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A For the 2010 calendar year, or tax year beginning 07-01-2010

PO BOX 30332

**C** Name of organization

ABATE OF NEBRASKA INC

As Filed Data -

Number and street (or P O box, if mail is not delivered to street address) Room/suite

DLN: 93492136009112

D Employer identification number

(402) 489-0651

47-0607980

E Telephone number

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

Check if applicable

Address change

Name change

Initial return

#### **Short Form Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

 Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
 All other organizations with gross receipts less than \$200,000 and total assets less than \$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

and ending 06-30-2011

Open to Public **Inspection** 

Terminated		ted					
_		d return	City or town, state or country, and ZIP + 4 LINCOLN, NE 685030332		F Group Exemption Number ▶	n	
I A	oplicati	on pending					
<b>G</b> A c	coun	tıng method	Cash Accrual Other (specify) ►				
ΙWe	ebsite	www.abate	EOFNE COM	_	H Check ► 🔽 ı		
J Tax	-Exem	npt status(check	only one)— 501(c)(3) 501(c)(4) ◀(insert no ) 4947(a)(1) or 5	527	required to att (Form 990, 99		
			anization is not a section 509(a)(3) supporting organization and it		receipts are norma	illy not	more than
			-EZ or Form 990 return is not required though Form 990-N (e-po	stcard) r	may be required (s	ee insti	ructions) But if the
			to file a return, be sure to file a complete return  line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or it	f total asse	ets (Part II, line 25, coli	umn (B)	below) are \$500,000 or
more	,		d of Form 990-EZ		<b>-</b> \$		189,006
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Ba e organization used Schedule O to respond to any question in thi		(See the instruct		Part I)
	1	Contribution	s, gifts, grants, and similar amounts received			1	28,956
	2	Program serv	vice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	27,946
	4	Investment	ncome			4	246
	5a	Gross amour	nt from sale of assets other than inventory	5a			
9	ь	Less cost o	r other basis and sales expenses	5b			
Revenue	С	Gain or (loss	) from sale of assets other than inventory (Subtract line 5b from	line 5a)		5c	
Re	6	Gaming and	fundraısıng events				
	а	Gross income fr	om gaming (attach Schedule G if greater than \$15,000)	6a			
	b		e from fundraising events (not including \$ <u>131,858</u> of contribution ine 1) (attach Schedule G if the sum of such gross income and co				
	с	Less direct	expenses from gaming and fundraising events	6с	83,779		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6t	and sub	otract line 6c)	6d	48,079
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b			
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	ue (describe in Schedule O)			8	
	9	Total revenu	<b>e.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	105,227
	10	Grants and s	ımılar amounts paıd (lıst ın Schedule O)			10	
	11	Benefits paid	I to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	15,300
8 0 S	13	Professional	fees and other payments to independent contractors			13	6,969
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	10,836
Exp	15	Printing, pub	lications, postage, and shipping			15	17,065
	16	Other expen	ses (describe in Schedule O)			16	45,510
	17	Total expens	ses. Add lines 10 through 16			17	95,680
B	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	9,547
Net Assets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A )) ( $\sf m$	nust agre	e with		
≥t.A		end-of-year	figure reported on prior year's return)			19	122,889
ž	20	Other chang	es in net assets or fund balances (explain in Schedule O) .			20	0
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20 .		🟲	21	132,436

