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Return of Organization Exempt From Income Tax

2009

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

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

Open to Public Inspection

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

B	Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	C	Please use IRS label or print or type See specific instructions. A.B.A.T.E. OF ILLINOIS, INC. SUBORDINATES 311 E. MAIN STREET, SUITE 418 GALESBURG, IL 61401	D	Employer identification number 37-1345320
				E	Telephone number 309-343-6588
				G	Gross receipts \$ 795,991.
		F	Name and address of principal officer PAULA WARD SAME AS C ABOVE	H(a)	Is this a group return for affiliates? ☒ Yes ☐ No
				H(b)	Are all affiliates included? ☐ Yes ☒ No If 'No,' attach a list (see instructions) SEE SCHEDULE O
		I	Tax-exempt status ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527	H(c)	Group exemption number ▶ 9504
		J	Website: ▶ ABATE-IL.ORG		
		K	Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L	Year of formation
				M	State of legal domicile

Part I Summary

		1 Briefly describe the organization's mission or most significant activities <u>PROMOTE MOTORCYCLE SAFETY</u>		
Activities & Governance		2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
		3 Number of voting members of the governing body (Part VI, line 1a)	3	19
		4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
		5 Total number of employees (Part V, line 2a)	5	0
		6 Total number of volunteers (estimate if necessary)	6	0
		7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	71,429.	47,619.
		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,554.	812.
		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11d)	230,976.	243,218.
		12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	303,959.	291,649.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
		14 Benefits paid to or for members (Part IX, column (A), line 4)		
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
		16a Professional fundraising fees (Part IX, column (A), line 11e)		
		b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	257,318.	299,410.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	257,318.	299,410.	
	19 Revenue less expenses Subtract line 18 from line 12	46,641.	-7,761.	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Year	End of Year
		21 Total liabilities (Part X, line 26)	393,783.	386,022.
		22 Net assets or fund balances Subtract line 21 from line 20	0.	0.

Part II Signature Block

	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	▶ <u>Paula Ward</u> Signature of officer	Date 6/30/10		
	▶ <u>Paula Ward Office mgr / asst treas</u> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶ <u>Terry O Butler</u>	Date 6/23/2010	Check if self-employed ☒	Preparer's identifying number (see instructions) P00830530
	Firm's name (or yours if self-employed), address, and ZIP + 4 BUTCHER & ASSOCIATES 64 S PRAIRIE ST., SUITE 326 GALESBURG, IL 61401		EIN ▶ 36-3784709 Phone no ▶ (309) 342-8288	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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

TEEA0113L 12/29/09 Form 990 (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:PROMOTE MOTORCYCLE SAFETY**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code ☐) (Expenses \$ 274,522. including grants of \$) (Revenue \$)THE ORGANIZATIONS PROMOTE MOTORCYCLE SAFETY THROUGH EDUCATIONAL SEMINARS AND PUBLIC SERVICE ANNOUNCEMENTS, AS WELL AS EDUCATE HIGH SCHOOL STUDENTS ON MOTORCYCLE SAFETY THROUGH SAFETY VIDEO PRESENTATIONS. EACH CHAPTER ALSO MAKES DONATIONS TO CHARITIES. RECIPIENTS INCLUDE THE SALVATION ARMY, YOUTH CLUBS, MRF, OPERATION ST. NICK, SPECIAL OLYMPICS, TOYS AND FOOD TO NEEDY FAMILIES, ST. JUDE, MAKE-A-WISH FOUNDATION, ABATE STATE SAFETY AND EDUCATION FUND, HABITAT FOR HUMANITY, AND DISABLED VETS.**4b** (Code ☐) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code ☐) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses ► 274,522.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b Is the organization 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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		X

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4 a	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
b	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.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body		
1 b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?		X
b Each committee with authority to act on behalf of the governing body?		X
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ PAULA WARD 311 E MAIN, SUITE 418 GALESBURG IL 61401 309-343-6588

