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Form 990

OMB No 1545-0047

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.

2016**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**A For the 2016 calendar year, or tax year beginning , 2016, and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 \$ 638,666.**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	PROMOTE MOTORCYCLE SAFETY	
	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 VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	43,440.	47,508.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	513.	898.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8, 9c, 10b, and 11e)	210,811.	175,860.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12e)	254,764.	224,266.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	311,925.	256,741.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	311,925.	256,741.
	19 Revenue less expenses Subtract line 18 from line 12	-57,161.	-32,475.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	451,107.	418,632.
	22 Net assets or fund balances. Subtract line 21 from line 20	0.	0.
		451,107.	418,632.

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	<i>Paula Ward</i>	Date	6/27/17
	Type or print name and title	PAULA WARD		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if PTIN self employed
	TERRY D BUTCHER	<i>Terry D Butcher</i>	6/21/2017	PTIN P00830530
	Firm's name	GORDON, STOCKMAN & WAUGH. P.C.		
	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 11/16/16

Form 990 (2016)

SCANNED JUL 20 2017

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Part III Statement of Program Service Accomplishments

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

7

- 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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4 a (Code) (Expenses \$ 229,108. 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 ▶	229,108.
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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)? <i>If 'Yes,' complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If 'Yes,' complete Schedule C, Part I</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? <i>If 'Yes,' complete Schedule C, Part II</i>		
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? <i>If 'Yes,' complete Schedule C, Part III</i>		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? <i>If 'Yes,' complete Schedule D, Part I</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? <i>If 'Yes,' complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III</i>		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? <i>If 'Yes,' complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V</i>		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? <i>If 'Yes,' complete Schedule D, Part VI</i>		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? <i>If 'Yes,' complete Schedule D, Part VII</i>		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? <i>If 'Yes,' complete Schedule D, Part VIII</i>		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? <i>If 'Yes,' complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X</i>		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)? <i>If 'Yes,' complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E</i>		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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>		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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>		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? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>		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? <i>If 'Yes,' complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		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? If 'Yes,' complete Schedule J		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? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
b 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? If 'Yes,' complete Schedule L, Part 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? If 'Yes,' complete Schedule L, Part II		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? If 'Yes,' complete Schedule L, Part III		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).		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c 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? If 'Yes,' complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		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? If 'Yes,' complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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)? If 'Yes,' complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		
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? If 'Yes,' complete Schedule R, Part VI		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** (2016)

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.		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
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.		
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 O.		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
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).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the sponsoring organization make any taxable distributions under section 4966?		
9 b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10 a	Initiation fees and capital contributions included on Part VIII, line 12.		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11 a	Gross income from members or shareholders.		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 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 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 c	Enter the amount of reserves on hand.		
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	1 a 21		
1 b Enter the number of voting members included in line 1a, above, who are independent	1 b 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?	2		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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		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?	7 a		X
7 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8 a	X	
b Each committee with authority to act on behalf of the governing body?	8 b	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	9		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?	10 a	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?	10 b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O	11 b	
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15 a	X
b Other officers or key employees of the organization	15 b	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?	16 a	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 take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made 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, address, and telephone number of the person who possesses the organization's books and records ►

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) RYAN HUBBARD DIRECTOR	0 0	X						0.	0.	0.
(2) JIM KORTE DIRECTOR	0 0	X						0.	0.	0.
(3) BOB MYERS DIRECTOR	0 0	X						0.	0.	0.
(4) MIKE BRUSH DIRECTOR	0 0	X						0.	0.	0.
(5) CARLA ENBURG DIRECTOR	0 0	X						0.	0.	0.
(6) SHIRLEY LACOCK DIRECTOR	0 0	X						0.	0.	0.
(7) ROGER LEACH DIRECTOR	0 0	X						0.	0.	0.
(8) BARB LEACH DIRECTOR	0 0	X						0.	0.	0.
(9) TRACEY EDDINGTON DIRECTOR	0 0	X						0.	0.	0.
(10) HOWARD NATION DIRECTOR	0 0	X						0.	0.	0.
(11) DAWN WINERFELDT DIRECTOR	0 0	X						0.	0.	0.
(12) SANDY MURRELL DIRECTOR	0 0	X						0.	0.	0.
(13) BUD LEIN DIRECTOR	0 0	X						0.	0.	0.
(14) SCOTT CARTER DIRECTOR	0 0	X						0.	0.	0.

