

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 01-01-2007 and ending 12-31-2007

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ABATE OF FLORIDA INC		D Employer identification number 59-3101979
		Number and street (or P O box if mail is not delivered to street address) PO BOX 2520	Room/suite	E Telephone number (813) 695-9203
		City or town, state or country, and ZIP + 4 DELAND, FL 32721		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).

G Web site: WWW.ABATEFLORIDA.COM

J Organization type (check only one) 501(c) (4) (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 **1,021,301**

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 **_____**

H(c) Are all affiliates included? Yes No
 (If "No," attach a list See instructions)

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)

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

REVENUE	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		92,071	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d		249,740	
	e Total (add lines 1a through 1d) (cash \$ <u>341,811</u> noncash \$ _____)	1e			341,811
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			56,107
	3 Membership dues and assessments	3			129,322
	4 Interest on savings and temporary cash investments	4			5,932
	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				
	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 <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		488,129	
	b Less direct expenses other than fundraising expenses	9b		348,140	
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c			139,989
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			673,161	
EXPENSES	13 Program services (from line 44, column (B))	13		531,594	
	14 Management and general (from line 44, column (C))	14		50,786	
	15 Fundraising (from line 44, column (D))	15		51,254	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses Add lines 16 and 44, column (A)	17			633,634
NET ASSETS	18 Excess or (deficit) for the year Subtract line 17 from line 12	18		39,527	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		478,434	
	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			517,961

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 \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ 250,471 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	250,471	250,471		
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 (attach schedule)	25a				
b Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	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) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b and c	26				
27 Pension plan contributions not included on lines 25a, b and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	21,107	18,985	1,061	
34 Telephone	34	7,728	4,637	1,546	
35 Postage and shipping	35	46,603	41,669	304	
36 Occupancy	36	21,488		21,488	
37 Equipment rental and maintenance	37	22,258	475	21,783	
38 Printing and publications	38	101,239	91,100	17	
39 Travel	39	10,955	8,611	2,344	
40 Conferences, conventions, and meetings	40	2	2		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a See Additional Data Table	43a				
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	633,634	531,594	50,786	51,254

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? PROMOTE MOTORCYCLE SAFETY 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 ADVOCATE AND PROMOTE REGULATIONS REGARDING MOTORCYCLE SAFETY LAWS IN THE STATE OF FLORIDA (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	214,438
b EDUCATION OF MEMBERSHIP AND GENERAL PUBLIC THROUGH THE PUBLICATION OF STATE-WIDE NEWSLETTER CALLED "MASTERLINK" THE NEWSLETTER IS MADE AVAILABLE TO ALL INTERESTED PERSONS FREE OF CHARGE (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	23,400
c PROVIDE MOTORCYCLE SAFETY EDUCATION COURSES IN COOPERATION WITH THE FLORIDA DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES AND TO HIGH SCHOOL STUDENTS ALL COURSES ARE TAUGHT BY ORGANIZATION VOLUNTEERS (Grants and allocations \$ 249,740) If this amount includes foreign grants, check here <input type="checkbox"/>	273,157
d PROMOTE MOTORCYCLE SAFETY AWARENESS AND OFFER ASSISTANCE TO VARIOUS CHARITABLE ORGANIZATIONS THROUGH CONTRIBUTIONS (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	20,599
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	531,594

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)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	294,132	45	257,832
	46 Savings and temporary cash investments	97,851	46	174,840
	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(c)(3)(B) (attach 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	46,412	52	45,250
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> 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 26,365		
b Less accumulated depreciation (attach schedule)	57b	26,365	57c <input type="checkbox"/> 26,365	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)		13,674	58 <input type="checkbox"/> 13,674	
59 Total assets (must equal line 74) Add lines 45 through 58	478,434	59	517,961	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe <input type="checkbox"/> _____)		65	
66 Total liabilities Add lines 60 through 65	0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	478,434	67	517,961
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	478,434	73	517,961
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	478,434	74	517,961

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

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

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on 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
JAMES REICHENBACH PO BOX 712 SILVER SPRINGS, FL 33489	PRESIDENT 15 00	0	0	0
DANNY FISH PO BOX 2225 PACE, FL 325712225	VICE PRES 30 00	0	0	0
BOB ALEXANDER PO BOX 848 SEBRING, FL 33871	SECRETARY 15 00	0	0	0
PATTI NASRALIAH PO BOX 16309 TEMPLE TERRACE, FL 33687	TREASURER 45 00	0	0	0
LANA LANG PO BOX 721122 ORLANDO, FL 32872	DIRECTOR 30 00	0	0	0
VALERIE LOPER PO BOX 220346 HOLLYWOOD, FL 33022	DIRECTOR 25 00	0	0	0
J M MORLAND PO BOX 721396 ORLANDO, FL 32872	DIRECTOR 15 00	0	0	0

Part VI Other Information (continued)