Part II Balance Sheets Check if the organization used	Schedule O to respond to	any question in t	:hıs Part II			
				_		
(See the instruc	tions for Part II )		(A) Begin	ning of year	<b>.</b>	(B) End of year
<b>22</b> Cash, savings, and investments .				122,889	_	132,436
23 Land and buildings					23	
24 Other assets (describe in Schedule O	)	•			24	
25 Total assets				122,889	25	132,43
<b>26 Total liabilities</b> (describe in Schedule	0)			0	26	(
27 Net assets or fund balances (line 27 o	f column (B) <b>must</b> agree wit	th line 21) .		122,889	27	132,436
Check if the organization used  What is the organization's primary exempt TO EDUCATE THE PUBLIC ABOUT MOTO MOTORCYCLIST'S OPINIONS OF PROPO Describe what was achieved in carrying our describe the services provided, the number	I Schedule O to respond to purpose?  DRCYCLE SAFETY AND II DSED LEGISLATION THA the organization's exemptor of persons benefited, and	any question in t NFORM LAWMAK TAPPLIES TO N t purposes In a c other relevant in	KERS ON MOTORCYCI Clear and con formation for	cise manner, each	(c)( org 494	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
28 TO EDUCATE MOTORCYCLE RIDERS DEFENSIVE DRIVING ISSUES (Grants \$ 0) If the	AND NON-RIDERS ABOU s amount includes foreign (			ND RELATED	28a	38,695
29 TO ENCOURAGE FAVORABLE LEGISL A NEWSLETTER, MAINTAINING A WEBS (Grants \$ 0) If the		ON OF SAFETY E	DUCATION	PROGRAMS	29a	55,717
	s amount includes foreign (	grants, check her	re	<b>▶</b> ┌	30a	
<del></del>	s amount includes foreign	grants, check her	re	<u>.</u> ⊢ ⊢	31a	
32 Total program service expenses (add lin		<u> </u>		. •	32	94,41
Part IV List of Officers, Directors, Tru				ted (See the ins	struction	ns for Part IV )
Check if the organization used  (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	ation (d) d, emplo	Contribution byee benefit p rred compens	lans 8	(e) Expense
See Additional Data Table						

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)					
	Check if the organization used Schedule O to respond to any question in this Part V $$ . $$ . $$ . $$ . $$ . $$ . $$					
			Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T					
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions)	35b				
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	36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions • 37a 0					
b	Did the organization file Form 1120-POL for this year?	37b				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	1				
39	Section 501(c)(7) organizations. Enter					
	Initiation fees and capital contributions included on line 9					
	Gross receipts, included on line 9, for public use of club facilities					
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under					
	section 4911, section 4912, section 4955					
Ь	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No		
c	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					
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization					
e	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	40e		No		
	List the states with which a copy of this return is filed 🕨					
42a	The organization's books are in care of THE ORGANIZATION Telephone no	<u>(40</u>	2)489	-0651		
	PO BOX 30332  Located at LINCOLN, NE ZIP + 4	<u> 68</u>	850303	32		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	Yes	No No		
	account)?	420		INO		
	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.					
_	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		l No		
·		720		140		
	If "Yes," enter the name of the foreign country					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>		<u></u>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No		
	Form 990-EZ.	44a		No		
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed					
	instead of Form990-EZ	44b		No		
c	Did the organization receive any payments for indoor tanning services during the year?					
		44c		No		
d	<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O</i>					

"Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ  45 No  46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  All 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 47-49b and 52.  Check if the organization used Schedule O to respond to any question in this Part VI  47 Ves No  48 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E  49 Did the organization make any transfers to an exempt non-charitable related organization?  49 If "Yes," was the related organization a section 527 organization?	Form 990-	EZ (2010)							Page <b>4</b>
The comparison receives any apriment from the region and section with a controlled entity within the meaning of section \$12 (b)(3) of 17 feet, "kmm 990 and schedule R must be completed visited of Farma 990 & 150 (b) of the region above the controlled entity within the meaning of section \$12 (b)(3) of 17 feet, "kmm 990 and schedule R must be completed visited of Farma 990 & 16 (b) of the region and section of 17 feet, "kmm 990 and schedule C part 1								Yes	No
meaning of section 312 (D)(13)? If Yes, "row 990 and Schedule R must be completed interpolated for our apposition to condidates for public office? (If Yes," complete Schedule C, Part 1					ng of section	512(b)(13)? <i>If</i>	45		No
the organization engage, directly or indirectly, in political company activities on behalf of or in opposition to describe of position drives. If Yes, Complete Schedule C, Part II  All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-490 and 52.  Cincle if the organization used Schedule C to respond to any question in this Part VI  Distribe organization engage in lebbying activities? If Yes, Complete Schedule C, Part II  46 Is the organization as chool described in section 270 (b)(1)(A)(0)(7 / Yes, "complete Schedule E  47 Distribe organization as chool described in section 270 (b)(1)(A)(0)(7 / Yes, "complete Schedule E  48 Distribe organization as active to 527 organization?  49 Distribe organization as active to 527 organization?  49 Distribe organization as active to 527 organization?  50 Complete this fable for the organization is five highest componented employees (other than officers, directors, functions, and employees paid over \$1.00,000 or companization from the organization if there is note, enter Yes organization and address of each employees and expert week devoted to position  50 (f) Total number of other employees paid over \$1.00,000 or companization from the organization in the part of the organization of the highest compensated independent contractors who each received more than \$100,000 organization and the part of the organization in the part of the organization of the part of the organization in the organization of the part of the organization o							45a		No.
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 47-49b and 52.  Chack if the organization used Schedule O to respond to any question in this Part VI.  To bid the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  48. Is the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.  49. Did the organization engage in lobbying activities? If "Yes," complete Schedule E and the organization engage in lobbying activities? If "Yes," complete Schedule E and					on behalf of o	r ın opposition to			
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt chantable trusts must answer questions 47-490 and 52.  Check if the organization used Schedule O to respond to any question in this Part VI  The bid the organization engage in liabbying activities? If "Yes," complete Schedule C, Part II  The organization asked on the section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  All Is the organization asked on the section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  All Is the organization asked on transfers to an exempt non-chantable related organization?  If "Yes," was the related organization in section 527 organization?  If "Yes," was the related organization asked on the section 527 organization?  If "Yes," was the related organization asked on the section 527 organization?  If "Yes," was the related organization asked on the section 527 organization?  If "Yes," was the related organization asked on the section 527 organization?  If "Yes," was the related organization asked on the section 527 organization?  If "Yes," was the related organization asked organization asked organization?  If "Yes," was the related organization asked organization?  If the organization asked organization organization asked organization asked organization asked organization organization asked organization organizati			· · ·		nonevemn	t charitable tr			IN O
Section   Property	Pait VI	All section 501(c)(3) organ			-			_	stions
48 is the organization in legislation in legislatio		Check if the organization used	Schedule O to respor	nd to any question in t	hıs Part VI			Yes	No No
### Apa Did the organization is action to accompany tonsfers to an exempt non-charitable related organization?  ### Apa Did the organization and any transfers to an exempt non-charitable related organization?  ### Apa Did the organization and any transfers to an exempt non-charitable related organization?  ### Apa Did the organization and any transfers to an exempt non-charitable related organization?  ### Apa Did the organization and any transfers to an exempt non-charitable related organization?  ### Apa Did the organization organization is fitness and exemption or the independent contractors and exemption or the organization of their is none, and any exemption organization organizat	<b>47</b> Dıd t	he organization engage in lobbyir	ng activities? If "Yes,"	complete Schedule C	, Part II		47		
b If Yes," was the related organization in Section \$27 organization?  Complete this table for the organization as section \$27 organization?  Complete this table for the organization in the section \$127 organization?  Can be the related organization in the organization organization in the organization organization in the organization organization in the organization organization organization organization in the organization organiza	<b>48</b> Is th	e organization a school described	d in section 170(b)(1)	(A)(II)? <i>If "Yes," compl</i>	ete Schedule E		48		
50 Complete this table for the organization is 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 bound of the organization organizat	<b>49a</b> Did t	he organization make any transfe	ers to an exempt non-c	harıtable related orga	nızatıon?		49a		
ampleyees) 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 over \$100,000 but it and average hours per week devoted to position deferred compensation of the employee benefit plans & deferred compensation.  50(f) Total number of other employees paid over \$100,000	<b>b</b> If "Y	es," was the related organization	a section 527 organiz	ation?			49b		
