

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 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) Room/suite
 2921 NORTH 29TH STREET
 City or town, state or country, and ZIP + 4
 TAMPA, FL 33605

D Employer identification number
 59-2410601

E Telephone number
 (813) 247-5227

F Group Exemption Number ▶

G Accounting method Cash Accrual
 Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.ABEBROWN.ORG

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

K Check if the organization is not a section 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.

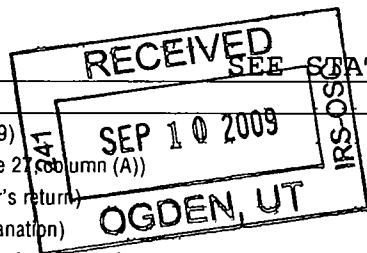
L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **674,081.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	612,732.
	2	Program service revenue including government fees and contracts	2	15,768.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶ SEE STATEMENT 2)	8	45,581.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	674,081.
	Net Assets	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	14,651.
12		Salaries, other compensation, and employee benefits	12	182,940.
13		Professional fees and other payments to independent contractors	13	14,106.
14		Occupancy, rent, utilities, and maintenance	14	54,716.
15		Printing, publications, postage, and shipping	15	11,869.
16		Other expenses (describe ▶ SEE STATEMENT 1)	16	190,087.
17		Total expenses. Add lines 10 through 16 ▶	17	468,369.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	205,712.
19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	664,282.
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 through 20 ▶	21	869,994.	

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	249,524.	272,782.
23	Land and buildings	420,039.	593,022.
24	Other assets (describe ▶ PLEDGES RECEIVABLE)	1,708.	14,221.
25	Total assets	671,271.	880,025.
26	Total liabilities (describe ▶ ACCOUNTS PAYABLE)	6,989.	10,031.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	664,282.	869,994.



Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.	
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	N/A	
39b	Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 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.	
40b	Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I		X
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
40d	Enter amount of tax on line 40c reimbursed by the organization	0.	
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	NONE	
42a	The books are in care of	ROBERT P. BLOUNT III Telephone no (813) 247-5227	
	Located at	2921 N. 29TH STREET, TAMPA, FL ZIP + 4 33605	
42b	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)?		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.		
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
43		N/A	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization(s) a section 527 organization?
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: Question number, Yes, No. Contains rows for questions 46, 47, 48, 49a, and 49b.

Table for line 50: Compensation of top 5 employees. Columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (D) Contributions to employee benefit plans & deferred compensation; (E) Expense account and other allowances. Entry: NONE.

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table for line 51: Compensation of top 5 independent contractors. Columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation. Entry: NONE.

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: Robert R. Mount, III, President. Date: 9/21/09.

Paid Preparer's Use Only: Preparer's signature: [Signature], Date: 8/21/09, Check if self-employed: [], Preparer's Identifying Number: [], Firm's name (or yours if self-employed), address, and ZIP + 4: RIVERO, GORDIMER & COMPANY, P.A., P. O. BOX 172359, TAMPA, FL 33672, EIN: [], Phone no: [].

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No. Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **ABE BROWN MINISTRIES, INC.** Employer identification number **59-2410601**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	153,975.	309,873.	309,366.	588,724.	625,245.	1987183.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	153,975.	309,873.	309,366.	588,724.	625,245.	1987183.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						396,662.
6 Public Support. Subtract line 5 from line 4						1590521.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	153,975.	309,873.	309,366.	588,724.	625,245.	1987183.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,226.	3,571.	5,857.	7,890.	45,481.	66,025.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						2053208.
12 Gross receipts from related activities, etc (see instructions)					12	101,949.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	77.47 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	77.15 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PAYROLL TAXES		13,995.	
ADVERTISING		9,336.	
DUES & SUBSCRIPTIONS		3,426.	
FACILITY FOOD COST		3,396.	
FINANCIAL ASSISTANCE		7,303.	
INSURANCE		47,819.	
MISCELLANEOUS		7,522.	
OFFICE SUPPLIES		12,324.	
PEST CONTROL		1,056.	
SERVICES CHARGES		2,028.	
TRAVEL		34,967.	
BAD DEBT EXPENSE		9,312.	
DEPRECIATION EXPENSE		37,603.	
TOTAL TO FORM 990-EZ, LINE 16		190,087.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
DESCRIPTION		AMOUNT	
INTEREST INCOME		4,370.	
RENTAL INCOME		41,211.	
TOTAL TO FORM 990-EZ, LINE 8		45,581.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT BLOUNT, 2921 NORTH 29TH STREET, TAMPA, FL 33602	PRESIDENT 40.00	60,060.	0.	0.
JEANETTE BAKER, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
KAYE HENDERSON, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
RICK BATEMAN, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
JOSEPH MERCHANT, III, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
HONORABLE ANTHONY K. BLACK, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
JOHN H. PIEPER, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
JAY FECHTEL, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
PASTOR JEFFERY SINGLETARY, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
DAVID GEE, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
DEXTER BRYANT, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
CURTIS FLOWERS, 2921 NORTH 29TH STREET, TAMPA, FL 33602	DIRECTOR 2.00	0.	0.	0.
DONALD S. BENNETT, 2921 NORTH 29TH STREET, TAMPA, FL 33602	ADVISORY BOARD 2.00	0.	0.	0.
MARK W. MERRILL, 2921 NORTH 29TH STREET, TAMPA, FL 33602	ADVISORY BOARD 2.00	0.	0.	0.