Yes No

<p>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?</p>	<p>82a</p>		<p>No</p>
<p>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)</p>	<p>82b</p>		
<p>83a Did the organization comply with the public inspection requirements for returns and exemption applications?</p>	<p>83a</p>	<p>Yes</p>	
<p>b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</p>	<p>83b</p>		
<p>84a Did the organization solicit any contributions or gifts that were not tax deductible?</p>	<p>84a</p>		<p>No</p>
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>84b</p>		
<p>85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?</p>	<p>85a</p>	<p>Yes</p>	
<p>b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year</p>	<p>85b</p>		<p>No</p>
<p>c Dues assessments, and similar amounts from members</p>	<p>85c</p>		
<p>d Section 162(e) lobbying and political expenditures</p>	<p>85d</p>		
<p>e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</p>	<p>85e</p>		
<p>f Taxable amount of lobbying and political expenditures (line 85d less 85e)</p>	<p>85f</p>		
<p>g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?</p>	<p>85g</p>		
<p>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?</p>	<p>85h</p>		
<p>86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12</p>	<p>86a</p>		
<p>b Gross receipts, included on line 12, for public use of club facilities</p>	<p>86b</p>		
<p>87 501(c)(12) orgs. Enter a Gross income from members or shareholders</p>	<p>87a</p>		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>87b</p>		
<p>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</p>	<p>88a</p>		<p>No</p>
<p>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</p>	<p>88b</p>		<p>No</p>
<p>89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____</p>			
<p>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</p>	<p>89b</p>		<p>No</p>
<p>c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____</p>			
<p>d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> _____</p>			
<p>e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?</p>	<p>89e</p>		<p>No</p>
<p>f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?</p>	<p>89f</p>		<p>No</p>
<p>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?</p>	<p>89g</p>		<p>No</p>
<p>90a List the states with which a copy of this return is filed <input type="checkbox"/> _____</p>			
<p>b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)</p>	<p>90b</p>		
<p>91a The books are in care of <input type="checkbox"/> <u>PATTI NASRALLAH</u> Telephone no <input type="checkbox"/> <u>(813) 695-9203</u> <input type="checkbox"/> <u>PO BOX 16605</u> Located at <input type="checkbox"/> <u>TAMPA, FL</u> ZIP + 4 <input type="checkbox"/> <u>33687</u></p>			
<p>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)?</p>	<p>91b</p>	<p>Yes</p>	<p>No</p>
<p>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____</p>			
<p>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</p>			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

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 PROGRAM INCOME			2	56,107	
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					129,322
95 Interest on savings and temporary cash investments			14	5,932	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non 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	139,989	
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))				202,028	129,322
105 Total (add line 104, columns (B), (D), and (E))					331,350

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)

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
	%			
	%			
	%			
	%			

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					No
	(A) Name and address of each controlled entity	(B) Employer Identification 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					No
	(A) Name and address of each controlled entity	(B) Employer Identification 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 interests, 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		2008-12-03 Date
	PATTI NASRALLAH, TREASURER Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	MICHAEL E STEUER, CPA	Date	2008-12-04	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	MICHAEL E STEUER, CPA PA 600 BYPASS DR, STE 100 CLEARWATER, FL 337645075			EIN	Phone no (727) 797-9000

Additional Data

Software ID:
Software Version:
EIN: 59-3101979
Name: ABATE OF FLORIDA INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a EXPENSES	43a				
b MEMBERSHIP EXPENSES	43b	3,334	3,334		
c BANK FEES	43c	1,102		1,102	
d LICENSES & PERMITS	43d	32		32	
e ADVERTISING	43e	103	103		
f AWARDS	43f	27,423	27,423		
g PERMITS FEES	43g	2,088	2,088		
h AUTOMOBILE	43h	96		96	
i CHARTER PRODUCTS	43i	36,979	29,583		7,396
j FOOD & BEVERAGES	43j	394	394		
k MEALS	43k	1,246	1,246		
l OUTSIDE SERVICES	43l	1,322	1,322		
m TROPHIES & PRIZES	43m	606	606		
n LOBBIST	43n	53,000	26,500		26,500
o STATE PROGRAM EXPENSES	43o	22,230	22,230		
p PROFESSIONAL FEES	43p	1,013		1,013	
q MISCELLANEOUS	43q	815	815		

TY 2007 Cash Grants Paid Schedule

Name: ABATE OF FLORIDA INC

EIN: 59-3101979

Class of Activity	Recipient's name	Address	Amount	Relationship
	STATE OF FLORIDA		250,471	

TY 2007 General Explanation Attachment

Name: ABATE OF FLORIDA INC

EIN: 59-3101979

Identifier	Return Reference	Explanation
GENERAL RETURN INFORMATION		RELATD PARTY DISCLOSURE - PART V-A, MR JAMES REICHENBACH NOT ONLY SERV ORGANIZATION ON A VOLUNTEER BASIS, THE ORGANIZATION PROVIDING SERVICES DURING 2007 FOR LOBBY IST SERVICES

Identifier

Return Reference

Explanation

GENERAL ELECTIONS

TY 2007 Land etc. Schedule

Name: ABATE OF FLORIDA INC

EIN: 59-3101979

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
VEHICLE/EQUIPMENT	26,365		26,365

TY 2007 Other Assets Schedule**Name:** ABATE OF FLORIDA INC**EIN:** 59-3101979

Description	Beginning of Year Amount	End of Year Amount
MEMBER PINS & SUPPLIES	13,674	13,674

TY 2007 Special Events Schedule

Name: ABATE OF FLORIDA INC

EIN: 59-3101979

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
CHAPTER EVENTS	306,028		306,028	249,554	56,474
BIKE WEEK	111,587		111,587	59,638	51,949
SPOOKS N' SCOOTS	49,372		49,372	29,250	20,122
LEESBURG BIKE FEST	21,142		21,142	9,698	11,444
TOTAL	488,129		488,129	348,140	139,989