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b 20,102.				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 27,517.				
	g Noncash contribns included in lns 1a-1f:	\$				
	h Total. Add lines 1a-1f		47,619.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		812.			812.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a 701,694.				
	b Less direct expenses	b 454,590.				
	c Net income or (loss) from fundraising events		247,104.	247,104.		
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a 45,866.				
	b Less: cost of goods sold	b 49,752.				
	c Net income or (loss) from sales of inventory		-3,886.	-3,886.		
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		291,649.	243,218.	0.	812.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	6,070.	3,642.	2,428.	
17 Travel	10,985.	9,887.	1,098.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,875.	3,656.	1,219.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,383.	692.	691.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DONATIONS	164,333.	164,333.		
b POSTAGE AND SHIPPING	26,538.	19,904.	6,634.	
c EDUCATIONAL EXPENSES	18,938.	18,938.		
d SUPPLIES	16,511.	12,383.	4,128.	
e PRINTING AND PUBLICATIONS	16,468.	12,351.	4,117.	
f All other expenses	33,309.	28,736.	4,573.	
25 Total functional expenses. Add lines 1 through 24f	299,410.	274,522.	24,888.	0.
26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	393,783.	1	386,022.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments – publicly-traded securities		11	
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets Add lines 1 through 15 (must equal line 34)	393,783.	16	386,022.	
LIABILITIES	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	393,783.	32	386,022.
	33 Total net assets or fund balances	393,783.	33	386,022.
	34 Total liabilities and net assets/fund balances	393,783.	34	386,022.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

BAA

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **A.B.A.T.E. OF ILLINOIS, INC.**
SUBORDINATES

Employer identification number
37-1345320

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| ☐ Mail solicitations | ☐ Solicitation of non-government grants |
| ☐ Internet and email solicitations | ☐ Solicitation of government grants |
| ☐ Phone solicitations | ☐ Special fundraising events |
| ☐ In-person solicitations | |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☒ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						0

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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.

	(a) Event #1 MISCELLANEOUS (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	REVENUE			
1 Gross receipts	701,694.			701,694.
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)	701,694.			701,694.
DIRECT EXPENSES				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	454,590.			454,590.
10 Direct expense summary Add lines 4- through 9 in column (d)				454,590.
11 Net income summary Combine lines 3, column (d) and line 10				247,104.

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.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE				
1 Gross revenue				
DIRECT EXPENSES				
2 Cash prizes				
3 Non-cash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % 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		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**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?**15a****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 ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ 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?**17a****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 ▶ \$ _____

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **A.B.A.T.E. OF ILLINOIS, INC.**
SUBORDINATES

