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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

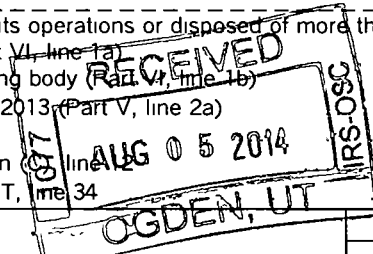
▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2013 calendar year, or tax year beginning , 2013, and ending ,**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		C 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 \$ 835,422.	
		F Name and address of principal officer SAME AS C ABOVE		H(a) Is this a group return for subordinates? ☒ Yes ☐ No H(b) Are all subordinates included? ☐ Yes ☒ No If 'No,' attach a list (see instructions) SEE ATTACHMENT H(c) Group exemption number 9504	
I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (4) (insert no.) ☐ 4947(a)(1) or ☐ 527					
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>PROMOTE MOTORCYCLE SAFETY</u>	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VII, line 1a)	21
	4 Number of independent voting members of the governing body (Part VII, line 1b)	20
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	0
Revenue	7a Total unrelated business revenue from Part VIII, column (A), line 2	0.
	b Net unrelated business taxable income from Form 990-T, line 34	0.
	8 Contributions and grants (Part VIII, line 1h)	49,486.
	9 Program service revenue (Part VIII, line 2g)	47,347.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	620.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	261,323.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	309,233.
	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)	
	Expenses	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-24e)		280,036.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		280,036.
19 Revenue less expenses Subtract line 18 from line 12		29,197.
20 Total assets (Part X, line 16)		488,694.
21 Total liabilities (Part X, line 26)		517,891.
22 Net assets or fund balances Subtract line 21 from line 20		0.
		488,694.

**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	Signature of officer <u>Paula Ward</u>		Date <u>8/1/14</u>	
	Type or print name and title PAULA WARD STATE OFFICE MANAGER			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature <u>Terry D Butcher</u>	Date <u>7/31/2014</u>	Check ☐ if self-employed
	Firm's name ▶ GORDON, STOCKMAN & WAUGH. P.C.	PTIN P00830530		
	Firm's address ▶ 8726 N. INDUSTRIAL RD. PEORIA, IL 61615	Firm's EIN ▶ 41-2110811		
		Phone no (309) 692-4030		

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

☒ Yes ☐ No**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

TEEA0113L 11/08/13

Form **990** (2013)

SCANNED AUG 12 2014

9B 8

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 257,507. 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 **▶** 257,507.

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 (see instructions)?		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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		X
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV		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 (see instructions)		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
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government 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 or 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, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a</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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 (or a family member thereof) 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
1 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1 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.	0	
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 (see instructions).		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule Q.		
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
4 b If 'Yes,' enter the name of the foreign country: See instructions for 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?		
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 as charitable contributions?		X
6 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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 a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7 e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7 h		
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?		
8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
9 b		
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders.	11 a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b	
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.		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13 b	
c Enter the amount of reserves on hand.	13 c	
14 a Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

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.

Check if Schedule O contains a response or note to any line in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	21	
1 b Enter the number of voting members included in line 1a, above, who are independent.	20	
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 governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?		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, 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 Did the organization have local chapters, branches, or affiliates?		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done		
13 Did the organization have a written whistleblower policy?		X
14 Did 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 or 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,' did the organization follow 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. Disclosure

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 ☐ Other (explain in Schedule O)

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 during the tax year. SEE SCHEDULE O

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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEE ATTACHED LISTING NO COMPENSATION	0 0							0.	0.	0.
(2) -----	-----									
(3) -----	-----									
(4) -----	-----									
(5) -----	-----									
(6) -----	-----									
(7) -----	-----									
(8) -----	-----									
(9) -----	-----									
(10) -----	-----									
(11) -----	-----									
(12) -----	-----									
(13) -----	-----									
(14) -----	-----									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1 b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a			
	b Membership dues	1 b 12,908.			
	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 34,439.			
	g Noncash contributions included in lines 1a-1f. \$				
	h Total. Add lines 1a-1f	47,347.			
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)		563.		563.
	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 726,082.			
	b Less: direct expenses	b 466,861.			
	c Net income or (loss) from fundraising events	259,221.			259,221.
	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 51,561.			
	b Less: cost of goods sold	b 59,328.			
	c Net income or (loss) from sales of inventory	-7,767.	-7,767.		
Miscellaneous Revenue Business Code					
11 a <u>ADVERTISING REVENUE</u>		9,869.	9,869.		
b _____					
c _____					
d All other revenue					
e Total. Add lines 11a-11d		9,869.			
12 Total revenue. See instructions		309,233.	2,102.	0.	259,784.

