

**▶ EVANGELISM THROUGH PRISON MINISTRY**

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	<b>EVANGELISM IN PRISONS THROUGHOUT THE STATE OF FLORIDA.</b>  (Grants and allocations \$ _____ )	46,050
b	<b>FOOD BANK MINISTRY FOR THE NEEDY AND OTHER OUTREACH SERVICES FACILITATING WORSHIP AND TRANSPORTATION FOR FAMILIES TO VISIT INMATES IN THE FLORIDA PRISON SYSTEM.</b>  (Grants and allocations \$ _____ )	118,410
c		
d		
e	Other program services (attach schedule) (Grants and allocations \$ _____ )	
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>164,460</b>

**Part IV Balance Sheets (See Specific Instructions on page 24 )**

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
45	Cash-non-interest-bearing	5,509	45	62,120
46	Savings and temporary cash investments	93,467	46	35,969
47a	Accounts receivable	47a		
b	Less allowance for doubtful accounts	47b	47c	
48a	Pledges receivable	23,775		
b	Less allowance for doubtful accounts	48b	48c	23,775
49	Grants receivable		49	
50	Receivables from officers, directors trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)	51a		
b	Less allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	314	53	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land buildings, and equipment basis	55a		
b	Less accumulated depreciation (attach schedule)	55b	55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings and equipment basis	628,973		
b	Less accumulated depreciation (attach schedule) <b>SEE STMT 2</b>	57b	57c	257,470
58	Other assets (describe <b>SEE STMT 3</b> )	6,500	58	6,500
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	427,749	59	385,834
60	Accounts payable and accrued expenses	-5,240	60	945
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe _____)		65	
66	<b>Total liabilities</b> (add lines 60 through 65)	-5,240	66	945
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
67	Unrestricted	432,989	67	384,889
68	Temporarily restricted		68	
69	Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)	432,989	73	384,889
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	427,749	74	385,834

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

DAA

<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26 )	<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p><b>a</b> Total revenue, gains and other support per audited financial statements ▶ <b>a</b> <b>198,533</b></p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line a minus line b ▶ <b>c</b> <b>198,533</b></p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶ <b>e</b> <b>198,533</b></p>	<p><b>a</b> Total expenses and losses per audited financial statements ▶ <b>a</b> <b>246,633</b></p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20 Form 990 \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line a minus line b ▶ <b>c</b> <b>246,633</b></p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶ <b>e</b> <b>246,633</b></p>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26 )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<b>ABRAHAM R. BROWN</b> 2921 N. 29TH ST TAMPA FL 33605	<b>FOUNDER</b>	2,800	0	0
<b>JOSEPH M. MERCHANT, III</b> 2921 N. 29TH ST TAMPA FL 33605	<b>EXEC DIRECT.</b> <b>40 PER WEEK</b>	31,859	0	0
<b>ROBERT BLOUNT III</b> 2921 N. 29TH ST TAMPA FL 33605		250	0	0
<b>SEE ATTACHED SCHEDULE</b>		0	0	0

**75** Did any officer, director, trustee or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes" attach schedule-see Specific Instructions on page 27

**Part VI Other Information (See Specific Instructions on page 27)**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
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		<b>X</b>
78a	Did the organization have unrelated business gross inc of \$1 000 or more during the year covered by this return?		<b>X</b>
78b	If "Yes" has it filed a tax return on Form 990-T for this year?		<b>X</b>
79	Was there a liquidation, dissolution termination or substantial contraction during the year? If "Yes" attach a statement		<b>X</b>
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?		<b>X</b>
81a	Enter direct or indirect political expenditures See line 81 instr		
81b	Did the organization file Form 1120-POL for this year?		<b>X</b>
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?	<b>X</b>	
82b	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)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	Did the organization make only in-house lobbying expenditures of \$2 000 or less? If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85c	Dues, assessments, and similar amounts from members		
85d	Section 162(e) lobbying and political expenditures		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12 for public use of club facilities		
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>X</b>
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
89b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
89c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<u>0</u>
89d	Enter Amount of tax on line 89c above reimbursed by the organization		<u>0</u>
90a	List the states with which a copy of this return is filed <u>FL</u>		
90b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)		<u>2</u>
91	The books are in care of <u>ROBERT BLOUNT III</u> Located at <u>TAMPA, FLORIDA</u>		
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 <u>92</u>		

Telephone no **813-247-3285**  
ZIP + 4 **33605**

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)**

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>FAMILY TRIPS AND OTHER</b>					
b <b>PROGRAM REVENUE</b>					7,190
c <b>OUTREACH RENTALS</b>					21,524
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			14	2,339	
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					
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		2,339	28,714
105 Total (add line 104, columns (B), (D), and (E))					31,053

**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 Specific Instructions on page 32)**

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)
93B	<b>A \$10 PER PERSON FEE IS COLLECTED TO DEFRAY TRANSPORTATION COSTS OF VISITS WHERE FAMILY MEMBERS CAN VISIT THEIR INMATE RELATIVES. SEE STATEMENT 5</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)**

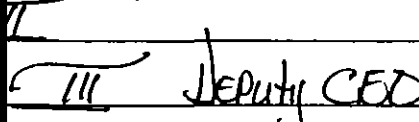
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 33)**

- (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)

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.


