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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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 \$500,000 and total assets less than \$1,250,000 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

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C CENTRAL ILLINOIS ABATE INC PO BOX 1084 GALESBURG, IL 61402-1084	D Employer identification number 37-1182375
			E Telephone number 309-342-6743
			F Group Exemption Number ▶ 9504
			G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

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

I Website: ▶ CENTRALILABATE.ORG

J Tax-exempt status (check only one) — 501(c) (4) ◀ (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 18,779.

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	332.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here. <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	18,353.
	6b	Less direct expenses other than fundraising expenses	6b	13,133.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	5,220.
	7a	Gross sales of inventory, less returns and allowances	7a	94.
	7b	Less cost of goods sold	7b	107.
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-13.
	8	Other revenue (describe ▶ _____)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	5,539.
	EXPENSES	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	188.
16		Other expenses (describe ▶ SEE STATEMENT 2)	16	3,792.
17		Total expenses. Add lines 10 through 16	17	6,376.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-837.
ASSETS		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
	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	2,849.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	3,686.	2,849.
23 Land and buildings		
24 Other assets (describe ▶ _____)		
25 Total assets	3,686.	2,849.
26 Total liabilities (describe ▶ _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	3,686.	2,849.

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

Form 990-EZ (2009)

SCANNED JUL 22 2010

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? PROMOTE MOTORCYCLE SAFETY		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	<u>SEE STATEMENT 3</u> ----- ----- ----- (Grants \$ <u>2,396.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	<u>6,321.</u>
29	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30	----- ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	<u>6,321.</u>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)				
(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 and deferred compensation	(e) Expense account and other allowances
<u>BERT MCELROY</u> -----	<u>PRESIDENT</u> 0	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>JEFF POUCHE</u> -----	<u>VICE PRESIDENT</u> 0	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>LEROY KITCH</u> -----	<u>SECRETARY</u> 0	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>JULIE BACON</u> -----	<u>TREASURER</u> 0	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>GARY RULE</u> -----	<u>DIRECTOR</u> 0	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>MARK SHEARER</u> -----	<u>DIRECTOR</u> 0	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>DON BOLAND</u> -----	<u>DIRECTOR</u> 0	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>JIM MATHEWS</u> -----	<u>DIRECTOR</u> 0	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>ELBERT DAMM</u> -----	<u>DIRECTOR</u> 0	<u>0.</u>	<u>0.</u>	<u>0.</u>
<u>SCOTT SORNBERGER</u> -----	<u>DIRECTOR</u> 0	<u>0.</u>	<u>0.</u>	<u>0.</u>

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

		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? 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 why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to 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?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 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 outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
39b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> , section 4955 ▶ <u>N/A</u>		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations 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 ▶ <u>IL</u>		

42a The organization's books are in care of ▶ JULIE BACON Telephone no. ▶ 309-342-6743
 Located at ▶ 1894 NEWCOMER DRIVE, GALESBURG, IL ZIP + 4 ▶ 61401

		Yes	No
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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

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 ▶ N/A
▶ **43** | N/A

		Yes	No
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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|--|------------|-----|----|
| 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 | 46 | | |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | 47 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| 49b If 'Yes,' was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's 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.'

(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 and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

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.

Sign Here

▶ Julie L Bacon Date 6-23-10
Signature of officer

▶ Julie L. BACON Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ <u>Tony J Butcher</u>	Date <u>6/16/2010</u>	Check if self employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) <u>P00830530</u>
Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
<u>BUTCHER & ASSOCIATES</u> <u>64 S PRAIRIE ST., SUITE 326</u> <u>GALESBURG, IL 61401</u>	<u>36-3784709</u>		<u>(309) 342-8288</u>

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
	<u>BASH PARTY</u> (event type)	_____ (event type)	_____ (total number)	(Add col (a) through col (c))	
1	Gross receipts	9,789.		9,789.	
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	9,789.		9,789.	
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,700.		1,700.
	7	Food and beverages	2,680.		2,680.
	8	Entertainment	600.		600.
	9	Other direct expenses	3,845.		3,845.
	10	Direct expense summary Add lines 4- through 9 in column (d)			8,825.
11	Net income summary Combine lines 3, column (d) and line 10			964.	

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	_____	_____	_____	(Add col (a) through col (c))
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	3	Non-cash prizes		
	4	Rent/facility costs		
	5	Other direct expenses		
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)			
8	Net gaming income summary Combine lines 1, column (d) and line 7			

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

		YES	NO
13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility	13a %		
	13b %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ _____ Address ▶ _____			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____ c If 'Yes,' enter name and address of the third party Name ▶ _____ Address ▶ _____		15a	
16 Gaming manager information Name ▶ _____ Gaming manager compensation ▶ \$ _____ Description of services provided ▶ _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		17a	

CLIENT 1182375

CENTRAL ILLINOIS ABATE INC

37-1182375

6/16/10

03.33PM

**STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	GALESBURG YOUTH ATHLETIC CLUB		
DONEE'S ADDRESS:	64 S PRAIRIE ST		
	GALESBURG, IL 61401		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	366.
DONEE'S NAME:	D.I.G.I.T.		
	GALESBURG, IL 61401		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	366.
DONEE'S NAME:	SPECIAL OLYMPICS		
	GALESBURG, IL 61401		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	366.
DONEE'S NAME:	TOYS FOR TOTS		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,298.

**STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

EDUCATION	\$	1,080.
INFORMATION TECHNOLOGY		145.
MISCELLANEOUS		293.
OTHER DONATIONS		1,643.
SUPPLIES		448.
TRAVEL		183.
TOTAL	\$	<u>3,792.</u>

**STATEMENT 3
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE ORGANIZATION PROMOTES MOTORCYCLE SAFETY THROUGH EDUCATIONAL SEMINARS AND PUBLIC SERVICE ANNOUNCEMENTS. FUND RAISERS ARE HELD TO HELP SUPPORT DONATIONS TO CHARITABLE ORGANIZATIONS SUCH AS THOSE LISTED IN STATEMENT 1.