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).

Check if Schedule O contains a response or note to any line in this Part IX

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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 United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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 accruals and contributions (include section 401(k) and 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 Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	4,247.	2,548.	1,699.	
17 Travel	18,528.	16,675.	1,853.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,365.	1,774.	591.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,337.	668.	669.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATIONS	162,387.	162,387.		
b POSTAGE AND SHIPPING	19,055.	14,291.	4,764.	
c SUPPLIES	18,530.	13,897.	4,633.	
d EDUCATIONAL EXPENSES	15,441.	15,441.		
e All other expenses SEE SCH. O	38,146.	29,826.	8,320.	
25 Total functional expenses. Add lines 1 through 24e	280,036.	257,507.	22,529.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	488,694.	1	517,891.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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)		488,694.	16	517,891.
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 Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		0.	26
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), 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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	488,694.	32	517,891.
	33 Total net assets or fund balances	488,694.	33	517,891.
	34 Total liabilities and net assets/fund balances	488,694.	34	517,891.

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Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	309,233.
2	Total expenses (must equal Part IX, column (A), line 25)	2	280,036.
3	Revenue less expenses Subtract line 2 from line 1	3	29,197.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	488,694.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	517,891.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐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?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both

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

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

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

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

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 (2013)

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.
- ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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 990-EZ 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.
- | | |
|---|--|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

- 2 a** 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? ☐ 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 and address 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0

- 3** List all states in which the organization is registered or licensed to solicit contributions 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 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	(b) Event #2	(c) Other events	(d) Total events
		MISCELLANEOUS (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
	1 Gross receipts	726,082.			726,082.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	726,082.			726,082.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	466,861.			466,861.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				466,861.
	11 Net income summary. Subtract line 10 from line 3, column (d)				259,221.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash 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. Subtract line 7 from line 1, column (d)				

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?

☐ 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

- | | | | |
|----|---|------------------------------|-----------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? | ☐ Yes | ☐ No |
| 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 |

- 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

- 13** Indicate the percentage of gaming activity operated in:

a The organization's facility

13a	%
-----	---

b An outside facility

13b	%
1	100

- 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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 ▶ \$

Part IV: Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No 1545-0047

2013

**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 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED. REVIEWED BY OFFICE MANAGER.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

- ▶ Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

37-1345320

OMB No 1545-0047

2013

Open to Public
Inspection

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					

(2) -----					

(3) -----					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) A.B.A.T.E. OF ILLINOIS INC 311 E MAIN STREET, SUITE 418 GALESBURG, IL 61401 37-1217154	PROMOTES MOTORCYCLE SAFETY	IL	501 (C) (4)		N/A		X
(2) -----							

(3) -----							

(4) -----							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												

(2) -----												

(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									

(2) -----									

(3) -----									

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

[illegible]

