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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)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change BURNING MAN PROJECT Name change 45-2638273 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 415-865-3800 660 ALABAMA STREET, 4TH FLOOR termin-ated 37,743,934. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return SAN FRANCISCO, CA 94110 H(a) Is this a group return Applica-F Name and address of principal officer: for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.BURNINGMANPROJECT.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2011 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: UPHOLD AND MANIFEST THE TEN Activities & Governance PRINCIPLES OF BURNING MAN INTERNATIONALLY THROUGH ART AND CULTURE, Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 951 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) <u>7500</u> Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 1,093,008. 1,329,325. Contributions and grants (Part VIII, line 1h) Revenue 30,696,414. 34,863,949. Program service revenue (Part VIII, line 2g) 10,474. $8,\overline{667}$ Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 564,113. 699,468. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 32,364,009. 36,901,409**.** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 911,955. 1,419,865. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 9,592,266. 11,625,971. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 19,509,290. 22,798,400. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 30,013,511. 35,844,236. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,350,498. 1,057,173. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 14,243,495. 14,763,766. 20 Total assets (Part X, line 16) 4,083,658. 4,620,573. 21 Total liabilities (Part X, line 26) 9,622,922. 10,680,108. Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign KYLE C. SWARTHOUT, CPA, CONTROLLER Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature DEBORAH KAMINSKI P00645581 Paid Firm's name DZH PHILLIPS LLP 26-4677183 Preparer Firm's EIN Firm's address 135 MAIN STREET, 9TH FLOOR Use Only Phone no. (415) 781-2500 SAN FRANCISCO, CA 94105-1815

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

X Yes No

4d Other program services (Describe in Schedule O.)

1,439,332 • including grants of \$

116,191.) (Revenue \$

122,551.)

Total program service expenses ▶ 4e

29,883,362.

EXPERIENCE AND DEVELOPMENT AS A GLOBAL CULTURAL MOVEMENT. IN 130 CITIES

PRINCIPLES AND CULTURE INTO THEIR LOCAL COMMUNITIES THROUGH 65 OFFICIAL

AROUND THE WORLD, 270 OFFICIAL REGIONAL CONTACTS BRING BURNING MAN

Form 990 (2015) BURNING MAN 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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		х
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	4	Х	
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	5		Х
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	6		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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1111	21	
ıza	Schedule D, Parts XI and XII	12a		Х
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	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		77	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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	4-	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
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	18	Х	
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	19		Х

Form 990 (2015) BURNING MAN PROJECT Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	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	22	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	23	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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		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	25b		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	26		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			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			7.7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		3,7	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			. v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١.,		v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00	Х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25-	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	2EL		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36		36		х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		 *
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		+
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
	1101017 WIT OTH GOO HIGHS are required to complete concedure O	1 30		

Form 990 (2015) BURNING MAN PROJECT
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
			240		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	242			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				v	
_	(gambling) winnings to prize winners?	i		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_	951			
J.	filed for the calendar year ending with or within the year covered by this return	2a		OF	Х	
a	If at least one is reported on line 2a, did the organization file all required federal employment tax returned. If the sum of lines 1a and 2a is greater than 250, you may be required to a file (see instructions)			2b	77	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			3a		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty over a	SD		
44	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X
h	If "Yes," enter the name of the foreign country:	accoul	·y:	та		
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Account	ts (FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year!			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		_
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?	-		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the contribution in the contribution of the contribution include with every solicitation and express statement that such contributions are contributed in the contribution of					
-	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pi	rovided to the payor?	7a	Х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?	-		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 88	99 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil		7h	N/	A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.		/-			
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:	1				
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ایدا				
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	44.				
10-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	120		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>41/.45</u>	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c				
	Did the appreciation reading any property for independent appreciation of visit the territory			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 16			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
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	Х	
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a	and the second s	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA , NV , NY			
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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 415-865-3800			
	660 ALABAMA STREET, SAN FRANCISCO, CA 94110			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check 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

- 1a 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.

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

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

(A)	(B)	l		((C)		1001	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	heck ss pe	rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) WILL ROGER PETERSON CHAIR OF BOARD	17.50	X		x				69,806.	0.	4,725.
(2) LARRY HARVEY	40.00	^		_				03,000.	0.	4,723.
PRESIDENT	40.00	x		x				197,205.	0.	18,440.
(3) NANCI O. PETERSON	20.00							157,205.	0.	10,440.
SECRETARY	20.00	x		x				135,508.	0.	13,186.
(4) JENNIFER RAISER	2.50							,		
TREASURER		Х		Х				3,850.	0.	0.
(5) MARIAN GOODELL	50.00									
DIRECTOR/CHIEF EXECUTIVE OFFICER		Х		Х				246,074.	0.	14,941.
(6) HARLEY K. DUBOIS	36.00									
DIRECTOR		Х						167,908.	0.	16,944.
(7) KAY MORRISON	1.50									
DIRECTOR		Х						1,750.	0.	0.
(8) LEO VILLAREAL	1.50									
DIRECTOR		Х						0.	0.	0.
(9) MERCEDES MARTINEZ	1.50								_	_
DIRECTOR		Х						0.	0.	0.
(10) MICHAEL MIKEL	16.00									
DIRECTOR/HISTORIAN & ARCHIVIST	1	Х						70,000.	0.	1,642.
(11) MIKE FARRAH	1.50								0	0
DIRECTOR	1 50	Х						0.	0.	0.
(12) RAE RICHMAN	1.50	٠,,							0	0
DIRECTOR	1.50	Х						0.	0.	0.
(13) STEPHEN T. CONLEY	1.50	X						0.	0.	0.
OIRECTOR (14) TERRY GROSS	1.50	^						0.	0.	0.
DIRECTOR	1.50	X						0.	0.	0.
(15) DAVID WALKER	1.50							0.	•	<u></u>
DIRECTOR	1.50	x						0.	0.	0.
(16) MATT GOLDBERG	1.50	ᢡ								
DIRECTOR		x						0.	0.	0.
(17) CHRISTOPHER BENTLY	1.50									
DIRECTOR (RESIGNED IN 2015)		х						0.	0.	0.
532007 12-16-15	•					•				Form 990 (2015)