RICH HAYES, 2921 NORTH 29TH STREET, TAMPA, FL 33602	ADVISORY BOARD 2.00	0.	0.	0.
AL RUECHEL, 2921 NORTH 29TH STREET, TAMPA, FL 33602	ADVISORY BOARD 2.00	0.	0.	0.
MARY J. LINDSEY, 2921 NORTH 29TH STREET, TAMPA, FL 33602	ADVISORY BOARD 2.00	0.	0.	0.
GAYLE SIERENS MARTIN, 2921 NORTH 29TH STREET, TAMPA, FL 33602	ADVISORY BOARD 2.00	0.	0.	0.
SCOTT LUTTRELL, 2921 NORTH 29TH STREET, TAMPA, FL 33602	ADVISORY BOARD 2.00	0.	0.	0.
LIND C. VOTH, 2921 NORTH 29TH STREET, TAMPA, FL 33602	ADVISORY BOARD 2.00	0.	0.	0.
FREDERICA H. BARROW, 2921 NORTH 29TH STREET, TAMPA, FL 33602	EMERITUS BOARD 2.00	0.	0.	0.
JAMES W. FERMAN, SR. , 2921 NORTH 29TH STREET, TAMPA, FL 33602	EMERITUS BOARD 2.00	0.	0.	0.
G. ROBERT BLANCHARD, SR. , 2921 NORTH 29TH STREET, TAMPA, FL 33602	EMERITUS BOARD 2.00	0.	0.	0.
C.A. MCINNIS, 2921 NORTH 29TH STREET, TAMPA, FL 33602	EMERITUS BOARD 2.00	0.	0.	0.
RAYMOND E. MURRAY, 2921 NORTH 29TH STREET, TAMPA, FL 33602	EMERITUS BOARD 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>60,060.</u>	<u>0.</u>	<u>0.</u>

FOOD BANK MINISTRY FOR THE NEEDY AND OTHER OUTREACH FACILITATING WORSHIP AND TRANSPORTATION FOR FAMILIES TO VISIT INMATES IN THE FLORIDA PRISION SYSTEM. SEE ATTACHED FOR FURTHER DISCUSSION.



About Us

The mission of Abe Brown Ministries is to compassionately demonstrate the Love of Jesus Christ by helping offenders, ex-offenders and their families to achieve productive and fulfilling lives. We provide outreach to evangelize, counsel, and restore families that are broken as a result of incarceration. We strive to provide comprehensive services that allow patrons of our Ministry to make their freedom in Christ a reality. Helping ex-offenders establish an intimate relationship with Christ, while learning life skills and the value of gainful employment gives them hope for sustaining their family, occupational and financial futures. The end result is productive citizens in our communities improving the quality of life for all.

One in every one hundred forty-two people in the United States is incarcerated in our nation's prisons and jails. There are some 2.3 million Americans in State and Federal Prisons. Florida has the third largest penal system in America, and its 121 State Prisons are home to 81,000 men and women. Approximately, 12,000 of these men and women are released annually to Hillsborough County. Many of them fall through the cracks of society and return to a life of crime.

- In FY 2005-06 33,348 offenders were released from Florida's prisons
- Most of them (21,336 or 64.0%) were released because their sentences expired
- 14.0% (4,658) were released to probation or community control
- Over 40% were between the ages of 35 and 49 (13,457)
- Almost a third were serving time for violent offenses (9,929)

Our efforts are focused on those felons who were convicted out of Hillsborough County and now reside at a correctional institution within 120 miles of Tampa. Trends show that inmates often return to the same community where they received their conviction. Focusing our crusades on these institutions allows us to assist these inmates in establishing, and sometimes re-establishing, their relationship with Christ. This approach also authenticates the Ministry's relationships with inmates, which is foundational when these persons are released.