(a) Name and address of each employee paid over \$100,000  50(f) Total number of other employees paid over \$100,000  51 Complete this table for the organization if there is none, enter "None"  (a) Name and address of each independent contractors each receiving over \$100,000  61 Occurrence of compensation of the employees paid over \$100,000  62 Complete this table for 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  (c) Compensation  (d) Contribution to endowed a deferred compensation of the reliable for 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  (c) Compensation  (d) Contribution to endowed an other elevation of the reliable for the organization is not expense to the part of the reliable for the organization is not paid to the part of the reliable for the organization of prepare (other than office) is based on all information of which prepare has an overlaige.  51(d) Total number of other independent contractors each receiving over \$100,000  (b) Type of service (c) Compensation  (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  (d) Contribution to each received more than \$100,000  (b) Type of service (c) Compensation  (d) Type of service (c) Compensation  (e) Name and address of each independent contractors who each received more than \$100,000  (b) Type of service (c) Compensation  (c) Compensation  (d) Contribution to deferred compensation of the part of t									
paid more than \$100,000    Position   Complete that \$100,000   Position   Complete Compensation   Complete Compensation   Complete this table for the organization is five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None"    Ca) Name and address of each independent contractor paid more than \$100,000   (b) Type of service   (c) Compensation									 nse
50(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  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Type of service (c) Compensation  (f) Type of service (c) Compensation  (g) Type of service (c) Compensation  (h) Type of service (c) Compensation  (a) Name and address of each independent contractors each receiving over \$100,000  (b) Type of service (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  (e) Type of service (c) Compensation  (e) Compensation  (f) Type of service (c) Compensation  (e) Compensation  (e) Compensation  (f) Type of service (c) Compensation  (e) Compensation  (f) Type of service (c) Compensation  (f) Type of service (c) Compensation  (e) Compensation  (f) Type of service (c) Compensation  (e) Compensation  (f) Type of service (c) Compensation  (f) Type of service (c) Compensation  (e) Compensation  (f) Type of service (c) Compensation  (f) Type of service (c) Compensation  (e) Compensation  (f) Type of service (c) Compensation  (f) Type of service (c) Compensation  (g) Type of service (c) Compensa			hours per week	(c) Compensat	ion employe	ee benefit plans &			
Side this table for 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  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947 (a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947 (a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947 (a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947 (a)(1) nonexempt charitable trusts where the properties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my mowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a mowledge.  Signature of officer  ERIC BEDKE TREASURER  Type or print name and title  Preparer's Signature of officer  ERIC BEDKE TREASURER  Type or print name and title  Preparer's signature of officer  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER CPA CFE  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER CPA CFE  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER CPA CFE  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER COVE LIP  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER COVE LIP  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER COVE LIP  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER COVE LIP  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A ME		· · · · · · · · · · · · · · · · · · ·	devoted to position	1	deterre	a compensation	otne	erallowa	inces
Side this table for 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  (b) Type of service  (c) Compensation  (b) Type of service  (c) Compensation  (c) Compensation  (d) Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947 (a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947 (a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947 (a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section 501(c)(3) organizations and 4947 (a)(1) nonexempt charitable trusts where the properties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my mowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a mowledge.  Signature of officer  ERIC BEDKE TREASURER  Type or print name and title  Preparer's Signature of officer  ERIC BEDKE TREASURER  Type or print name and title  Preparer's signature of officer  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER CPA CFE  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER CPA CFE  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER CPA CFE  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER COVE LIP  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER COVE LIP  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER COVE LIP  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A MEYER COVE LIP  ERIC BEDKE TREASURER  Type or print name (or yours signature) PATRICK A ME									
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Paid Preparer's Jse Only  PATRICK A MEYER CPA CFE  2012-05-11  self- employed									
Paid Preparer's Jse Only  PATRICK A MEYER CPA CFE  2012-05-11  self- employed   Complete				Date	Check if	Prenarer's taynor	er ideni	tification	
Preparer's Jse Only  Firm's name (or yours if self-employed), address, and ZIP + 4  HBE BECKER MEYER LOVE LLP  7140 STEPHANIE LANE PO BOX 23110  LINCOLN, NE 685423110  HBE BECKER MEYER LOVE LLP  7140 STEPHANIE LANE PO BOX 23110  Phone no  (402) 423-4343	Daid		CFE		self-			шсанон	MITTOCI
Jse Only if self-employed), address, and ZIP + 4 T140 STEPHANIE LANE PO BOX 23110  LINCOLN, NE 685423110  EIN F Phone no F (402) 423-4343		°   •	D MEVED LOVE ! 2		employed 🕨				
address, and ZIP + 4 7140 STEPHANIE LANE PO BOX 23110  LINCOLN, NE 685423110  Phone no 1 (402) 423-4343	•	ıf self-employed),	K MEYER LOVE LLP			EIN Þ			
LINCOLN, NE 685423110	USE OILLY	address, and ZIP + 4 7140 STEPH	HANIE LANE PO BOX 23110				02) 157	4242	
May the IRS discuss this return with the preparer shown above? See instructions		LINCOLN, N	E 685423110			rnone no ▶ (40			
	May the IR	S discuss this return with the pre	eparer shown above? S	ee instructions		►	<u> √</u> γ	es	No