532007 12-16-15 Form **990** (2015)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any the organizations compensation ndividual trustee or director hours for (W-2/1099-MISC) organization from the related nstitutional trustee (W-2/1099-MISC) organization organizations (ey employee and related below organizations **Offlicer** line) 1.50 (18) JIM TANANBAUM DIRECTOR (RESIGNED IN 2015) Х 0. 0. 0. 40.00 (19) DOUG ROBERTSON X 5,301. 144,821 0. DIRECTOR OF FINANCE (20) RAYMOND ALLEN 40.00 Х 0. 13,901. 151,165. GENERAL COUNSEL (21) CHARLIE DOLMAN 40.00 X 141,703. 0. 12,509. EVENT OPERATIONS DIRECTOR (22) HEATHER WHITE 40.00 0. 23,063. X 135,330. MANAGING DIRECTOR 40.00 (23) HEATHER GALLAGHER X 0. 129,526. 10,133. DIRECTOR OF TECHNOLOGY 40.00 (24) ELIZABETH SCARBOROUGH X 123,256 0. 14,402. ASSOCIATE DIRECTOR OF ART MGMT 40.00 (25) STUART MANGRUM X 122,769. 2,646. DIRECTOR OF EDUCATION 0. 1,840,671 0. 151,833. 1b Sub-total 0. Ō. c Total from continuation sheets to Part VII, Section A 0. 1,840,671. 151,833. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 11 compensation from the organization Yes No 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 Х 3 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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
SPECTRUM CATERING		
27328 SPECTRUM WAY, CONROE, TX 77385	FOOD SERVICE	1,634,009.
UNITED SITE SERVICES, INC., 50 WASHINGTON		
ST., STE. 1000, WESTBOROUGH, MA 01581	SANITATION	1,137,839.
CRYSTAL ICE COMPANY		
189 FRONT STREET, NEW BEDFORD, MA 02740	ICE	756,741.
CROWD RX		
244 W 54TH STREET #3, NEW YORK, NY 10019	MEDICAL	736,050.
AGGREKO, LLC		
160 W INDUSTRIAL WAY, BENICIA, CA 94510	EQUIPMENT RENTALS	517,258.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization > 5		

Form 990 (2015) BURNING
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
			ae a , e e p e e e	<u></u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ıts	1 a	Federated campaigns	1a					
iran		Membership dues						
Ę,		Fundraising events		31,262.				
a iii		Related organizations		,				
s, G		Government grants (contributi	······					
Sign		All other contributions, gifts, grant	· —					
he	·	similar amounts not included abov		1,298,063.				
를	a	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			1,329,325.			
_		Total Add In to Ta Ti		Business Code				
ø	2 a	BURNING MAN ANNUAL EVE		541900	34,707,734.	34,707,734.		
ķ	2 u b			541900	152,074.	152,074.		
Ser	c	FISCAL SPONSORSHIP FEES		541900	4,141.	4,141.		
E Š	d				-,	-,•		
Program Service Revenue	e							
Pro		All other program service reve	nue					
		Total. Add lines 2a-2f			34,863,949.			
	3	Investment income (including			, , ,			
	_	other similar amounts)			8,667.			8,667.
	4	Income from investment of tax			,			,
	5	Royalties						
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	8,479.	(-)				
		Less: rental expenses	0.					
		Rental income or (loss)	8,479.					
		Not worth in a case ou (loca)		•	8,479.	8,479.		
		Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	(,, ===================================	(4) = 1.11				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
o l		Gross income from fundraising						
une		including \$ 31						
eve		contributions reported on line						
Other Reven		Part IV, line 18	á	641,899.				
the	b	Less: direct expenses		327,818.				
0		Net income or (loss) from fund			314,081.			314,081.
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	а	883,821.				
	b	Less: cost of goods sold						
		Net income or (loss) from sales			369,114.	369,114.		
		Miscellaneous Revenue		Business Code				
	11 a	MERCHANDISE DELIVERY FI	EES	711300	7,543.	7,543.		
	b	OTHER MISC INCOME		711300	251.	251.		
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			7,794.			
	12	Total revenue. See instructions.			36,901,409.	35,249,336.	0.	322,748.

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). X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 718,607. 718,607. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 457,168. 457,168. Grants and other assistance to foreign organizations, foreign governments, and foreign 244,090. 244,090. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,277,170. 956,177. 299,978. 21,015. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 8,229,338. 6,161,048. 1,932,880. 135,410. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 1,199,513. 766,488. 417,673. 15,352. 9 Other employee benefits 919,950. 666,297. 239,624. 14,029. Payroll taxes 10 Fees for services (non-employees): a Management 70,545. 355,845. 285,300. Legal 321,961. 321,961. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 3,342,706. 2,031,486. 1,077,439. 233,781. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 11,706. 1,030,738. 931,885. 87,147. 13 Office expenses 350,723. 285,987. 64,650. 86. Information technology 14 75,000. 75,000. 15 Royalties 1,379,076. 351,947. 63. 1,731,086. 16 Occupancy 494,510. 66,743. 572,690. 11,437. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 10,109. 8,370. 1,670. <u>69.</u> Conferences, conventions, and meetings 19 85,037. 85,037. 20 21 Payments to affiliates 387,991. 83,095. 471,086. Depreciation, depletion, and amortization 22 851,806. 676,269. 174,117. 1,420. 23 Other expenses. Itemize expenses not covered 24 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.) 3,805,304. 3,805,304. 0. 0. PERMITS & FEES **EQUIPMENT RENTAL** 2,933,922. 2,876,310. 56,836. 776. 1,461,783. 1,460,722. SAFETY CONTRACTORS & EQ 1,007. 54. 1,320,202. 1,291,042. 29,007. COMMISSARY <u> 153.</u> 4,078,402. 3,924,235. 148,105. 6,062. SEE SCH O e All other expenses 35,844,236. 29,883,362. 5,509,461. <u>451,413.</u> Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2015)
Part X Balance Sheet

Pa	πX	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,080,043.	1	4,052,904.		
	2	Savings and temporary cash investments	3,988,751.	2	3,001,185.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		51,932.	4	9,169.	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated en	nployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr).		· ·		6	
Assets	7	Notes and loans receivable, net				7	
ğ	8	Inventories for sale or use			36,110.	8	34,985.
	9				256,993.	9	258,024.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	3,792,547.			
	b	Less: accumulated depreciation	10b	861,129.	3,038,712.	10c	2,931,418.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	4,231,063.	14	4,231,063.		
	15	Other assets. See Part IV, line 11	559,891.	15	245,018.		
	16	Total assets. Add lines 1 through 15 (must equa	14,243,495.	16	14,763,766.		
	17	Accounts payable and accrued expenses	2,448,797.	17	2,614,734.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	officer	s, directors, trustees,			
Ė		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L			276,000.	22	0.
_	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	1,625,000.	23	1,125,000.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, page	yables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			270,776.	25	343,924.
	26	Total liabilities. Add lines 17 through 25			4,620,573.	26	4,083,658.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🔼 and			
es		complete lines 27 through 29, and lines 33 an			0 560 440		40 500 000
anc	27	Unrestricted net assets	9,560,410.	27	10,592,038.		
Fund Balances	28	Temporarily restricted net assets	62,512.	28	88,070.		
pu	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here ▶└──			
ğ		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			0 (00 000	32	10 600 100
~	33	Total net assets or fund balances			9,622,922.	33	10,680,108.
	34	Total liabilities and net assets/fund balances			14,243,495.	34	14,763,766.