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) PHIL CORNELL DIRECTOR	0 0	X						0.	0.	0.
(16) MICK EDDINGTON DIRECTOR	0 0	X						0.	0.	0.
(17) BOB STOUT DIRECTOR	0 0	X						0.	0.	0.
(18) WAYNE CORNICK DIRECTOR	0 0	X						0.	0.	0.
(19) PAULA WARD DIRECTOR	0 0			X				0.	0.	0.
(20) PAULETTE KORTE SECRETARY	0 0			X				0.	0.	0.
(21) JULIE BACON TREASURER	0 0			X				0.	0.	0.
(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	10,309.			
	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	37,199.			
	g Noncash contributions included in lines 1a-1f. \$					
	h Total. Add lines 1a-1f		47,508.			
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)		898.			898.
	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	533,832.			
		b Less: direct expenses	b	367,446.		
		c Net income or (loss) from fundraising events		166,386.		166,386.
	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	51,393.				
	b Less: cost of goods sold	b	46,954.			
	c Net income or (loss) from sales of inventory		4,439.	4,439.		
Miscellaneous Revenue		Business Code				
11 a ADVERTISING REVENUE		5,035.	5,035.			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		5,035.				
12 Total revenue. See instructions		224,266.	9,474.	0.	167,284.	

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 domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 amount 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	6,700.	4,020.	2,680.	
17 Travel	9,542.	8,588.	954.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,330.	1,747.	583.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	8,146.	4,073.	4,073.	
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	138,478.	138,478.		
b SUPPLIES	22,051.	16,538.	5,513.	
c MEALS AND ENTERTAINMENT	13,747.	10,310.	3,437.	
d EDUCATIONAL EXPENSES	13,587.	13,587.		
e All other expenses SEE SCH. O	42,160.	31,767.	10,393.	
25 Total functional expenses. Add lines 1 through 24e	256,741.	229,108.	27,633.	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	451,107.	1	418,632.
	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)	451,107.	16	418,632.	
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	0.
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	451,107.	32	418,632.
	33 Total net assets or fund balances	451,107.	33	418,632.
	34 Total liabilities and net assets/fund balances	451,107.	34	418,632.

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Form 990 (2016)

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	224,266.
2	Total expenses (must equal Part IX, column (A), line 25)	2	256,741.
3	Revenue less expenses Subtract line 2 from line 1	3	-32,475.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	451,107.
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	418,632.

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

2 a 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.

3 a 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
2 a		X
2 b		X
2 c		
3 a		X
3 b		

BAA

Form 990 (2016)

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' on Form 990, Part IV, line 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.

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

OMB No 1545-0047

2016

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' on 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

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a 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 10 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' on 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	533,832.			533,832.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	533,832.			533,832.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	367,446.			367,446.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				367,446.
	11 Net income summary Subtract line 10 from line 3, column (d)				166,386.

Part III Gaming. Complete if the organization answered 'Yes' on 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))
DIRECT EXPENSES	1 Gross revenue				
	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 conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain _____

10 a 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 conduct 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
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract 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

2016

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.

**FORM 990, PART IX, LINE 24E
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK SERVICE CHARGES	1,932.		1,932.	
COORDINATION EXPENSES	10,701.	8,026.	2,675.	
EQUIPMENT RENTAL & MAINT	6,384.	6,384.		
POSTAGE AND SHIPPING	12,888.	9,666.	3,222.	
PRINTING AND PUBLICATIONS	9,535.	7,151.	2,384.	
TELEPHONE	720.	540.	180.	
TOTAL	\$ 42,160.	\$ 31,767.	\$ 10,393.	\$ 0.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

37-1345320

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

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	Yes No	
					1a	1b
(1)						X
(2)						X
(3)						X
(4)						X
(5)						X
(6)						X

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TEEA5003L 09/09/16

Schedule R (Form 990) 2016

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 sections 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.