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DLN: 93492136009112

OMB No 1545-0047

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

ınıema	r Revenue Service				Inspe	ction
If the	•	nswered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (	Political C	;am paiç	ın Activit	ies),
	-	ganizations Complete Parts I-A and B Do not complete Part I-C				
	, ,, ,	r than section 501(c)(3)) organizations Complete Parts I-A and C below Do not comp	lete Part I-f	3		
<ul><li>Se</li></ul>	ction 527 organiza	ations Complete Part I-A only				
If the	e organization a	nswered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47	(Lobbying	Activit و	ties), the	n
	, , , ,	ganizations that have filed Form 5768 (election under section 501(h)) Complete Part II-		•		
	, ,, ,	ganizations that have NOT filed Form 5768 (election under section 501(h)) Complete F			•	
	_	nswered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part	t V, line 3	5a (Prox	دy Tax), tl	hen
		), or (6) organizations Complete Part III				
	me of the organiza TE OF NEBRASKA INC		mployer id	entificat	ion numbe	er
, ,_,			7-060798	0		
Par	t I-A Comple	te if the organization is exempt under section 501(c) or is a se	ction 52	7 orga	anizatio	n.
1	Droudo a doser	ption of the organization's direct and indirect political campaign activities in Part I	.,			
			٧ .			
2	Political expend			\$		
3	V olunteer hours					
Par	t I-B Comple	ete if the organization is exempt under section 501(c)(3).				
1	Enter the amour	nt of any excise tax incurred by the organization under section 4955	<b>•</b>	\$		
2	Enter the amour	nt of any excise tax incurred by organization managers under section 4955	<b>F</b>	\$		
3	If the organizati	on incurred a section 4955 tax, did it file Form 4720 for this year?			┌ Yes	┌ No
<b>4</b> a	Was a correctio	n made?			┌ Yes	┌ No
ь	If "Yes," descril	pe in Part IV				
Par	t I-C Comple	te if the organization is exempt under section 501(c) except se	ection 5	)1(c)(	3).	
1	Enter the amour	nt directly expended by the filing organization for section 527 exempt function activ	vities 🕨	\$		
2	Enter the amour	nt of the filing organization's funds contributed to other organizations for section 52	:7	<b>.</b>		

4	Did the filling organization life Form 1120-POL for this year?	i res i	, •
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to w	hich the filing	3
	organization made payments For each organization listed, enter the amount paid from the filing organization's funds	Also enter th	he
	amount of political contributions received that were promptly and directly delivered to a separate political organizat	on, such as a	а
	separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in	Dart IV	

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	( <b>b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	<b>(b)</b> Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lobbyıng)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	(e) Total			
2a	Lobbying non-taxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
c	Total lobbying expenditures								
d	Grassroots non-taxable amount								
e	Grassroots ceiling amount (150% of line 2d, column (e))								
f	Grassroots lobbying expenditures								

	dule C (Form 990 or 990-EZ) 2010					ige 3
Pa	tt II-B Complete if the organization is exempt under section 501(c)(3) and has f (election under section 501(h)).	NOT fi	led Fo	rm	5768	3
		(	a)		(b)	
		Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i		•			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c	)(5), c	or se	ectio	<u>1</u>
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	Yes	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		Νo
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		Νo
Par	tIII-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	1
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier Return Reference Explanation