Form **990** (2015)

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				09.
2	Total expenses (must equal Part IX, column (A), line 25)	2				36.
3	Revenue less expenses. Subtract line 2 from line 1	3				73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,	, 62	2,9	22.
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				<u> 12.</u>
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	10,	, 68	0,1	07.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 45-2638273

Name of the organization

BURNING MAN PROJECT Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

		Ticaccii ici i abiic	Onanty Otatao (All Organizations must be	Jilibiere ili	is part.) Se	e iristructions.					
he (organ	ization is not a private found	dation because it is: ((For lines 1 through 11, o	check only	one box.)						
1		A church, convention of ch	nurches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).					
2		A school described in sect	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forr	n 990 or 9	90-EZ).)						
3		A hospital or a cooperative		•			i).					
4		A medical research organiz	· ·				-	the hospital's name,				
		city, and state:	·	,			· / / / /	,				
5		An organization operated for	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental unit describ	ped in				
		section 170(b)(1)(A)(iv). (0		J ,		, ,						
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	П	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
•		section 170(b)(1)(A)(vi). (C	•	intial part of its support	ioiii a gov	Ciriiriciitai	dilit of from the general	public described in				
8		A community trust describe	. ,	(1)(A)(vi) (Complete Par	+ 11 \							
	X	•	` '		•	oontributie	ana mambarahin fasa a	and areas resoints from				
9		An organization that norma	•	-	•			*				
		activities related to its exer	-	•			• •	-				
		income and unrelated busi		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	aπer June 30, 1975.				
		See section 509(a)(2). (Co			0		201 1141					
10	Н	An organization organized	·	•	•							
17		An organization organized	·	· · · ·	-							
		more publicly supported or	-					check the box in				
		lines 11a through 11d that	* *			•						
а			•	•								
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must o	-									
b		☐ Type II. A supporting org	•				• • • • •	•				
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s). You mus	st complete Part IV,	Sections A and C.								
С			egrated. A supportin	g organization operated	in connec	tion with, a	and functionally integrate	ed with,				
	_	_ its supported organizatio	on(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.					
d			y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its supported organi	zation(s)				
		that is not functionally in	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness				
		_ requirement (see instruct	tions). You must co r	mplete Part IV, Sections	s A and D,	and Part	V.					
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III					
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.						
f	Ente	er the number of supported	organizations									
g	Pro۱	vide the following information	n about the supporte	ed organization(s).								
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization n your	(v) Amount of monetary	(vi) Amount of				
		organization		(described on lines 1-9 above (see instructions))	governing		support (see instructions)	other support (see				
				, "	Yes	No	instructions)	instructions)				
- د -												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (I	ine 6, column (f) d	livided by line 11,	column (f))		14	%
	Public support percentage from 2014					15	%
16a	33 1/3% support test - 2015. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac		•	-	•	•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	_	•			*	
	more, and if the organization meets the				-		e
	organization meets the "facts-and-circ						.
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶∟

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Su		elow, please com	piete i ait ii.)				
Calendar year (or fiscal year t		(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contribut	· · · · ·		, ,	()	()	()	
membership fees rece							
include any "unusual g	,		539,959.	7,845,655.	1,093,008.	1,329,325.	10,807,947.
2 Gross receipts from a				, ,	, ,	, ,	· · · · · ·
merchandise sold or s							
formed, or facilities fur							
any activity that is rela organization's tax-exer			51,680.	108,219.	31,558,820.	35,755,564.	67,474,283.
3 Gross receipts from a	· · · ·		, , , , , ,	,	, , -	, , ,	, , .
are not an unrelated tr							
iness under section 51							
4 Tax revenues levied for							
ization's benefit and ei	ŭ						
or expended on its bel	•						
5 The value of services of	Г						
furnished by a governi							
the organization witho							
-	· ··· •		591,639.	7,953,874.	32,651,828.	37,084,889.	78,282,230.
6 Total. Add lines 1 thro			331,033.	7,955,674.	32,031,020.	37,004,009.	70,202,230.
7a Amounts included on	, ,						0.
3 received from disqua b Amounts included on lines 2 a	·						
from other than disqualified p							
exceed the greater of \$5,000 c							0
amount on line 13 for the year							0.
c Add lines 7a and 7b							
8 Public support. (Subtract	line 7c from line 6.)						78,282,230.
Section B. Total Sup							
Calendar year (or fiscal year t	· · · · -	(a) 2011	(b) 2012 591,639.	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6			391,039.	7,953,874.	32,651,828.	37,084,889.	78,282,230.
10a Gross income from int dividends, payments r	, , , , , , , , , , , , , , , , , , ,						
securities loans, rents,	, royalties		2.2	4.5	10 454	15 146	07 660
and income from simil	_		33.	15.	10,474.	17,146.	27,668.
b Unrelated business taxab							
(less section 511 taxes) f							
acquired after June 30, 19					10 1=1	1 = 116	
c Add lines 10a and 10b			33.	15.	10,474.	17,146.	27,668.
11 Net income from unrel							
activities not included whether or not the bus							
regularly carried on _							
12 Other income. Do not or loss from the sale o							
assets (Explain in Part							
13 Total support. (Add lines 9			591,672.	7,953,889.	32,662,302.	37,102,035.	78,309,898.
14 First five years. If the	Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
check this box and sto	op here						<u> </u>
Section C. Computation	tion of Publi	c Support Pe	ercentage				
15 Public support percen	tage for 2015 (li	ine 8, column (f) c	divided by line 13, c	olumn (f))		15	%
16 Public support percen	tage from 2014	Schedule A, Part	t III, line 15			16	%
Section D. Computation	tion of Inves	tment Incom	ne Percentage				
17 Investment income pe	rcentage for 20	15 (line 10c, colu	mn (f) divided by lin	e 13, column (f))		17	%
18 Investment income pe	rcentage from 2	2014 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support test						3 1/3%, and line 1	7 is not
more than 33 1/3%, cl		-					▶ □
b 33 1/3% support test							and
line 18 is not more tha		•		,		•	
20 Private foundation. If	•			•		•	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
n 9	90 or 99	90-EZ)	2015

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		l1a		
b	A family member of a person described in (a) above?	1b		
	· · · · · · · · · · · · · · · · · · ·	l1c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
	and or type in capper and organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally-Integrated Supporting Organizations	<u>- </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	tions).	
2	Activities Test. Answer (a) and (b) below.	ĺ	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pai	[↑] Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2015

ı aı	Type iii Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;				
T GIT VI	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,				
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)				

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

BURNING MAN PROJECT 45-2638273

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
	-	one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.			
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year			
but it mu	ust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

BURNING MAN PROJECT

45-2638273

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2015)}}{\mbox{Name of organization}}$ Employer identification number

BURNING MAN PROJECT

45-2638273

Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	r additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	MARKETABLE SECURITIES	-	
		\$ 49,742.	06/04/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2015)}}{\mbox{Name of organization}}$ Employer identification number

BURNING	MAN	PROJE	CO
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45-2638273

Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations d	escribed in section	on 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions o	f \$1,000 or less for the	ne year. (Enter this info. once.)
	Use duplicate copies of Part III if addition			,
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfo	er of gift	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
-		(e) Transfe	er of aift	
		.,	J	
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) Na	-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfe	er oτ gιπ	
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfo	er of gift	
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III			
Name of organization	tiono. Complete i art in.		Em	ployer identification number
	MAN PROJECT			45-2638273
Part I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527	organization.
 Provide a description of the organiz Political expenditures Volunteer hours 	·		>	•
Part I-B Complete if the org	ganization is exempt unde	er section 501(c)((3) .	
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	>	\$
2 Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	 ▶	\$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes Mo
4a Was a correction made?				Yes Mo
b If "Yes," describe in Part IV.	ganization is exempt unde	or coation 501/a	eveent eastion FO	1/0//2)
1 Enter the amount directly expended				· \$
 2 Enter the amount of the filing organ exempt function activities 3 Total exempt function expenditures line 17b 4 Did the filing organization file Form 5 Enter the names, addresses and er made payments. For each organization contributions received that were propolitical action committee (PAC). If 	aization's funds contributed to other. S. Add lines 1 and 2. Enter here are an are also and a series of the are are an are also and a series of the are are also and a series of the are are are also and a series of the are are are also and a series of the are are are also and a series of the are are are also and a series of the are are are are also and a series of the are are are are also and a series of the are are are are also and a series of the are are are are are also and a series of the are are are are are are are are are ar	nd on Form 1120-POL, I) of all section 527 por from the filing organiz separate political organizers.	ection 527 Ilitical organizations to what it is a separation or a separation, such as a separation.	Yes No nich the filing organization the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

