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## Part V

**Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  33  X

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  X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  35a  X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O  35b  X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III  35c  X

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  X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a  37b  X

b Did the organization file Form 1120-POL for this year?  38a  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 tax year covered by this return?  38b  X

b If "Yes," complete Schedule L, Part II and enter the total amount involved  39a  X

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9  39b  X

b 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 ►  40b  X

b 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  40c  X

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.  40d  X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  40e  X

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.  41 List the states with which a copy of this return is filed ► AK

42a The organization's books are in care of ► See attachment #3 Telephone no. ►  Located at ► ZIP + 4 ►  42b  X

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  42c  X

c At any time during the calendar year, did the organization maintain an office outside the U.S.?  If "Yes," enter the name of the foreign country: ►  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here  and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44a  X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  44b  X

c Did the organization receive any payments for indoor tanning services during the year?  44c  X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.  N/A  44d  X

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a  X

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)  45b  X

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 . . . . .

	Yes	No
46		X

**Part VI** **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
b If "Yes," was the related organization a section 527 organization? . . . . .	49b	X
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."		

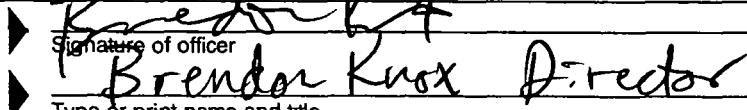
(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

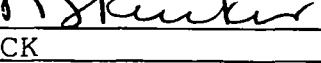
f Total number of other employees paid over \$100,000 . . . . .	
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"	
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service
NONE	

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

52 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 . . . . .  Yes  No

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 officers) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer  Brendon Knox Director	Date 5/13/15
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name NANETTE RUCKER	Preparer's signature 	Date 05-13-2013	Check <input type="checkbox"/> if self-employed	PTIN P00032750
	Firm's name H AND R BLOCK			Firm's EIN 800326773	
	Firm's address 391 E PARKS			Phone no. 907-376-3555	

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust.

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

**Name of the organization**

Valley Abate Corporation

**Employer identification number**

92-0176321

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box .....

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....

(ii) A family member of a person described in (i) above? .....

(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col. (I) listed in your governing document?	(V) Did you notify the organization in col. (I) of your support?		(VI) Is the organization in col. (I) organized in the U.S.?	(VII) Amount of monetary support
				Yes	No		
<b>Total</b>							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

(If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").....	2,699	55,935	480	9,671	125	68,910
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	69,796	20,686	69,809	47,782	61,845	269,918
3 Gross receipts from activities that are not an unrelated trade or business under section 513. ....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 <b>Total.</b> Add lines 1 through 5.....	72,495	76,621	70,289	57,453	61,970	338,828
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b.....						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						338,828

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.....	72,495	76,621	70,289	57,453	61,970	338,828
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.....	48		3	12	7	70
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.....	48		3	12	7	70
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).....					5	5
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	72,543	76,621	70,292	57,465	61,982	338,903
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	15	99.98 %
16 Public support percentage from 2011 Schedule A, Part III, line 15 .....	16	99.94 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	17	0.02 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17 .....	18	0.06 %
19a 33 1/3% support tests -- 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		► <input checked="" type="checkbox"/>
b 33 1/3% support tests -- 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....		► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		► <input type="checkbox"/>

**Part II** **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
1	Gross receipts.....				
2	Less: Contributions.....				
3	Gross income (line 1 minus line 2).....				
4	Cash prizes.....				
5	Noncash prizes.....				
6	Rent/facility costs.....				
7	Food and beverages.....				
8	Entertainment.....				
9	Other direct expenses.....				
10	Direct expense summary. Add lines 4 through 9 in column (d).....				► ( )
11	Net income summary. Combine line 3, column (d), and line 10.....				► ( )

**Part II** **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) thru col. (c))
1	Gross revenue.....			15,815	15,815
2	Cash prizes.....			500	500
3	Noncash prizes.....				
4	Rent/facility costs.....				
5	Other direct expenses.....			442	442
6	Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No _____ %	( )
7	Direct expense summary. Add lines 2 through 5 in column (d).....				► ( 942 )
8	Net gaming income summary. Combine line 1, column d, and line 7.....				► ( 14,873 )

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

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

Yes  No

b If "No," explain: \_\_\_\_\_

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

Yes  No

b If "Yes," explain: \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

Valley Abate Corporation

Employer identification number

92-0176321

Line 10, Part I Other Expense - Donations made to American Red Cross,  
Midnight Sun Rescue Dogs, AK Assistance Dogs, Mat Su Special Santa,  
AK Center for Resource Families and needy individuals

Line 16, Page 1 - Other Expenses - please see attachment for detailed exp

## 990 PRIMARY EXEMPT PURPOSE

Attachment 1: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2012 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
Valley Abate Corporation	92-0176321	
Primary Purpose		
To promote safety and education in operation of motorcycles.		

# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2012 or tax period beginning  Name of Organization Valley Abate Corporation	, and ending  Employer Identification Number 92-0176321		
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def. comp.	(E) Expense account & other compensation
Brendon Knox President				
Ron Harvey Vice President				
Tom Journa Secretary				
Cathy Seutter Treasurer				

## 990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2012 or tax period beginning	, and ending
Name of Organization <u>Valley Abate Corporation</u>		Employer Identification Number <u>92-0176321</u>
Part V - Line 42a		
Individual Name ..... <u>BRENDON KNOX</u>		
or		
Business Name:		
Street Address ..... <u>PO BOX 874872</u>		
U.S. Address:		
Zip code	<u>99687</u>	City <u>Wasilla</u>
or		
Foreign Address		
City	.....	
Province or State	.....	
Country	.....	
Postal code	.....	
Phone Number	..... <u>(907) 715-7281</u>	
Fax Number	.....	

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2012

Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service (99)

▶ See separate Instructions.

▶ Attach to your tax return.

Name(s) shown on return  
Valley Abate CorporationBusiness or activity to which this form relates  
FORIdentifying number  
92-0176321**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) .....	1		
2 Total cost of section 179 property placed in service (see instructions) .....	2		
3 Threshold cost of section 179 property before reduction in limitation (see instructions) .....	3		
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....	4		
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	5	500,000	
<b>6 (a) Description of property</b>		<b>(b) Cost (busn. use only)</b>	<b>(c) Elected cost</b>
<b>7 Listed property. Enter the amount from line 29 .....</b>		<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....		8	
9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....		9	
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 .....		10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) .....		11	500,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....		12	
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 .....		13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .....	14	
15 Property subject to section 168(f)(1) election .....	15	
16 Other depreciation (including ACRS) .....	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

<b>Section A</b>					
17 MACRS deductions for assets placed in service in tax years beginning before 2012 .....	17	6,429			
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....	▶ <input type="checkbox"/>				

**Section B -- Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property		700	15	HY	150	DB
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C -- Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life	S/L			
b 12-year	S/L			
c 40-year	S/L			

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28 .....	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions .....	22	7,548
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23	

For Paperwork Reduction Act Notice, see separate Instructions.

Form 4562 (2012)

**7-YEAR ASSETS PLACED IN SERVICE DURING 2012  
USING GENERAL DEPRECIATION SYSTEM**

Valley Abate Corporation  
92-0176321

19c. Asset Description	(b) Date in Service	(c) Basis	(d) Period	(e) Convention	(f) Method	(g) Depreciation
Connex	03-24-2012	3,000	7	HY	200 DB	429
Projector	04-25-2012	580	7	HY	200 DB	83
2012 Tu250 Suzuki	08-23-2012	4,000	7	HY	200 DB	572

**Total**

**1,084**

## 2012 DETAIL STATEMENTS

Valley Abate Corporation  
.92-0176321

Page 1

STATEMENT #1 - Printing, publication, postage (990 EZ PG 1 Line 15)

Office Expense.....	1,125
Postage.....	30

TOTAL CARRIED TO 990 EZ PG 1 Line 15..... 1,155

STATEMENT #2 - Other revenue (990-EZ PG 1 Line 8)

Sale of Patches.....	5
Gain from Form 4797.....	112

TOTAL CARRIED TO 990-EZ PG 1 Line 8..... 117

STATEMENT #3 - Professional Fees (990-EZ PG 1 Line 13)

Tax Preparation.....	342
Instructor Fees.....	23,510

TOTAL CARRIED TO 990-EZ PG 1 Line 13..... 23,852

STATEMENT #4 - Occupancy, Rent, Utilities (990-EZ PG 1 Line 14)

Facility Rentals.....	300
Web Site Hosting.....	208
Telephone.....	567

TOTAL CARRIED TO 990-EZ PG 1 Line 14..... 1,075

STATEMENT #5 - Other expenses (EOEZ Pg 1 Line 16)

Bank Fees.....	6
Credit Card Fees.....	1,899
Classroom Expense.....	8,134
Bike Show Expense.....	400
Insurance.....	474
Miscellaneous.....	641
Advertising.....	250
Licenses and Permits.....	175
Supplies.....	33
Depreciation.....	7,548

TOTAL CARRIED TO EOEZ Pg 1 Line 16..... 19,560