Date 10/18/02

**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 Section 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

**2001**

Name of the organization

Employer identification number

**ABE BROWN MINISTRIES, INC.**

**59-2410601**

**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 employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50 000 ▶				

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

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

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

Schedule A (Form 990 or 990-EZ) 2001

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

Table with 3 columns: Question, Yes, No. Rows include questions about lobbying activities, sale/exchange of property, lending, and grants.

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
6 A school
7 A hospital or a cooperative hospital service organization
8 A Federal, state, or local government or governmental unit
9 A medical research organization operated in conjunction with a hospital
10 An organization operated for the benefit of a college or university
11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public
11b A community trust
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...
13 An organization that is not controlled by any disqualified persons...

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

(a) Name(s) of supported organization(s)

(b) Line number from above

14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

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

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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2000, (b) 1999, (c) 1998, (d) 1997, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions merchandise sold or services performed; 18 Gross inc from int dividends, amounts received from pymt on securities loans; 19 Net income from unrelated business activities; 20 Tax revn levied for the organization; 21 The value of serv or fac furnished to the org; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for lines 26a-26f. 26a Organizations described on lines 10 or 11; 26b Prepare a list for your records to show the name of and amount contributed by each person; 26c Total support for section 509(a)(1) test; 26d Add Amounts from column (e) for lines 18, 19, 22, 26b; 26e Public support (line 26c minus line 26d total); 26f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

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

Table for lines 27a-27h. 27a For any amount included in line 17 that was received from each person (other than "disqualified persons"); 27b For any amount included in line 17 that was received from each person (other than "disqualified persons"); 27c Add Amounts from column (e) for lines 15, 16, 17, 20, 21; 27d Add Line 27a total and line 27b total; 27e Public support (line 27c total minus line 27d total); 27f Total support for section 509(a)(2) test; 27g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); 27h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

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

	N/A	Yes	No
<b>29</b> 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		
<b>30</b> 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		
<b>31</b> 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 )	31		
<b>32</b> Does the organization maintain the following			
<b>a</b> Records indicating the racial composition of the student body, faculty and administrative staff?	32a		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
<b>d</b> 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		
<b>33</b> Does the organization discriminate by race in any way with respect to			
<b>a</b> Students' rights or privileges?	33a		
<b>b</b> Admissions policies?	33b		
<b>c</b> Employment of faculty or administrative staff?	33c		
<b>d</b> Scholarships or other financial assistance?	33d		
<b>e</b> Educational policies?	33e		
<b>f</b> Use of facilities?	33f		
<b>g</b> Athletic programs?	33g		
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	34a		
<b>b</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		
<b>35</b> 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions )

(To be completed ONLY by an eligible organization that filed Form 5768) N/A

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred )

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows 36-44.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions )

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2001, (b) 2000, (c) 1999, (d) 1998, (e) Total. Rows 45-50.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr )

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

- 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 )

Table with 3 columns: Yes, No, Amount. Rows corresponding to items a-i.

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 12 of the instructions)

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

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

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

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

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

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

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

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

Yes No (No is checked)

b If "Yes" complete the following schedule

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

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

**2001**

Name of organization

Employer identification number

**ABE BROWN MINISTRIES, INC.**

**59-2410601**

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c) ( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7) (8) or (10) organization can check box(es) for both the General rule and a Special rule-see instructions )

**General Rule-**

For organizations filing Form 990, 990-EZ or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5 000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I II and III )

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc contributions of \$5 000 or more during the year )

► \$ \_\_\_\_\_

**Caution** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990 990-EZ or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

**ABE BROWN MINISTRIES, INC.**

Employer identification number

**59-2410601**

**Part I Contributors (See Specific Instructions )**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 19,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>2</u>		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>3</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>4</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>5</u>		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
<u>6</u>		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

Name of organization

**ABE BROWN MINISTRIES, INC.**

Employer identification number

**59-2410601**

**Part I Contributors (See Specific Instructions )**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 6,040	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution )

# Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Rev. March 2002)

Department of the Treasury  
Internal Revenue Service

(Including Information on Listed Property)

▶ See separate instructions

▶ Attach to your tax return

**2001**

Attachment Sequence No **67**

Name(s) shown on return **ABE BROWN MINISTRIES, INC.**

Identifying number  
**59-2410601**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Tangible Property Under Section 179**

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

1 Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	\$24 000
2 Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
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 pg 3 of the instr	5	
<b>(a) Description of property</b>		
<b>(b) Cost (business use only)</b>		
<b>(c) Elected cost</b>		
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 2000 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 2002 Add lines 9 and 10, less line 12	13	

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

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

14 Special depreciation allowance for certain property (other than listed property) acquired after Sept 10 2001 (see pg 3 of the instr)	14	
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	<b>40,713</b>

**Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B-Assets Placed in Service During 2001 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						
b 5-year property						
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	
			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 2001 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 page 6 of the 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	<b>40,713</b>
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

Form **4562** (2001) (Rev. 3-2002)

**Federal Statements**

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADVERTISING	1,363	540	200	623
CONTRACT LABOR - DRIVERS	3,550	3,400	150	
DUES & SUBSCRIPTIONS	3,004		3,004	
FACILITY FOOD COSTS	12,816	125	2,239	10,452
FINANCIAL ASSISTANCE	13,330	13,330		
INSURANCE	29,394	20,576	5,878	2,940
MISCELLANEOUS	1,275	388	858	29
PEST CONTROL	1,147	713	434	
SERVICE CHARGES	1,108		1,108	
UTILITIES	11,549	7,365	4,184	
TOTAL	<u>\$ 78,536</u>	<u>\$ 46,437</u>	<u>\$ 18,055</u>	<u>\$ 14,044</u>

**Federal Statements**

**Statement 2 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDINGS & IMPROVEMENTS	\$ 218,327	\$	\$ 218,327	\$
VEHICLES	301,889		301,889	
STAGE EQUIPMENT	23,576		23,575	
OFFICE EQUIPMENT & FURNITURE	41,295		41,295	
OTHER FURNITURE & EQUIPMENT	5,900		5,900	
ACCUMULATED DEPRECIATION	-330,790			
LAND & IMPROVEMENTS	37,987		37,987	
TOTAL	\$ 298,184	\$ 0	\$ 628,973	\$ 0

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

Description	Beginning of Year	End of Year
PROPERTY HELD FOR INVESTMENT	\$ 6,500	\$ 6,500
TOTAL	\$ 6,500	\$ 6,500

ABEBRW Abe Brown Ministries, Inc  
59-2410601  
FYE 12/31/2001

## Federal Statements

### Statement 4 - Form 990, Part VI, Line 82b - Donated Services

<u>Description</u>	<u>Amount</u>
VOLUNTEER HOURS	\$ 26,713
TOTAL	\$ 26,713

## Federal Statements

### Statement 5 - Form 990, Part VIII - Relationship of Activities

Line No

Description

93C

AS A COMMUNITY CHRISTIAN OUTREACH, THE MINISTRY PROVIDES FOR TWO LOCAL CHURCHES TO MEET. REASONABLE RENT IS CHARGED TO DEFRAY EXPENSES.

# ***ABE BROWN MINISTRIES, INC.***

## **BOARD OF DIRECTORS**

MS JEANETTE BAKER  
Hillsborough Kids, Inc  
101 South Franklin Street, Ste 201  
Tampa, FL 33602  
225-1105, ext 105 ("JEANETTE")  
226-0661(Fax)  
[jbaker@hillsboroughkids.org](mailto:jbaker@hillsboroughkids.org)

MR EDWARD J KOHRS  
MACFARLANE FERGUSON & MCMULLEN  
POST OFFICE BOX 1531  
TAMPA, FL 33601  
273-4314 ("ED")  
273-4396 (Fax)  
[ejk@macfar.com](mailto:ejk@macfar.com)

MR RICK BATEMAN  
MAVERICK MEDIA GROUP, INC  
6910 CONATY DRIVE  
TAMPA, FL 33634  
880-0317 ("RICK")  
886-8005 (fax)  
[cculbertson@mavholdings.com](mailto:cculbertson@mavholdings.com)

DR MARY J LINDSEY  
USF CENTER OF EXCELLENCE INC  
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974-4858 ("MARY")  
974-6115 (Fax)  
[lindsey@fmh1.usf.edu](mailto:lindsey@fmh1.usf.edu)