Schedule C (Form 990 or 990-EZ) 2015	BURNING MA	N PROJECT		45-2	638273 Page 2
Part II-A Complete if the org section 501(h)).	janization is exe	empt under sectio	n 501(c)(3) and fi	led Form 5768 (e	lection under
	tion belongs to an at	filiated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and sha	re of excess lobbying	g expenditures).			
B Check ► ☐ if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply.		
	ts on Lobbying Exp ditures" means amo	enditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion	(grass roots lobbying)			
b Total lobbying expenditures to infl	uence a legislative bo	ody (direct lobbying)			
c Total lobbying expenditures (add I	nes 1a and 1b)				
d Other exempt purpose expenditure	es			35,844,236.	
e Total exempt purpose expenditure	s (add lines 1c and 1	d)		35,844,236.	
f Lobbying nontaxable amount. Enter				1,000,000.	
If the amount on line 1e, column (a) o		bbying nontaxable am			
Not over \$500,000		f the amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,0	000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,0	000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000					
, ,	,	,			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.	
j If there is an amount other than ze					
reporting section 4911 tax for this	year?			[Yes No
(Some organizations t	hat made a section See the sepa	rate instructions for li	have to complete all nes 2a through 2f.)	of the five columns b	elow.
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
b Lobbying ceiling amount					0 000 000
(150% of line 2a, column(e))					3,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount			250,000.	250,000.	500,000.

Schedule C (Form 990 or 990-EZ) 2015

750,000.

e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015 BURNING MAN PROJECT 45-2638273 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?				
Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?			<u> </u>	
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?			 	
			 	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			 	
i Other activities?			-	
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	501/o\/	-\-\-	otion	
501(c)(6).	1 50 1 (0)(5), or se	Ction	
00.(0)(0).			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				
answered "Yes." 1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		0-	1	
		2a		
		2a		
b Carryover from last year		2b		
b Carryover from last year c Total		2b 2c		
b Carryover from last year c Total		2b 2c		
b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ss	2b 2c		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce 	ss	2b 2c		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po 	ss litical	2b 2c 3		

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BURNING MAN PROJECT

Employer identification number 45-2638273

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, re		
	year >	, 3 ,	3
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	5
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the vear
	▶ \$,	5 ,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	-	
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of po	ublic service, provide the following amounts
	relating to these items:	·	Ç .
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Acceptational valued in Forms 000, Deat V		

Sche	dule D (Form 990) 2015 BURNING	MAN PROJE	СТ				45	-26	38273	Page 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, d	or Othe	r Similar <i>i</i>	Asse ⁻	ts (continu	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following tha	t are a siç	gnificant use	of its	collection	items
	(check all that apply):									
а	Public exhibition	d	· 🖳	Loan or exc	hange progra	ams				
b	Scholarly research	е	, [Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further tl	he organizati	on's exen	npt purpose	in Part	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered	"Yes" on	Form 990, Pa	art IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not i	ncluded			
	on Form 990, Part X?							\square	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on F						ty?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.									
Par										
	•	(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three years	back	(e) Four	years back
1a	Beginning of year balance	, ,	, ,			Ì				
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е.	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
	End of year balance									
g 2	Provide the estimated percentage of the cur		L (line 1	a column (s)) hold as:					
	Board designated or quasi-endowment	rent year end baland	% (IIIIE I	g, coluitii (a	ajj Heiu as.					
a										
b	Permanent endowment									
С	Temporarily restricted endowment	%								
0-	The percentages on lines 2a, 2b, and 2c sho		-41			1 & 41-				
Зa	Are there endowment funds not in the posse	ession of the organiz	ation th	at are neid a	na aaministe	erea for th	e organizatio	ori	Г	V N-
	by:								_	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization								3b	
4 Do:	Describe in Part XIII the intended uses of the		owment	funds.						
Par			0 D-4 D) F 000	. D+ V .I				
	Complete if the organization answere			1	1					
	Description of property	(a) Cost or o		, ,	or other		cumulated		(d) Book	value
		basis (investr	nent)		(other)	аер	reciation		100	000
	Land						64 005		777	3,000.
	Buildings				2,000.		64,985		141	7,015.
	Leasehold improvements				5,416.	- 1	15,038		T 0 0	7,378.
	Equipment				0,908.		97,365			3,543.
	Other				6,223.	5	83,741			410
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	(0c.))	·	⊿,931	.,418.

Schedule D (Form 990) 2015

Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11b. See Form 990. Pa	art X. line 12.
(a) Description of security or category (including name of security)	(b) Book value		uation: Cost or end-of-year market value
(1) Financial derivatives			·
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c. See Form 990. Pa	urt X line 13
(a) Description of investment	(b) Book value		uation: Cost or end-of-year market value
(1)	· · ·	.,	·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11d. See Form 990. Pa	art X. line 15.
	Description	,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		.
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form 9	90, Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) DEFERRED RENT		343,924.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)	343,924.	
2. Liability for uncertain tax positions. In Part XIII, provide		ote to the organization's fina	ancial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Par	rt XI Reconciliation of Revenue per Audited Financial Stater	nents With	n Revenue per F	Returr	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	37,229,227
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		327,818.		
е	Add lines 2a through 2d			2e	327,818
3	Subtract line 2e from line 1			3	36,901,409
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	36,901,409
Pai	rt XII Reconciliation of Expenses per Audited Financial State	ments Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	36,213,996
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	369,760.		
е	Add lines 2a through 2d			2e	369,760
3	Subtract line 2e from line 1			3	35,844,236
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	35,844,236
Pai	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III	art IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional infor	mation.		
	DT 11 T T1T 0				
PAF	RT X, LINE 2:				
D3.61		12 MH T116	1011E E111E		
BMI	P AND BRAF ARE EXEMPT FROM FEDERAL AND ST	'ATE INC	COME TAXES	עמט	ER INTERNAL
D 1717	TENTIE CODE GEORION FO1/G\/2\ AND GALTEODN			37 3 M	TON CODE
KE\	VENUE CODE SECTION 501(C)(3) AND CALIFORN	IIA REVE	SNUE AND TA	XAT.	ION CODE,
a El	CONTANT 22701D DDG TG & GINGLE MEMDED ILG	7.ND (CO)	ICIDEDED 3	D.T.C.	
SEC	CTION 23701D. BRC IS A SINGLE MEMBER LLC	AND COL	ISIDERED A	DIS.	REGARDED
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EM.	TITY FOR FEDERAL PURPOSES. FOR STATE REPO	RTING E	PURPUSES BR	C I	S SUBJECT
пΩ	MUR CALTRODUTA CROSC PROPERTIES MAY AND A		. =D3310111		T OF 6000
10	THE CALIFORNIA GROSS RECEIPTS TAX AND A	MINIMUN	1 FRANCHISE	i TA	X OF \$800.
	OU VEND MANAGEMENT CONGIDED CHURTHER AND				ONG BUT
ĽΑ(CH YEAR, MANAGEMENT CONSIDERS WHETHER ANY	MATER]	LAL TAX POS	ТТТ	ONS THE
OD 1) DE CTCORT	יים דא	IIDON
OKC	GANIZATION HAS TAKEN ARE MORE LIKELY THAN	NOT TO	NE SOSTAL	идр	UPON
יייה	ארדאאחדראז סע שווה אורדי מיני היו של ארדאא אורדי מיניייי מיניייי מיניייי מינייייי מינייייי מינייייי	TM37 347		יד דידו	D17DC D113D
LX.	AMINATION BY THE APPLICABLE TAXING AUTHOR	T.T.A • WY	ANAGEMENT E	LTT.	EVES THAT