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

37-1345320

6/21/17

03 19PM

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

NAME: APPLE CREEK CHAPTER
FEIN: 37-1293662
ADDRESS: RR 1 BOX 46
HILLVIEW, IL 62050

NAME: BACKROADS CHAPTER
FEIN: 37-1273539
ADDRESS: PO BOX 87
BALDWIN, IL 62217

NAME: BIG RIVER CHAPTER
FEIN: 11-3817211
ADDRESS: PO BOX 183
MORRISON, IL 61270

NAME: BLACK DIAMOND CHAPTER
FEIN: 37-1335321
ADDRESS: PO BOX 46
CARLINVILLE, IL 62626

NAME: BLACKHAWK CHAPTER
FEIN: 36-3535097
ADDRESS: PO BOX 332
E MOLINE, IL 61244

NAME: CHICAGO CHAPTER
FEIN: 37-1293665
ADDRESS: PO BOX 41307
CHICAGO, IL 60641

NAME: CHILDREN OF THE CORN CHAPTER
FEIN: 37-1338718
ADDRESS: PO BOX 431
CLINTON, IL 61727

NAME: CRAWFORD COUNTY CHAPTER
FEIN: 37-1143035
ADDRESS: PO BOX 731
ROBINSON, IL 62454

NAME: CROSSROADS CHAPTER
FEIN: 37-1219233
ADDRESS: PO BOX 41
FARINA, IL 62838

NAME: DUKANE CHAPTER
FEIN: 36-3640547
ADDRESS: PO BOX 188
W CHICAGO, IL 60186

NAME: EASTERN ILLINOIS CHAPTER
FEIN: 37-1293667
ADDRESS: PO BOX 6132
CHAMPAIGN, IL 61826

NAME: EMBARRAS VALLEY CHAPTER
FEIN: 37-1395375
ADDRESS: PO BOX 412

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

37-1345320

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03 19PM

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

TUSCOLA, IL 61953

NAME: FLATLANDERS CHAPTER
FEIN: 37-1330258
ADDRESS: 517 N GRAHAM
SULLIVAN, IL 61951

NAME: FRANKLIN COUNTY CHAPTER
FEIN: 37-1298098
ADDRESS: PO BOX 478
W FRANKFORT, IL 62896

NAME: FREEBIRD CHAPTER
FEIN: 37-1351097
ADDRESS: PO BOX 278
MANITO, IL 61546

NAME: FREEDOM BY CHOICE CHAPTER
FEIN: 37-1386667
ADDRESS: 1745 W DIVISION ST
DECATUR, IL 62526

NAME: FREEDOM RIDERS CHAPTER
FEIN: 37-1293661
ADDRESS: 1147 N COLLEGE
CENTRALIA, IL 62801

NAME: FREEDOM VALLEY CHAPTER
FEIN: 01-0592981
ADDRESS: PO BOX 6563
PEORIA, IL 61601

NAME: FREEPORT CHAPTER
FEIN: 36-3554122
ADDRESS: PO BOX 205
FREEPORT, IL 61032

NAME: GREAT RIVER CHAPTER
FEIN: 37-1224810
ADDRESS: PO BOX 3855
QUINCY, IL 62301

NAME: HEART OF ILLINOIS CHAPTER
FEIN: 37-1213963
ADDRESS: 101 S ALLEN
LEROY, IL 61752

NAME: HEARTLAND CHAPTER
FEIN: 37-1212294
ADDRESS: PO BOX 202
PONTIAC, IL 61764

NAME: HERITAGE TRAIL CHAPTER
FEIN: 37-1330378
ADDRESS: PO BOX 417
MARSHALL, IL 62441

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

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

NAME: HUBBARD TRAIL CHAPTER
FEIN: 37-1348184
ADDRESS: PO BOX 41
WATSEKA, IL 60970

NAME: IRON RIDERS CHAPTER
FEIN: 37-1283512
ADDRESS: 2890 COUNTY RD 600 N
EL PASO, IL 61738

NAME: JASPER COUNTY CHAPTER
FEIN: 37-1405005
ADDRESS: 5705 E 900TH AVE
NEWTON, IL 62448

NAME: KASKASKIA VALLEY CHAPTER
FEIN: 87-0770843
ADDRESS: 3678 E DIX IRVINGTON
CENTRALIA, IL 62801

NAME: KISHWAUKEE VALLEY CHAPTER
FEIN: 36-3824575