MR G ROBERT BLANCHARD, SR  
WRB ENTERPRISES  
1414 SWANN AVENUE, STE 201  
TAMPA, FL 33606  
251-3737 ("BOB")  
251-3788 (Fax)

MR C A MCINNIS  
TAMPA BAY STEEL CORPORATION  
6901 EAST 6TH AVENUE  
TAMPA, FL 33619  
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621-6775 (Fax)  
[buckm@tbscmetals.com](mailto:buckm@tbscmetals.com)

MR ERIC BROWN  
ROI CONSULTING, INC  
2107 N JEFFERSON STREET  
TAMPA, FL 33602  
223-3805 ("ERIC")

MR RAYMOND E MURRAY  
5301 W CYPRESS STREET, #202  
TAMPA, FL 33607  
287-1010 ("RAY")  
287-5736 (Fax)  
[seacorp@gte.net](mailto:seacorp@gte.net)

DOYLE E CARLTON, JR  
BOX 385  
WAUCHULA, FL 33873  
1-863-773-4131 ("DOYLE")  
773-3086 (Fax)

MR JOHN H PIEPER  
EPW INVESTMENT MANAGEMENT, INC  
PARK TOWER-SUITE 2650  
400 NORTH TAMPA STREET  
TAMPA, FL 33602  
(813) 229-2180 ("JOHN")  
223-7646 (fax)  
[johnpieper@epwinc.com](mailto:johnpieper@epwinc.com)

MR JAY FECHTEL  
THE FECHTEL COMPANY  
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MRS MARSHA G RYDBERG  
THE RYDBERG LAW FIRM  
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TAMPA, FL 33602  
221-2800 ("MARSHA")  
221-2420 (Fax)  
[mrydberg@rydberglaw.com](mailto:mrydberg@rydberglaw.com)

JAMES W GRAY, JR  
4315 BEACH PARK DRIVE  
TAMPA, FL 33609  
289-1011 ("JIM"), 636-9072

PASTOR JEFFERY SINGLETARY  
IDLEWILD BAPTIST CHURCH-CENTRAL  
2923 N TAMPA STREET  
TAMPA, FL 33602  
226-2923 ("JEFF")  
226-0121 (Fax)  
[jeffery@idlewildcentral.org](mailto:jeffery@idlewildcentral.org) ([sheryl@idlewildcentral.org](mailto:sheryl@idlewildcentral.org))

MR LIND C VOTH  
10112 LAKE COVE LANE  
TAMPA, FL 33618-4319  
932-0037 ("LIND")  
933-0920 (Fax-home)  
[lvoth1@tampabay.rr.com](mailto:lvoth1@tampabay.rr.com)

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## **STAFF**

JOSEPH M MERCHANT, III  
EXECUTIVE DIRECTOR

CHRYSTAL L HAMMOND  
EXECUTIVE SECRETARY  
\*Revised 5/18/00ch

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  ▶
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

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

**Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only**  ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization <u>ABE BROWN Ministries, Inc.</u>	Employer identification number <u>5912410601</u>
	Number, street, and room or suite no. If a P O box, see instructions <u>POST OFFICE BOX 11453</u>	
	City, town or post office, state and ZIP code. For a foreign address, see instructions <u>TAMPA, FLORIDA 33680-1453</u>	

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

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

- If the organization does **not** have an office or place of business in the United States, check this box  ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  ▶ If it is for part of the group, check this box  ▶ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until AUGUST 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year 2001 or  
▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

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

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

**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 Joseph M. M... Int Title Exec. Dir. Date May 14, 2002

- 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.**

Type or print	Name of Exempt Organization <b>ABE BROWN MINISTRIES, INC.</b>	Employer identification number <b>59-2410601</b>
File by the extended due date for filing the return See instructions	Number, street, and room or suite no. If a PO box, see instructions <b>POST OFFICE BOX 11453</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>TAMPA, FLORIDA 33680-1453</b>	

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

- Form 990   
  Form 990-EZ   
  Form 990-T (sec 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

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

- 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 NOVEMBER 15, 2002
- 5 For calendar year 2001, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_
- 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 \_\_\_\_\_

**TAXPAYER AWAITING ADDITIONAL THIRD PARTY INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE RETURN**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 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 \$ \_\_\_\_\_

**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  Title CPA Date 8/12/02

**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 due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

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

Type or print	Name <b>RIVERO, GORDIMER &amp; COMPANY, P A</b>
	Number and street (include suite, room, or apt. no.) Or a PO box number <b>2203 NORTH LOIS AVENUE - SUITE 700</b>
	City or town, province or state, and country (including postal or ZIP code) <b>TAMPA, FLORIDA 33607</b>