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

37-1345320

CHAPTER	ADDRESS	CITY	STATE	ZIPCODE	FEIN
APPLE CREEK CHAPTER	RR 1 BOX 46	HILLVIEW	IL	62050	37-1293662
BACKROADS CHAPTER	PO BOX 87	BALDWIN	IL	62217-0087	37-1273539
BEAUCOUP BOTTOMS CHAPTER	3207 SUNFIELD RD	DuQUOIN	IL	62832	37-1548988
BIG RIVER CHAPTER	509 W 8TH ST	STERLING	IL	61081	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 41307	CHICAGO	IL	60641-0307	37-1293665
CHILDREN OF THE CORN CHAP.	PO BOX 431	CLINTON	IL	61727-0431	37-1338718
CRAWFORD COUNTY CHAPTER	PO BOX 731	ROBINSON	IL	62454-0731	37-1143035
CROOKED CREEK CHAPTER	PO BOX 648	MACOMB	IL	61455-0648	27-3730083
CROSSROADS CHAPTER	PO BOX 41	FARINA	IL	62838	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 412	TUSCOLA	IL	61953-0412	37-1395375
FLATLANDERS CHAPTER	517 N GRAHAM	SULLIVAN	IL	61951	37-1330258
FORD COUNTY CHAPTER	37468 N 2040 E RD	ROSSVILLE	IL	60963	30-0125220
FRANKLIN COUNTY CHAPTER	PO BOX 478	W FRANKFORT	IL	62896	37-1298098
FREEBIRD CHAPTER	PO BOX 278	MANITO	IL	61546-0278	37-1351097
FREEDOM BY CHOICE CHAPTER	1745 W DIVISION ST	DECATUR	IL	62526	37-1386667
FREEDOM RIDERS CHAPTER	1147 N COLLEGE	CENTRALIA	IL	62801	37-1293661
FREEDOM VALLEY CHAPTER	PO BOX 6563	PEORIA	IL	61601	01-0592981
FREEPORT CHAPTER	PO BOX 205	FREEPORT	IL	61032-0205	36-3554122
FULTON COUNTY CHAPTER	PO BOX 203	CANTON	IL	61520-0203	37-1293670
GREAT RIVER CHAPTER	PO BOX 3855	QUINCY	IL	62301	37-1224810
HEART OF ILLINOIS CHAPTER	101 S ALLEN	LEROY	IL	61752	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	2890 COUNTY RD 600 N	EL PASO	IL	61738	37-1283512
JASPER COUNTY CHAPTER	5705 E 900TH AVE	NEWTON	IL	62448	37-1405005
KASKASKIA VALLEY CHAPTER	3678 E DIX IRVINGTON RD	CENTRALIA	IL	62801	87-0770843
KISHWAUKEE VALLEY CHAPTER	PO BOX 2783	LOVES PARK	IL	61132	36-3824575
LAMOINE 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	LAKE VILLA	IL	60046-0496	37-1293660
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
PEO-TAZ CHAPTER	PO BOX 5936	PEORIA	IL	61601-5936	37-1265981
PIASA-GATEWAY CHAPTER	PO BOX 363	E ALTON	IL	62024-0363	37-1253629
RICHLAND COUNTY CHAPTER	4151 N STRINGTOWN RD	OLNEY	IL	62450	35-2444632
RIVER VALLEY CHAPTER	PO BOX 573	AROMA PARK	IL	60910-0573	52-2083494
SALT CREEK CHAPTER	PO BOX 772	LINCOLN	IL	62656-0772	93-1225654
SHAWNEE HILLS CHAPTER	RR 2 BOX 162A	ELIZABETHTOWN	IL	62931	37-1309409
SHOAL CREEK CHAPTER	2711 LAKEWOOD DR	VANDALIA	IL	62471	37-1260030
SOUTH SUBURBAN CHAPTER	PO BOX 142	TINLEY PARK	IL	60477-0142	36-3767255

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

37-1345320

CHAPTER	ADDRESS	CITY	STATE	ZIPCODE	FEIN
SOUTHERN DuPAGE CHAPTER	PO BOX 3521	LISLE	IL	60532-3521	36-4195511
SOUTHERN FREEDOM CHAPTER	600 S 25TH ST	HERRIN	IL	62948	37-1217609
SOUTHERN ILLINOIS CHAPTER	84 W NORTH ST	NEW MINDEN	IL	62263	37-1224898
SPOON RIVER RIDERS CHAPTER	PO BOX 222	WYOMING	IL	61491-0222	90-0836367
ST CLAIR COUNTY CHAPTER	PO BOX 235	FREEBURG	IL	62243-0235	37-1307260
STARVED ROCK CHAPTER	PO BOX 403	WENONA	IL	61377-0403	36-4187908
THUNDER ROCK CHAPTER	6131 N KNOLL RD	MONROE CENTER	IL	61052	36-4353141
TRI-COUNTY CHAPTER	PO BOX 1513	JACKSONVILLE	IL	62651-1513	51-0519239
TWIN RIVERS CHAPTER	22302 1850 EAST ST	PRINCETON	IL	61356-9371	36-3554123
UNION JACK CHAPTER	163 KATHLEEN RD	DuQUOIN	IL	62832	37-1334001
WABASH VALLEY CHAPTER	PO BOX 214	GRAYVILLE	IL	62844	37-1293669
WILL COUNTY CHAPTER	PO BOX 928	PLAINFIELD	IL	60544-0928	76-0732907
WINDY CITY CHAPTER	8720 S ESSEX	CHICAGO	IL	60617	45-2157048