ANY POSITIONS THE ORGANIZATION HAS TAKEN ARE SUPPORTED BY SUBSTANTIAL

AUTHORITY AND, HENCE, DO NOT NEED TO BE MEASURED OR DISCLOSED IN THIS

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Employer identification number

BURNING MAN PRO	JECT				45-263827	3
		ctivities Ou	tside the United States. Compl	ete if the organ		
Form 990, Part IV						
_	-		ds to substantiate the amount of its gr			Van Na
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	stance? A	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
United States.		J		J		
3 Activities per Region. (T	he following Part	t I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to	is a produce describe	vity listed in (d) gram service, e specific type	(f) Total expenditures for and investments
		in region	recipients located in the region)	OI Servic	ce(s) in region	in region
				BURNING MAN	ARTS AND	
EUROPE	0	0	PROGRAM GRANT	FELLOWSHIP	GRANTS	40,822.
EUROPE		0	LEADERSHIP CONFERENCE	LEADERSHIP	CONFEDENCE	15,232.
EUROLE			DEADERSHIT CONFERENCE	DEADERSHIT	CONFERENCE	13,232.
EAST ASIA AND THE						
PACIFIC	0	0	PROGRAM GRANT	BURNING MAN	ARTS GRANT	6,000.
				BURNERS WIT	HOUT BORDERS	
SUB-SAHARAN AFRICA	0	0	PROGRAM GRANT	GRANT		1,000.
NORTH AMERICA		0	PROGRAM GRANT	DIIDNING MAN	ADMC CDANM	200
NORTH AMERICA			PROGRAM GRANI	BURNING MAN	ARTS GRANT	200.
2 a Cub total	0	0				63,254.
3 a Sub-total b Total from continuation		0				03,234.
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				63,254.

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE	BURNING MAN ARTS					
		PACIFIC	GRANT	6,000.	WIRE TRANSFER	0.		
			BURNING MAN ARTS					
		EUROPE	GRANT	7,172.	WIRE TRANSFER	0.		
2 Enter total number of	recipient organization	I ons listed above that are	I recognized as charities by the	foreign country	I , recognized as tax-e	xempt bv		1
the IRS, or for which t	he grantee or couns	el has provided a section	n 501(c)(3) equivalency letter					0
3 Enter total number of	other organizations	or entities						2

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if a	dditional space is neede	d.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
BURNING MAN ARTS GRANT	EUROPE	1	29,650.	WIRE TRANSFER	0.		

Page 4

Schedule F (Form 990) 2015 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Page 5

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 2:

BURNING MAN PROJECT HAS ADOPTED A DUE DILIGENCE PROCESS IN ACCORDANCE WITH THE PROCEDURES OUTLINED BY THE U.S. DEPARTMENT OF TREASURY, AS OUTLINED IN THE DOCUMENT "US DEPARTMENT OF THE TREASURY ANTI-TERRORIST FINANCING GUIDELINES: VOLUNTARY BEST PRACTICES FOR US BASED CHARITIES." IN ACCORDANCE WITH SECTION 6 OF THESE GUIDELINES, BURNING MAN PROJECT RESEARCHES AND COLLECTS RECOMMENDED DATA, PERFORMS INTERNET SEARCHES ON THE GRANT RECIPIENTS, AND SEARCHES FOR THE ORGANIZATION AND/OR INDIVIDUALS ASSOCIATED WITH THE GRANT FUNDS IN THE OFAC SDN LIST. ONCE THE DATA IS COLLECTED, A MEMO IS DRAFTED FOR REVIEW AND SAVED IN THE BURNING MAN PROJECT RECORDS. GRANTS ARE MADE SUBJECT TO A WRITTEN AGREEMENT BETWEEN THE GRANTEE AND BURNING MAN PROJECT.

ONCE FUNDS ARE DISTRIBUTED, BURNING MAN PROJECT MONITORS THE GRANT RECIPIENTS BY REQUIRING REGULAR REPORTS REGARDING THE USE OF GRANT FUNDS AND PERIODICALLY CHECKING WITH PROGRAM RECIPIENTS DIRECTLY TO ENSURE FUNDS ARE USED FOR THEIR INTENDED EXEMPT PURPOSES.

AS APPROPRIATE, BURNING MAN PROJECT AT ANY STAGE OF THE PROCESS MAY SOLICIT INPUT FROM ITS LEGAL, FINANCE, OR OTHER DEPARTMENTS TO HELP ENSURE THAT THE OVERSIGHT OF FUNDS GRANTED OUTSIDE THE U.S. IS SUFFICIENTLY THOROUGH. ALSO AS APPROPRIATE, BURNING MAN PROJECT MAY AT ANY STAGE SOLICIT REPORTS FROM VOLUNTEERS OR COLLABORATORS ON-SITE IN THE COUNTRY OR MAKE SITE VISITS TO RECIPIENTS OF GRANTS OUTSIDE OF THE U.S. HONORARIA FOR ART PROJECTS DESIGNATED FOR THE PLAYA REQUIRE THAT THE ART PROJECT MUST BE BROUGHT TO AND EXHIBITED AT BLACK ROCK CITY, NEVADA.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BURNING MAN PROJECT

 $\begin{array}{l} \textbf{Employer identification number} \\ 45-2638273 \end{array}$

Part I Fundraising Activities required to complete this par	 Complete if the organization answet 	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-EZ	Ifilers are not
 Indicate whether the organization rais a X Mail solicitations X Internet and email solicitations X Phone solicitations X In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e X Solicitat f X Solicitat g X Special or oral agreement with any individual eart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
STEVEN YOUNG - C/O BURNING	FUNDRAISING AND	Yes	No			
MAN PROJECT, 660 ALABAMA	ORGANIZATIONAL DEVELOPMENT		Х	929,325.	104,448.	824,877.
DANIEL CLAUSSEN - C/O BURNING MAN PROJECT, 660 ALABAMA	FUNDRAISING		х	400,000.	22,419.	377,581.
Total 3 List all states in which the organization or licensing. CA, NY, NV	on is registered or licensed to solicit	contrib	• Doutions	1,329,325. s or has been notified	126,867. d it is exempt from re	1,202,458. egistration