ADDRESS: PO BOX 2783
LOVES PARK, IL 61132

NAME: LAMOINE VALLEY CHAPTER
FEIN: 37-1293666
ADDRESS: PO BOX 507
DALLAS CITY, IL 62330

NAME: LIBERTY CHAPTER
FEIN: 37-1293657
ADDRESS: PO BOX 1502
MATTOON, IL 61938

NAME: LINCOLN LAND CHAPTER
FEIN: 37-1269293
ADDRESS: PO BOX 5774
SPRINGFIELD, IL 62705

NAME: MID-STATE CHAPTER
FEIN: 36-3924142
ADDRESS: PO BOX 181
PANA, IL 62557

NAME: NORTHERN ILLINOIS CHAPTER
FEIN: 37-1293660
ADDRESS: PO BOX 496
LAKE VILLA, IL 60046

NAME: OLD RIVER CHAPTER
FEIN: 37-1262420
ADDRESS: PO BOX 182
SHELBYVILLE, IL 62565

NAME: OPENS ROADS CHAPTER
FEIN: 36-3821015
ADDRESS: PO BOX 428

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

37-1345320

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

SANDWICH, IL 60548

NAME: PATHFINDERS CHAPTER
FEIN: 26-3792230
ADDRESS: PO BOX 92
MT STERLING, IL 62353

NAME: PEO-TAZ CHAPTER
FEIN: 37-1265981
ADDRESS: PO BOX 5936
PEORIA, IL 61601

NAME: PIASA-GATEWAY CHAPTER
FEIN: 37-1253629
ADDRESS: PO BOX 363
E ALTON, IL 62024

NAME: RICHLAND COUNTY CHAPTER
FEIN: 35-2444632
ADDRESS: PO BOX 121
OLNEY, IL 62450

NAME: RIVER VALLEY CHAPTER
FEIN: 52-2083494
ADDRESS: PO BOX 573
AROMA PARK, IL 60910

NAME: SHAWNEE HILLS CHAPTER
FEIN: 37-1309409
ADDRESS: RR2 BOX 162A
ELIZABETHTOWN, IL 62931

NAME: SHOAL CREEK CHAPTER
FEIN: 37-1260030
ADDRESS: 2711 LAKEWOOD DR
VANDALIA, IL 62471

NAME: SOUTH SUBURBAN CHAPTER
FEIN: 36-3767255
ADDRESS: PO BOX 142
TINLEY PARK, IL 60477

NAME: SOUTHERN DUPAGE CHAPTER
FEIN: 36-4195511
ADDRESS: PO BOX 3521
LISLE, IL 60532

NAME: SOUTHERN FREEDOM CHAPTER
FEIN: 37-1217609
ADDRESS: 1113 W ADAMS
HERRIN, IL 62948

NAME: SOUTHERN ILLINOIS CHAPTER
FEIN: 37-1224898
ADDRESS: 84 W NORTH ST
NEW MINDEN, IL 62263

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SUBORDINATES

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

NAME: SPOON RIVER RIDERS CHAPTER
FEIN: 90-0836367
ADDRESS: PO BOX 222
WYOMING, IL 61491

NAME: ST CLAIR COUNTY CHAPTER
FEIN: 37-1307260
ADDRESS: PO BOX 235
FREEBURG, IL 62243

NAME: STARVED ROCK CHAPTER
FEIN: 36-4187908
ADDRESS: PO BOX 403
WENONA, IL 61377

NAME: THUNDER ROCK CHAPTER
FEIN: 36-4353141
ADDRESS: 6131 N KNOLL RD
MONROE CENTER, IL 61052

NAME: TRI-COUNTY CHAPTER
FEIN: 51-0519239
ADDRESS: PO BOX 1513
JACKSONVILLE, IL 62651

NAME: TWIN RIVERS CHAPTER
FEIN: 36-3554123
ADDRESS: 22302 1850 EAST STREET
PRINCETON, IL 61356

NAME: UNION JACK CHAPTER
FEIN: 37-1334001
ADDRESS: 163 KATHLEEN RD
DUQUOIN, IL 62832

NAME: WILL COUNTY CHAPTER
FEIN: 76-0732907
ADDRESS: PO BOX 928
PLAINFIELD, IL 60544

NAME: WINDY CITY CHAPTER
FEIN: 45-2157048
ADDRESS: 8720 S ESSEX
CHICAGO, IL 60617

NAME: SALT CREEK CHAPTER
FEIN: 93-1225654
ADDRESS: PO BOX 772
LINCOLN, IL 62656

NAME: STATE LINE RIDERS
FEIN: 30-0125220
ADDRESS: 37468 N 2040 E RD
ROSSVILLE, IL 60963