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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

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-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 06-01-2016 , and ending 05-31-2017

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PROJECT FIRST RATE

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

111 S MADISON ST

City or town, state or province, country, and ZIP or foreign postal code

ROCKFORD, IL 61104

D Employer identification number

80-0906394

E Telephone number

(815) 226-1764

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ☐

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.PROJECTFIRSTRATE.COM

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☐ Trust ☒ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 159,104

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	159,104
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	159,104
	10	Grants and similar amounts paid (list in Schedule O)	10	17,505
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	60,131
Net Assets	13	Professional fees and other payments to independent contractors	13	4,100
	14	Occupancy, rent, utilities, and maintenance	14	13,641
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	22,301
	17	Total expenses. Add lines 10 through 16	17	117,678
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	41,426
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	89,214
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	130,640

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2016)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	82,724	22	125,826
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	7,380	24	5,739
25 Total assets	90,104	25	131,565
26 Total liabilities (describe in Schedule O).	890	26	925
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	89,214	27	130,640

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

TO PROMOTE THE DEVELOPMENT, ESTABLISHMENT, OR EXPANSION OF INDUSTRIES

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here ☐		
30	30a	
(Grants \$) If this amount includes foreign grants, check here ☐		
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ☒	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV. ☒

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LEWIS MAFFIOLI	2 00	0	0	0
BOARD CO-CHAIRMAN				
FORTUNATO SALAMONE	2 00	0	0	0
BOARD CO-CHAIRMAN				
DEBRA SULLIVAN	2 00	0	0	0
BOARD TREASURER				
JOSEPH COOK	2 00	0	0	0
BOARD SECRETARY - NEW				
BRAD LONG	2 00	0	0	0
BOARD MEMBER / BOARD SECY - PAST				
JACK BATTEL	2 00	0	0	0
BOARD MEMBER				
DAVID ANSPAUGH	2 00	0	0	0
BOARD MEMBER				
ALAN GOLDEN	2 00	0	0	0
BOARD MEMBER				
TODD BYXBE	2 00	0	0	0
BOARD MEMBER				
MARK RICHESON	2 00	0	0	0
BOARD MEMBER				
PAUL NARETTA	2 00	0	0	0
BOARD MEMBER				
JAMIE STANLEY	2 00	0	0	0
BOARD MEMBER				

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

		Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b Did the organization file Form 1120-POL for this year?	37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶			
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed ▶			
42a The organization's books are in care of ▶ <u>DEBRA SULLIVAN</u> Telephone no ▶ <u>(815) 226-1764</u> Located at ▶ <u>6110 BROADCAST PKWY LOVES PARK, IL</u> ZIP + 4 ▶ <u>61111</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
If "Yes," enter the name of the foreign country ▶ _____			
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
c At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
If "Yes," enter the name of the foreign country ▶ _____			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____			
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c Did the organization receive any payments for indoor tanning services during the year?	44c		No
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

d	Total number of other independent contractors each receiving over \$100,000.	▶	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	▶	☐ Yes ☐ No
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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		2017-09-28 Date	
	DEBRA L SULLIVAN TREASURER Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name CRAIG RESCH	Preparer's signature	Date	Check ☐ if self-employed PTIN P00844633
	Firm's name ▶ LEGACY PROFESSIONALS LLP			Firm's EIN ▶ 32-0043599
	Firm's address ▶ 311 S WACKER DRIVE STE 4000 CHICAGO, IL 60606			Phone no. (312) 368-0500

	May the IRS discuss this return with the preparer shown above? See instructions	▶	☒ Yes ☐ No
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Additional Data

Software ID:
Software Version:
EIN: 80-0906394
Name: PROJECT FIRST RATE

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 TO PROMOTE IN THE COMMUNITY, THE HIGH-QUALITY WORK PERFORMED BY ITS MEMBERS UNIONS AND CONTRACTORS TO PROMOTE THE TRADES AS A VIABLE CAREER OPTION TO BOTH STUDENTS AND THOSE WHO NO LONGER ATTEND FORMAL SCHOOLING TO WORK WITH NONPROFIT AND PUBLIC ORGANIZATIONS TO DISCOVER WAYS FOR ITS MEMBERSHIP TO BECOME INVOLVED IN COMMUNITY ACTIVITIES OR TO DONATE LABOR/MATERIALS TO PEOPLE OR NONPROFIT ORGANIZATIONS IN NEED (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		28a	0

TY 2016 Transfers Personal Benefits Contracts Declaration

Name: PROJECT FIRST RATE

EIN: 80-0906394

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
PROJECT FIRST RATE

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**

Employer identification number

80-0906394

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION ECONOMIC DEVELOPMENT GRANTEE NAME GROWTH DIMENSIONS GRANTEE ADDRESS 401 WHITNEY BLVD BELVIDERE, IL 61008 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION NOT APPLICABLE DATE OF GIFT 01/19/17 AMOUNT GIVEN 5,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME ALL DONATIONS AND GRANTS < \$5,000 EACH AMOUNT GIVEN 12,505 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 17,505

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION MEETING EXPENSE AMOUNT 2,159 DESCRIPTION GRAPHIC DESIGN (WEBSITE) AMOUNT 5,309 DESCRIPTION OFFICE EXPENSES AMOUNT 2,474 DESCRIPTION ADVERTISING AMOUNT 1,057 DESCRIPTION AUTOMOBILE AMOUNT 3,782 DESCRIPTION DEPRECIATION AMOUNT 3,098 DESCRIPTION DUES AND SUBSCRIPTIONS AMOUNT 940 DESCRIPTION INSURANCE AMOUNT 1,847 DESCRIPTION MISCELLANEOUS AMOUNT 13 DESCRIPTION BANK FEES AMOUNT 40 DESCRIPTION SPECIAL EVENTS AMOUNT 1,003 DESCRIPTION PROMOTIONAL ITEMS AMOUNT 579 TOTAL TO FORM 990-EZ, LINE 16 22,301

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 7,380 END OF YEAR AMOUNT 5,739

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL WITHHOLDINGS BEG OF YEAR AMOUNT 890 END OF YEAR AMOUNT 925