SUBORDINATES

37-1345320

POSITION	FIRST	LAST	ADDRESS	CITY	ST	AT ZIP	PHONE	EMAIL	CELLPHONE
STATE COORDINATOR	RYAN	HUBBARD	22025 ALLENTOWN RD	TREMONT	IL	61568		freebirdryan68@yahoo.com	309.267.0606
ASST. STATE COORDINATOR	SCOTT	GERKE	5319 PEARL CITY RD	FREEMONT	IL	61032		gerk@frontier.com	815.238.3092
STATE OFFICE MANAGER	(PAULI)	WARD	311 E MAIN ST #418	GALESBURG	IL	61401	800/87-ABATE	abateil@yahoo.com	309.231.6588
STATE SECRETARY	KAT	CONNER	PO BOX 53	OHIO	IL	61349	815/376-5291	connerkat@yahoo.com	309.303.5291
STATE TREASURER	JULIE	BACON	1894 NEWCOMER DR	GALESBURG	IL	61401	309/342-1547	no email	309-335-0036
LEGISLATIVE COORDINATOR	BOB	MYERS	29197 HILLTOP LANE	JERSEYVILLE	IL	62052	618/885-5769	bobkat63@frontiernet.net	618.917.4919
SAFETY & ED COORDINATOR	VIOLET	ROBERTS	708 YATES AVE	ROMEDEVILLE	IL	60446		abatesafetvandeducation@hotmail.com	815.482.7773
NEWSLETTER COORDINATOR	CARLA	ENBURG	3510 37TH ST	MOLINE	IL	61265	309/764-3454	abateilnews@hotmail.com	
P.R. COORDINATOR	SHIRLEY	LACOCK	112 WOODWAY	E PEORIA	IL	61611		swirl1130@aol.com	309.635.8132
ACTIVITIES COORDINATOR	BARB	FITZPATRICK	23618 LOCKPORT ST	PLAINFIELD	IL	60544		libbaff65@aol.com	815.919.7870
PRODUCTS COORDINATOR	JULIE	THURMAN	607 SHERRY ST	COLCHESTER	IL	62326		abateofilproduct@hotmail.com	217.440.0810
BIKE RAFFLE COORDINATOR	BOB	DODSON	3678 E DIX/IRVINGTON RD	CENTRALIA	IL	62801	618/249-6978	kypres@yahoo.com	618.972.3698
NE REGION COORDINATOR	JOHN	BLOCH	4 CHANTILLY LN	N AURORA	IL	60542		dukaneabate@comcast.net	630.715.6215
NE REGION COORDINATOR	RAY	HECK	512 E WILSON	BATAVIA	IL	60510	630/406-1578	rheck@sbcglobal.net	
NW REGION COORDINATOR	DENNIS	YEAGER	1656 E TOWN HALL RD	FREEMONT	IL	61032		cleaver1957@gmail.com	815.238.6262
EC REGION COORDINATOR	JIM	HAMILTON	106 W LINCOLN	OGDEN	IL	61859		jhamilt@yahoo.com	217.480.7259
WC REGION COORDINATOR	DON	BOLAND	75 COUNTRY ELMS	GALESBURG	IL	61401		don.boland@comcast.net	309.738.0342
WC REGION COORDINATOR	KEVIN	GOUDSCHAAL	2210 N 1200TH AVE	CAMP POINT	IL	62320		no email	217.617.9724
SE REGION COORDINATOR	MICK	EDDINGTON	84 W NORTH ST	NEW MINDEN	IL	62263	618/478-2243	leddington2000@yahoo.com	
SE REGION COORDINATOR	TED	ZACKRO	2001 WILLENBORG	EFFINGHAM	IL	62401		abateilserregcorep@gobot.com	309.258.3674
SW REGION COORDINATOR	JIM"LEGS"	KORTE	15817 OLD TRENTON RD	TRENTON	IL	62293		leggs50@juno.com	618.973.9180

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SCHEDULE O - SUPPLEMENTAL INFORMATION

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

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5/12/14

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FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK SERVICE CHARGES	1,532.		1,532.	
COORDINATION EXPENSES	6,360.	4,770.	1,590.	
EQUIPMENT RENTAL & MAINT	9,458.	9,458.		
MEALS AND ENTERTAINMENT	13,285.	9,964.	3,321.	
PRINTING AND PUBLICATIONS	7,501.	5,626.	1,875.	
TELEPHONE	10.	8.	2.	
TOTAL	\$ 38,146.	\$ 29,826.	\$ 8,320.	\$ 0.