Employer identification number
37-1345320

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

A.B.A.T.E. OF ILLINOIS, INC.
SUBORDINATES

37-1345320

FORM 990, QUESTION H(B)
AFFILIATES INCLUDED IN GROUP RETURN

CHAPTER	ADDRESS	CITY	STATE	ZIP CODE	FEIN
APPLE CREEK CHAPTER	109 S CARROLLTON ST	WHITEL HALL	IL	62092	37-1293662
ARROWHEAD VALLEY CHAPTER	637 SUZANNE AVE	BRADLEY	IL	60915	52-2083494
BACKROADS CHAPTER	201 N FIRST ST	BALDWIN	IL	62217	37-1273539
BEAUCOUP BOTTOMS CHAPTER	2972 SUNFIELD RD	DuQUOIN	IL	62832	37-1548988
BIG RIVER CHAPTER	19090 17TH ST	FULTON	IL	61252	11-3817211
BLACK DIAMOND CHAPTER	PO BOX 46	CARLINVILLE	IL	62626-0046	37-1335321
BLACKHAWK CHAPTER	PO BOX 332	E MOLINE	IL	61244-0332	36-3535097
CHICAGO CHAPTER	PO BOX 41407	CHICAGO	IL	60641-0307	37-1293665
CHILDREN OF THE CORN CHAP.	309 E NORTH ST	WAYNESVILLE	IL	61778-9742	37-1338718
CRAWFORD COUNTY CHAPTER	PO BOX 731	ROBINSON	IL	62454-0731	37-1143035
CROSSROADS CHAPTER	805 S MAIN ST	ALIAMONT	IL	62411	37-1219233
DUKANE CHAPTER	PO BOX 188	W CHICAGO	IL	60186-0188	36-3640547
EASTERN ILLINOIS CHAPTER	PO BOX 6132	CHAMPAIGN	IL	61826-6132	37-1293667
EMBARRAS VALLEY CHAPTER	PO BOX 72	VILLA GROVE	IL	61956-0072	37-1395375
FLATLANDERS CHAPTER	517 N GRAHAM	SULLIVAN	IL	61951	37-1330258
FORD COUNTY CHAPTER	37468 N 204TH E RD	ROSSVILLE	IL	60963	30-0125220
FRANKLIN COUNTY CHAPTER	PO BOX 478	W FRANKFORT	IL	62896	37-1298098
FREERIDE CHAPTER	PO BOX 278	MANITO	IL	61546-0278	37-1351097
FREEDOM BY CHOICE CHAPTER	501 STRUGIS DR	NIANTIC	IL	62551	37-1386667
FREEDOM RIDERS CHAPTER	1147 N COLLEGE	CENTRALIA	IL	62801	37-1293661
FREEDOM VALLEY CHAPTER	PO BOX 294	DUNLAP	IL	61525-0294	01-0592981
FREEPORT CHAPTER	PO BOX 205	FREEPORT	IL	61032-0205	36-3554122
FULTON COUNTY CHAPTER	PO BOX 204	CANTON	IL	61520-0203	37-1293670
GREAT RIVER CHAPTER	PO BOX 3855	QUINCY	IL	62301	37-1224810
HEART OF ILLINOIS CHAPTER	PO BOX 229	DOWNS	IL	61736-0229	37-1213963
HEARTLAND CHAPTER	PO BOX 202	PONTIAC	IL	61764-0202	37-1212294
HERITAGE TRAIL CHAPTER	PO BOX 417	MARSHALL	IL	62441-0417	37-1330378
HUBBARD TRAIL CHAPTER	PO BOX 41	WATSEKA	IL	60970-0041	37-1348184
IRON RIDERS CHAPTER	2736 COUNTY RD 2150 N	MINONK	IL	61760	37-1283512
JASPER COUNTY CHAPTER	5705 E 900TH AVE	NEWTON	IL	62448	37-1405005
KASKASKIA VALLEY CHAPTER	215 E NOLEMAN ST	CENTRALIA	IL	62801	87-0770843
KISHWAUKEE VALLEY CHAPTER	PO BOX 31	CHERRY VALLEY	IL	61016-0031	36-3824575
LA MOINE VALLEY CHAPTER	PO BOX 507	DALLAS CITY	IL	62330-0507	37-1293666
LIBERTY CHAPTER	PO BOX 1502	MATTOON	IL	61938	37-1293657
LINCOLN LAND CHAPTER	PO BOX 5774	SPRINGFIELD	IL	62705-5774	37-1269293
LOST CREEK CHAPTER	PO BOX 87	BEARDSTOWN	IL	62618-0087	30-0369118
MID-STATE CHAPTER	PO BOX 181	PANA	IL	62557-0181	36-3924142
NORTHERN ILLINOIS CHAPTER	PO BOX 496	LAKI VILLA	IL	60046-0496	37-1293660
NW SUBURBAN CHAPTER	PO BOX 441	ARLINGTON HHS	IL	60006-0441	37-1290537
OLD RIVER CHAPTER	PO BOX 182	SHELBYVILLE	IL	62565-0182	37-1262420
OPEN ROADS CHAPTER	PO BOX 428	SANDWICH	IL	60548-0428	36-3821015
PATHFINDERS CHAPTER	PO BOX 92	MT STERLING	IL	62353-0092	26-3792230
PEORIA CHAPTER	PO BOX 5936	PEORIA	IL	61601-5936	37-1265981
PIASA-GATEWAY CHAPTER	PO BOX 363	E ALTON	IL	62024-0363	37-1253629
SALT CREEK CHAPTER	PO BOX 772	LINCOLN	IL	62656-0772	93-1225654
SHAWNEE HILLS CHAPTER	PO BOX 326	METROPOLIS	IL	62960-0326	37-1309409
SHOA CREEK CHAPTER	2708 W ST LOUIS AVE	VANDALIA	IL	62471	37-1260030
SOUTH SUBURBAN CHAPTER	PO BOX 142	TINLEY PARK	IL	60477-0142	36-3767255
SOUTHERN DuPAGE CHAPTER	PO BOX 3521	LISLE	IL	60532-3521	36-4195511
SOUTHERN FREEDOM CHAPTER	16245 CORINTH RD	MARION	IL	62959	37-1217609
SOUTHERN ILLINOIS CHAPTER	84 W NORTH ST	MINDEN	IL	62263	37-1224898
ST CLAIR COUNTY CHAPTER	PO BOX 235	FREEBURG	IL	62243-0235	37-1307260
STARVED ROCK CHAPTER	510 HIAWATHA DR	OTTAWA	IL	61350	36-4187908
THUNDER ROCK CHAPTER	417 PENNSYLVANIA AVE	LOVES PARK	IL	61111	36-4353141
TRI-COUNTY CHAPTER	PO BOX 1513	JACKSONVILLE	IL	62651-1513	51-0519239
TWIN RIVERS CHAPTER	PO BOX 53	OHIO	IL	61349-0053	36-3554123
UNION JACK CHAPTER	163 KATHLEEN RD	DuQUOIN	IL	62832	37-1334001
WABASH VALLEY CHAPTER	PO BOX 214	GRAYVILLE	IL	62844	37-1293669
WESTGATE CHAPTER	PO BOX 520	LYONS	IL	60534-0520	37-1293668
WILL COUNTY CHAPTER	PO BOX 928	PLAINFIELD	IL	60544-0928	76-0732907