DLN: 93492136009112

OMB No 1545-0047

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

Name of the organization **Employer identification number** ABATE OF NEBRASKA INC 47-0607980 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations ▼ Special fundraising events In-person solicitations Did the organization have a 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? 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 Form 990-EZ filers are not required to complete this table (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes 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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1  LINCOLN BIKE SHOW (event type)	(b) Event #2  SPRING BASH (event type)	(c) Other Events  68  (total number)	(d) Total Events (Add col (a) through col (c))
₽	1	Gross receipts	71,321	4,435	56,102	131,858
Revenue	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	71,321	4,435	56,102	131,858
	4	Cash prizes	4,562	2 224	2,559	7,345
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs	13,847	350		14,197
	7	Food and beverages	925	1,245	9,414	11,584
Direct	8	Entertainment		1,000	1,600	2,600
Δ	9	Other direct expenses .	25,910	680	21,463	48,053
	10	Direct expense summary Add line	<del>-</del>	, ,	$\mathbf{x}_{-1}, \mathbf{x}_{-1}, \mathbf{x}_{-1}, \mathbf{x}_{-1} \blacktriangleright \mathbf{x}_{-1}$	83,779
	11	Net income summary Combine lin				48,079
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
မှ	2	Cash prizes				
sesued	3	Non-cash prizes				
Direct Ex	4	Rent/facility costs				
<u></u>	5	Other direct expenses				
	6	Volunteer labor	┌ Yes <u>%</u> ┌ No	┌ Yes <u>%</u>	┌ Yes <u>%</u> ┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)		
9 a b	Is th	er the state(s) in which the organiza ne organization licensed to operate No," Explain	gaming activities in eacl	n of these states?		· Fyes FNo
10a b	Were	e any of the organization's gaming l	ıcenses revoked, susper	nded or terminated during	the tax year?	

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable o	gaming?		. Г <sub>Yes</sub> Г <sub>No</sub>
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	<del>-</del>	· ·		. $\Gamma_{Yes}$ $\Gamma_{No}$
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	<b>&gt;</b> \$		
	Description of services provided	<b></b>		
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (	see 
	Identifier	ReturnReference	Explanation	

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2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

ABATE OF NEBRASKA INC

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

Employer identification number

47-0607980

ldentifier	Return Reference	Explanation	
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 246	

Identifier	Return Reference	Explanation		
OTHER EXPENSES	·	DESCRIPTION OFFICE & MEMBERSHIP SUPPLIES AMOUNT 5,469 DESCRIPTION TRAVEL AMOUNT 8,288 DESCRIPTION CONFERENCES & SEMINARS AMOUNT 710 DESCRIPTION ADVERTISING AMOUNT 10,103 DESCRIPTION INSURANCE AMOUNT 5,715 DESCRIPTION LICENSES & PERMITS AMOUNT 136 DESCRIPTION DUES & MEMBERSHIPS AMOUNT 650 DESCRIPTION BANK & CREDIT CARD CHARGES AMOUNT 217 DESCRIPTION WEBSITE & COMPUTER EXPENSE AMOUNT 667 DESCRIPTION MISCELLANEOUS AMOUNT 13,555 TOTAL TO FORM 990-EZ, LINE 16 45,510		

# **TY 2010 Transfers Personal Benefits Contracts Declaration**

Name: ABATE OF NEBRASKA INC

**EIN:** 47-0607980

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.

Software ID: Software Version:

**EIN:** 47-0607980

Name: ABATE OF NEBRASKA INC

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and ot her allowances
TODD MILLER PO BOX 30332 LINCOLN,NE 68503	STATE COORDINATOR 12 00	3,900	0	0
ERIC BEDKE PO BOX 30332 LINCOLN,NE 68503	STATE TREASURER 12 00	2,400	0	0
DEBRA TURNER PO BOX 30332 LINCOLN,NE 68503	STATE SECRETARY 1 00	0	0	0
JODI POWERS PO BOX 30332 LINCOLN,NE 68503	STATE MEMBERSHIP SECRETARY 6 00	3,000	0	0
DANIEL SPOTTEN PO BOX 30332 LINCOLN,NE 68503	STATE EDITOR 6 00	1,625	0	0
DAVID DUENSING PO BOX 30332 LINCOLN,NE 68503	DIRECTOR 1 00	0	0	0
TROY GRASSMEYER PO BOX 30332 LINCOLN,NE 68503	DIRECTOR 1 00	0	0	0
BRUCE MEYER PO BOX 30332 LINCOLN,NE 68503	DIRECTOR 1 00	0	0	0
MIKE HAMMER PO BOX 30332 LINCOLN,NE 68503	DIRECTOR 1 00	0	0	0
MARK AMIDON PO BOX 30332 LINCOLN,NE 68503	DIRECTOR 1 00	0	0	0
MIKE SCHEIL PO BOX 30332 LINCOLN,NE 68503	DIRECTOR 1 00	0	0	0
KILE RICHARDSON PO BOX 30332 LINCOLN,NE 68503	DIRECTOR 1 00	0	0	0