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

		of fundraising event contributions and gr	oss income on roini 990	rez, iiiles i ailu ob. List	events with gross receip	nts greater triair \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				DECOMPRESSIO		(add col. (a) through
			ARTUMNAL	N	2	col. (c))
ne			(event type)	(event type)	(total number)	. , ,
Revenue	_	Out of the second secon	377,273.	191,840.	104,048.	673,161.
Re	1	Gross receipts	311,213.	191,040.	104,040.	0/3,101.
	2	Less: Contributions		31,262.		31,262.
	_			,		, ,
	3	Gross income (line 1 minus line 2)	377,273.	160,578.	104,048.	641,899.
	4	Cash prizes				
	_	Managada milina				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Exp						
ect	7	Food and beverages	31,866.	4,524.	3,914.	40,304.
Ë						
		Entertainment		07.605	100 500	207 514
	9	Other direct expenses			129,509.	287,514. 327,818.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	. ,		_	314,081.
Pa	rt I	III Gaming. Complete if the organization		n 990. Part IV. line 19. or		311,0010
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
a)		·	(a) Dings	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
3eve						
_	1	Gross revenue				
	_					
ses	2	Cash prizes				
pen	3	Noncash prizes				
t Ex		Nonocci prizos				
Direct Expenses	4	Rent/facility costs				
Ω						
	5	Other direct expenses				
	_		Yes %	Yes%	Yes%	
	6	Volunteer labor	∟ No	└── No	L No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	
	-	Direct expense caninally. And interest a meagi				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	· · · · -			
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax	vear?	Yes No
		Yes," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2015 BURNING MAN PROJECT 45-	2638	273	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
40	to administer charitable gaming?		Yes	└── No
	Indicate the percentage of gaming activity conducted in: a The organization's facility	13a	I	%
	b An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	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:			
á	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 > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9,	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
g C	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	pg.		
50	THE OTHER G, TAKE I, HIME 2D, HIST OF THE HIGHEST TAID FUNDICATOR	ко.		
<u>(I</u>) NAME OF FUNDRAISER: STEVEN YOUNG			
<u>(I</u>) ADDRESS OF FUNDRAISER:			
<u>C/</u>	O BURNING MAN PROJECT, 660 ALABAMA STREET, 4TH FLOOR, SAN FRA	NCIS	co,	CA
(T	II) ACTIVITY: FUNDRAISING AND ORGANIZATIONAL DEVELOPMENT CONSU	LTTN	iG	
	,		· -	
_				
(I	•			
(]	I) ADDRESS OF FUNDRAISER:			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

BURNING M	IAN PROJEC	CT					45-2638273
Part I General Information on Grants a	and Assistance					•	
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	=					•	•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIGER ARTS							
18 CONRY CRESCENT							
JAMAICA PLAIN, MA 02130	80-0005425	501(C)(3)	17,000.	0.			BURNING MAN ARTS GRANT
ANTON VIDITZ-WARD, INC. 570 SOCIETY DRIVE TELLURIDE, CO 81435	90-0134612		7,000.	0.			BURNING MAN ARTS GRANT
BEST ART LLC 2965 SONOMA MT. ROAD PETALUMA, CA 94954	46-5731945		51,970.	0.			BURNING MAN ARTS GRANT
COMMUNITY PARTNERS 1000 NORTH ALAMEDA ST. SUITE 240 LOS ANGELES, CA 90034	95-4302067	501(C)(3)	7,000.	0.			BURNING MAN ARTS GRANT
COZO INDUSTRIES LLC 2532 SANTA CLARA AVE #210 ALAMEDA, CA 94501	47-3398628		18,038.	0.			BURNING MAN ARTS GRANT
DEPARTMENT OF PUBLIC ARTS, LLC 242 VASSAR STREET RENO, NV 89502	47-3890448		25,018.				BURNING MAN ARTS GRANT
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization							

45-2638273

Part II Continuation of Grants and Oth	ner Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	r ago r
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESIGN LA LLC							
935 GRAVIER STREET #1600							
NEW ORLEANS, LA 70112	46-5569242		6,500.	0.			BURNING MAN ARTS GRANT
	10 0007212		,,,,,,,				
DREAMERS GUILD LLC							
1714 FRANKLIN ST. #100-161							
OAKLAND, CA 94612	47-3693976		72,755.	0.			BURNING MAN ARTS GRANT
FLAMING LOTUS GIRLS							
548 PRECITA AVENUE							
SAN FRANCISCO, CA 94110	27-1587814		50,000.	0.			BURNING MAN ARTS GRANT
ELITY EQUINDATION							
FLUX FOUNDATION 95 ORANGE ALLEY #201							
	27-2261149	501(C)(3)	40.000	0.			BURNING MAN ARTS GRANT
SAN FRANCISCO, CA 94110	27-2201149	501(C)(3)	40,000.	0.			BURNING MAN ARIS GRANI
FORM & REFORM							
2601 ADELINE #133							
OAKLAND, CA 94607	47-2524412		5,565.	0.			BURNING MAN ARTS GRANT
,			, -	-			
GAMELAN X							
2509 MYRTLE ST							
OAKLAND, CA 94607	46-3169299		13,200.	0.			BURNING MAN ARTS GRANT
INDUSTRIAL ARTS COLLECTIVE							
3407 BETHOVEN STREET							
PITTSBURGH, PA 15219	25-1854406		6,000.	0.			BURNING MAN ARTS GRANT
TRON MONUEY ADDC							
IRON MONKEY ARTS							
6555 - 5TH AVE. SOUTH	47-2376316		6 000	0.			BURNING MAN ARTS GRANT
SEATTLE, WA 98108	4/-23/0310		6,000.	U.			DOMNING MAIN ARTS GRAINT
LIFE CUBE LLC							
50 CRICKET LANE							
DOBBS FERRY, NY 10522	46-3249244		15,000.	0.			BURNING MAN ARTS GRANT
			, , , , , ,		l .	1	

45-2638273

Part II Continuation of Grants and Other	r Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	, age
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONG SHOT STUDIOS LLC							
882 - 46TH STREET							
OAKLAND, CA 94608	47-3720018		45,000.	0.			BURNING MAN ARTS GRANT
MAGISTER SOLUTIONS LLC							
17859 - 6TH AVEUNE SW							
NORMANDY PARK, WA 98166			23,960.	0.			BURNING MAN ARTS GRANT
MARCO COCHRANE SCULPTURE, INC. P.O. BOX 1619							
SAUSALITO, CA 94966	68-0661883		60,000.	0.			BURNING MAN ARTS GRANT
MIX-E LLC 36 WASHINGTON AVENUE							
KINGSTON, NY 12401	46-2460109		7,500.	0.			BURNING MAN ARTS GRANT
REARED IN STEEL, LLC 110 COPELAND STREET							
PETALUMA, CA 94952	37-1777629		35,000.	0.			BURNING MAN ARTS GRANT
RENO ART WORKS 1995 DICKERSON ROAD							
RENO, NV 89503	46-5013883	501(C)(3)	7,000.	0.			BURNING MAN ARTS GRANT
SPARCELAND LLC 741 CATHERINE STREET SW							
ATLANTA, GA 30310	41-2231838		7,000.	0.			BURNING MAN ARTS GRANT
STREET LAB INC 6 VARICK STREET #10B							
NEW YORK, NY 10013	26-4812025	501(C)(3)	6,000.	0.			BURNING MAN ARTS GRANT
SYNARCADE AUDIO-VISUALS LLC 131 WEST 24TH STREET APT 6							
NEW YORK, NY 10011			12,000.	0.			BURNING MAN ARTS GRANT