Abe Brown Ministries is aware of the struggle that ex-offenders face. We continue to strengthen our position as a master referral agency by identifying churches, organizations and agencies in the community which can provide ex-offenders with basic needs (food, shelter, clothing), housing, education, employment, healthcare (especially treatment for substance abuse, mental-health, and HIV/AIDS problems), legal assistance, and discipleship.

The Vision

Over the next 3 to 5 years, we intend to establish excellence in prison ministry beyond an offender's release from prison. As offenders transition back to the community, we are seeking to establish a community of

Abe Brown Ministries



compassion that will provide both a residential safe-haven and transitional training. In conjunction with preparing these individuals for productive living, we will build relationships with employers in the community who will gainfully employ graduates of the program. At the core of our model is Discipleship. Discipleship comes from both mentors and peers alike. This critical component fosters continued spiritual growth, accountability, and service to others.

Our model is replicable. We believe successful restoration, transition and empowerment of ex-felons in Hillsborough County can be implemented throughout the State of Florida and the United States.

Ministry Partnerships

- **Networking** with Metropolitan Ministries, America's Second Harvest, Cahill Ministry Food Bank, Publix Super Markets, and First Baptist Church of College Hill in provision of food to ex-offenders and the community
- **Networking** with Somebody Cares Tampa Bay in community ministry
- **Networking** with Metropolitan Ministries in clothing/ household furnishing provisions
- **Networking** with Lighthouse Ministries International in regeneration ministry
- **Partnership** with New Hearts Outreach to minister to the sexually broken
- **Leave A Legacy Endowment** through the Community Foundation of Tampa Bay
- **CDBG Grant** through City of Tampa to renovate ABM property

History of the Ministry

The Inception

In 1976, Coach Abe Brown picked up a newspaper and was shocked to see that one of his former football players had been charged with murder. Upon visiting this young man in prison, Coach Brown realized that he had taught young men how to play football, but he had failed to teach them how to live. Coach Brown was also deeply impressed with the tremendous spiritual needs of those confined to penal institutions. As a result of this experience, Coach Brown committed his life to spreading the Gospel of Jesus Christ that young men will know God's rules of life. Coach Brown was eventually called to God's Vineyard and is now "Rev. Brown."

Abe Brown Ministries, Inc. is an extension of the Body of Christ, which God is using to free the "spiritually incarcerated."

Time Line

- 1976 Prison Crusade Ministries, Inc. founded
- 1987 Office Building purchased
- 1988 Chapel and Food Bank purchased
- 1988 Vacant Lot purchased @ 2917 29th Street
- 1990 Women's aftercare home donated
- 1992 MCI 9 Bus purchased
- 1993 Men's aftercare home donated
- 1995 Chevrolet Van purchased
- 1996 Isuzu Truck purchased
- 1997 Chevrolet C7D purchased

- 1998 MCI 102A Bus purchased
- 1999 Dodge Motor Home donated
- 2000 Name changed to Abe Brown Ministries, Inc
- 2007 Hired key staff dedicated to Transitional Living
- 2007 Counseling & Service Center Renovation

TOP

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2921 N 29th Street, Tampa FL | Phone (813) 247-3285

Web Site created by **Morning Star Interactive, Inc.**

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).

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)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*.

Type or print	Name of Exempt Organization ABE BROWN MINISTRIES, INC.	Employer identification number 59-2410601
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 2921 NORTH 29TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33605	

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 |

ROBERT P. BLOUNT III

- The books are in the care of ▶ **2921 N. 29TH STREET - TAMPA, FL 33605**
Telephone No. ▶ **(813) 247-5227** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2008** or
▶ tax year beginning _____, and ending _____.

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	3a	\$	
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.	3b	\$	
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	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization ABE BROWN MINISTRIES, INC.	Employer identification number 59-2410601
	Number, street, and room or suite no. If a P.O. box, see instructions. 2921 NORTH 29TH STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33605	

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.

ROBERT P. BLOUNT III

- The books are in the care of **2921 N. 29TH STREET - TAMPA, FL 33605**
Telephone No. **(813) 247-5227** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- I request an additional 3-month extension of time until **NOVEMBER 15, 2009.**
- For calendar year **2008**, or other tax year beginning _____, and ending _____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

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.	8a	\$	
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.	8b	\$	
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.	8c	\$	N/A

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 **7/27/09**