COMPUTATION OF COST OF GOODS SOLD (FORM 990)

1. INVENTORY AT START OF YEAR	0.
2. PURCHASES	49,752.
3. COST OF LABOR	0.
4. ADDITIONAL 263A COSTS	0.
5. OTHER COSTS	0.
6. TOTAL (ADD LINES 1 THROUGH 5)	49,752.
7. INVENTORY AT END OF YEAR	0.
8. COST OF GOODS SOLD (SUBTRACT LINE 7 FROM LINE 6)	49,752.

FORM 990, PART IX, LINE 24
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK SERVICE CHARGES	1,035.		1,035.	
COORDINATION EXPENSES	7,095.	5,321.	1,774.	
EQUIPMENT RENTAL & MAINT	3,653.	3,653.		
MEALS & ENTERTAINMENT	6,796.	5,097.	1,699.	
NEWSLETTER EXPENSES	14,470.	14,470.		
TELEPHONE	260.	195.	65.	
TOTAL	\$ 33,309.	\$ 28,736.	\$ 4,573.	\$ 0.

Form 990
Part VII

ABATE OF ILLINOIS, Inc.
Subordinates
Officers & Directors Listing

FEIN: 37-1345320

<u>POSITION</u>	<u>FIRST</u>	<u>LAST</u>	<u>ADDRESS</u>	<u>CITY</u>	<u>ST/ZIP</u>
STATE COORDINATOR	MIKE	MYERS	815 RENROSE AVE	LOVES PARK	IL 61111
ASST. STATE COORDINATOR	ROGER	LEACH	701 W MASONIC ST	EDINBURG	IL 62531-9671
STATE OFFICE MANAGER	PAULA (PAULI)	WARD	311 E MAIN ST #418	GALESBURG	IL 61401
STATE SECRETARY	KAT	CONNER	PO BOX 53 206 E JACKSON	OHIO	IL 61349-0053
STATE TREASURER	JULIE	BACON	1894 NEWCOMER DR	GALESBURG	IL 61401
LEGISLATIVE COORDINATOR	GEORGE	TINKHAM	423 W VINE ST	SPRINGFIELD	IL 62704
SAFETY & ED COORDINATOR	LAURA	MAYER	16612 W 147TH PL	LOCKPORT	IL 60441
NEWSLETTER COORDINATOR	RJ	SCROGGINS	310 SUNSET DR	BETHALTO	IL 62010-2236
P.R. COORDINATOR	CARLEEN	GRANT	126 MAPLE AVE	BETHALTO	IL 62010-2256
ACTIVITIES COORDINATOR	CRYSTAL & CARL	SHAMHART	5696 E 1600TH AVE	ALTAMONT	IL 62411
PRODUCTS COORDINATOR	TERRIE	VanHUSS	PO BOX 254	IRVING	IL 62051-0254
BIKE RAFFLE COORDINATOR	GUS	MILLER	PO BOX 604	HEYWORTH	IL 61745
NE REGION CO-COORDINATOR	MIKE	RYAN	24174 W GRASS LK RD	ANTIOCH	IL 60002-8746
NW REGION COORDINATOR	SCOTT	GERKE	5319 PEARL CITY RD	FREEPORT	IL 61032
EC REGION COORDINATOR	STACEY	RIGSBY	4423 N 3200 EAST RD	ARROWSMITH	IL 61722-9574
WC REGION CO-COORDINATOR	STEVE	SURRATT	73 N RIVERVIEW DR	E PEORIA	IL 61611
WC REGION CO-COORDINATOR	RANDY	HAYS	304 E FREEMONT	CAMP POINT	IL 62320
SE REGION COORDINATOR	RICK (DOC)	JONES	10478 E AMINOFF RD	EFFINGHAM	IL 62401
SW REGION COORDINATOR	BOB	MYERS	29197 HILLTOP LANE	JERSEYVILLE	IL 62052