45-2638273

Part II Continuation of Grants and Oth	er Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TYLER FUQUA CREATIONS INC							
24645 SE BREVI LANE							
EAGLE CREEK, OR 97022	26-1574869		12,985.	0.			BURNING MAN ARTS GRANT
·							
VALENTINO ART STUDIOS LLC							
171 WOODSIDE DRIVE							
MANDEVILLE, LA 70448	47-3765917		8,500.	0.			BURNING MAN ARTS GRANT
VARDENPHOTO							
45923 PRIMROSE DRIVE							
LANCASTER, CA 93534	45-1799795		5,000.	0.			BURNING MAN ARTS GRANT
	10 1/33/30		,,,,,,,	-			
XIAN PRODUCTIONS							
1037 MURRAY STREET							
BERKELEY, CA 94710	47-3825165		45,000.	0.			BURNING MAN ARTS GRANT

INTERACTIVITY AND KINETIC QUALITIES. MORE INFORMATION CAN BE FOUND BY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance 1,400 BMP CASH GRANTS - COMMUNITY BASED PROJECT 0. BRC CASH GRANTS - ART HONORARIA 56 420,741 0. BMP CASH GRANTS - GLOBAL ART GRANTS 20 500 0. BMP CASH GRANTS - FISCAL SPONSORSHIP 14,527 0. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. SCHEDULE I, PART I, LINE 2 BURNING MAN PROJECT HAS AN ESTABLISHED PROCESS FOR REVIEWING GRANT APPLICATIONS INCLUDING A PRE-FUNDING LETTER OF INTENT, AND A CONTRACT ESTABLISHING THE NATURE OF THE PROJECT AND MUTUAL EXPECTATIONS, REGULAR REPORTING AND TRANSFER OR LICENSE OF INTELLECTUAL PROPERTY TO BMP. THE REVIEW COMMITTEE EVALUATES EACH PROJECT FOR IMPACT, COMMUNITY

SEARCHING "HONORARIA" ON OUR WEBSITE.

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

BURNING MAN PROJECT

Employer identification number 45-2638273

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	, , , , , , , , , , , , , , , , , , , ,			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LARRY HARVEY	(i)	197,205.	0.	0.	0.	18,440.	215,645.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARIAN GOODELL	(i)	246,074.	0.	0.	0.	14,941.	261,015.	0.
DIRECTOR/CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HARLEY K. DUBOIS	(i)	167,908.	0.	0.	0.	16,944.	184,852.	0.
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DOUG ROBERTSON	(i)	144,821.	0.	0.	0.	5,301.	150,122.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RAYMOND ALLEN	(i)	151,165.	0.	0.	0.	13,901.	165,066.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLIE DOLMAN	(i)	141,703.	0.	0.	0.	12,509.	154,212.	0.
EVENT OPERATIONS DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HEATHER WHITE	(i)	135,330.	0.	0.	0.	23,063.	158,393.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Inspection

Open To Public

Name of the organization

Employer identification number

BURNING MAN PROJECT 45-2638273 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? To From Yes No Yes No Yes No Total **>** \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (e) Purpose of (a) Name of interested person (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2015

Part IV | Business Transactions Involving Interested Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
T. GROSS	BOARD MEMBER	75,570.	LEGAL FEES.		X
David V O I I I I I I I I I I					

| Part V | Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: T. GROSS
- (D) DESCRIPTION OF TRANSACTION: LEGAL FEES. FEES ARE AT OR BELOW COMPARABLE MARKET LEVELS.

SCH L, PART IV:

LEGAL SERVICES

THE BOARD OF DIRECTORS AGREED TO HAVE THE ORGANIZATION ENTER INTO A

CONTRACT WITH A DIRECTOR'S SEPARATE AND INDEPENDENT LAW FIRM TO PROVIDE

LEGAL SERVICES. THE DIRECTOR IS AN ATTORNEY AND HAS PREVIOUSLY PROVIDED

THESE LEGAL SERVICES TO OTHER ORGANIZATIONS IN HIS INDIVIDUAL CAPACITY

BY AND THROUGH HIS LAW FIRM. BOARD MEMBER TERRY GROSS IS A PARTNER WITH

THE LAW FIRM OF GROSS BELSKY ALONSO LLP. FEES WERE DISCOUNTED

APPROXIMATELY 20%. THE TERMS OF THE CONTRACT WERE DETERMINED AT ARM'S

LENGTH AND APPROVED BY THE DIRECTORS OTHER THAN THE INTERESTED DIRECTOR

WHO IS PARTY TO THE TRANSACTION AND WERE DETERMINED TO BE FAIR AND

REASONABLE TO THE ORGANIZATION. THE TERMS OF THE CONTRACT ARE THE SAME

OR SIMILAR TO THOSE CONTAINED IN CONTRACTS TYPICALLY APPROVED BY THE

BOARD OF DIRECTORS WITH OTHER OUTSIDE LAW FIRMS. THE TERMS OF THE

ORGANIZATION'S CONFLICT OF INTEREST POLICY WERE FOLLOWED IN CONNECTION

SCHEDULE M (Form 990)

Noncash Contributions

_ | 2N1!

2015

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ➤ Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection
Employer identification number

45-2638273

BURNING MAN PROJECT

Par	ti Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of do noncash contrib	etermin	_	s
1	Art - Works of art		iterno contributed	r onn ooo, r are viii, iino rg				
2	Art - Historical treasures							
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	59,761.	PROCEEDS FF	ROM	SAL	Ē
	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	3, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period?					30a		<u> </u>
	If "Yes," describe the arrangement in Part II.						v	
31	Does the organization have a gift acceptance p				utions?	31	Х	
32a	Does the organization hire or use third parties of contributions?		•			32a		Х
h	contributions? If "Yes," describe in Part II.					3∠a		
D	ii ies, uescribe iii Fait II.							

A For Paperwork Reduction Act Notice, see the Instructions for Form 990.

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2015)

describe in Part II.

Schedule M	(Form 990) (2015)	BURNING	MAN	PROJECT	45-2638273	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information : I, column (b), the	Provide	e the information required by Part I, lines 30b, 32b, and 33, er of contributions, the number of items received, or a comb		tion plete
	this part for any ac					

SCHEDULE 0 (Form 990 or 990-EZ)

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. Open to Public ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BURNING MAN PROJECT

Employer identification number 45-2638273

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION, AND CIVIC ENGAGEMENT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SELF-RELIANCE, RADICAL SELF-EXPRESSION, COMMUNAL EFFORT, CIVIC
RESPONSIBILITY, LEAVING NO TRACE, PARTICIPATION, AND IMMEDIACY THROUGH
ART AND CULTURE, EDUCATION, AND CIVIC ENGAGEMENT.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
HAS KINDLED AN APPROACH TO ART THAT IS COMMUNITY-DRIVEN, INCLUSIVE,
INTERACTIVE, AND PARTICIPATORY. BRC IS A MANIFESTATION OF ART'S
CULTURE-BUILDING CAPACITY, WHICH IS ONE OF ART'S MOST VALUABLE
FUNCTIONS AND ONE THAT IS VITAL TO A THRIVING CULTURE.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INCLUSIVE, INTERACTIVE, PARTICIPATORY NATURE OF BURNING MAN ART, AND
FURTHER THE TEN PRINCIPLES OF BURNING MAN AND BMP'S EXEMPT PURPOSES.
2) BLACK ROCK ARTS FOUNDATION ("BRAF"): BURNING MAN ARTS AND BRAF
INTEGRATED THE CIVIC ARTS, BIG ART FOR SMALL TOWNS, AND GLOBAL ARTS
GRANTS PROGRAMS INTO THE BURNING MAN PROJECT IN ORDER TO EFFECTIVELY
AND EFFICIENTLY SOURCE AND USE GREATER RESOURCES THAT PLACE MORE
INTERACTIVE, PARTICIPATORY ART IN COMMUNITIES AROUND THE WORLD, MAKE
MORE ART AVAILABLE AT BRC, AND CREATE MORE OPPORTUNITIES FOR ARTISTS
AND DONORS TO FURTHER BMP'S MISSION AND EXEMPT PURPOSES. BMP CONDUCTED

SUFFICIENT DUE DILIGENCE IN ADVANCE OF MAKING ANY ARTS GRANTS AND

Name of the organization

BURNING MAN PROJECT

Employer identification number 45-2638273

CONTINUES TO EXERCISE APPROPRIATE OVERSIGHT OVER ART GRANT EXPENDITURES

THROUGH WRITTEN CONTRACTS, REGULAR REPORTING, AND VERIFICATION THAT THE

FUNDS ARE USED FOR THEIR INTENDED PURPOSES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

REGIONAL EVENTS AND OTHER YEAR-ROUND ACTIVITIES. BMP CONDUCTED

SUFFICIENT DUE DILIGENCE IN ADVANCE OF DESIGNATING OFFICIAL REGIONAL

NETWORK CONTACTS AND EVENTS, AND CONTINUES TO EXERCISE APPROPRIATE

OVERSIGHT OVER THEIR ACTIVITIES AND FURTHERANCE OF BMP'S MISSION AND

EXEMPT PURPOSES THROUGH WRITTEN CONTRACTS, REGULAR REPORTING, AND

ON-SITE VERIFICATION.

BURNERS WITHOUT BORDERS ("BWB") EMERGED IN THE AFTERMATH OF HURRICANE

KATRINA IN 2005 WHEN A GROUP OF BURNERS BROUGHT THEIR COMMUNITY

ACTIVATION AND HEAVY EQUIPMENT EXPERTISE TO THE GULF COAST TO ASSIST IN

HURRICANE CLEANUP. SINCE THEN, BWB HAS SUPPORTED COMMUNITIES' INHERENT

CAPACITY TO THRIVE IN THE FACE OF CHALLENGES (BE THEY ECONOMIC, NATURAL

DISASTER, OR SOCIAL INEQUITY) BY ACTIVATING INNOVATIVE, GRASSROOTS

INITIATIVES AND APPROACHES TO RECOVERY THAT ARE INSPIRED BY BURNING

MAN'S MISSION AND LED BY BURNING MAN PARTICIPANTS. THESE ACTIVITIES

FURTHER BMP'S MISSION AND ALL OF ITS EXEMPT PURPOSES, PARTICULARLY

CIVIC ENGAGEMENT AND EDUCATION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THROUGHOUT THE YEAR, BURNING MAN PROJECT CONDUCTED A SERIES OF

EDUCATIONAL PANELS, WORKSHOPS AND ARTISTS' FORA, INTRODUCING ASPECTS OF

BURNER CULTURE TO A BROAD CROSS-SECTION OF PROFESSIONAL AND PUBLIC

AUDIENCES, AND SOLICITING FEEDBACK FROM KEY STAKEHOLDERS.

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization **Employer identification number** BURNING MAN PROJECT 45-2638273 BURNING MAN CULTURE AND METHODOLOGY HAS PROVEN TO BE OF GREAT INTEREST TO DIVERSE CONSTITUENCIES, INCLUDING MUNICIPALITIES, NONPROFITS, CORPORATIONS, AND ORGANIZATIONS DEVOTED TO CIVIC ENGAGEMENT, THE ARTS AND CULTURE, VOLUNTEERISM, AND PROCESS MANAGEMENT. THESE ACTIVITIES WERE SELECTED BASED ON THEIR CONSISTENCY WITH BURNING MAN PROJECT'S EXEMPT PURPOSES AND THE TEN PRINCIPLES. EXPENSES \$ 1,439,332. INCLUDING GRANTS OF \$ 116,191. REVENUE \$ 122,551. FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS WILL ROGER PETERSON AND NANCI O. PETERSON ARE A MARRIED COUPLE. BOARD MEMBER MERCEDES MARTINEZ IS MARRIED TO FORMER BOARD MEMBER CHRIS WEITZ. BOARD MEMBER TERRY GROSS IS ENGAGED AS AN ATTORNEY BY AND THROUGH HIS LAW SEE SCHEDULE L, PART IV FIRM. FORM 990, PART VI, SECTION B, LINE 11: THE INFORMATION REQUIRED TO BE REPORTED ON THIS FORM 990 WAS INITIALLY COMPILED BY THE ORGANIZATION'S FINANCE AND ACCOUNTING DEPARTMENT, PRIMARILY RELYING ON THE ORGANIZATION'S GENERAL LEDGER, AUDITED FINANCIAL STATEMENTS, AND OTHER FINANCIAL SYSTEMS. THE ORGANIZATION'S DIRECTOR OF FINANCE, CONTROLLER, GENERAL COUNSEL, AND EXTERNAL TAX ADVISORS THEN PARTICIPATED IN

A SERIES OF DETAILED REVIEWS OF THE FORM 990. THE FORM 990 WAS ALSO

TREASURER, AND THE AUDIT COMMITTEE OF THE ORGANIZATION'S BOARD OF

REVIEWED BY THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE CEO AND

Name of the organization BURNING MAN PROJECT

Employer identification number 45-2638273

DIRECTORS, AND PORTIONS OF THE FORM 990 WERE REVIEWED BY EXTERNAL LEGAL

COUNSEL. A COMPLETE COPY WAS PROVIDED TO EACH MEMBER OF THE BOARD OF

DIRECTORS FOR AN OPPORTUNITY TO REVIEW AND COMMENT PRIOR TO FILING THE

RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY REQUIRING ONGOING

DISCLOSURE OF POTENTIAL CONFLICTS WHEN WARRANTED AND, SPECIFICALLY, ON AN

ANNUAL BASIS, REVIEW OF SUCH DISCLOSURES BY THE BOARD OF DIRECTORS, AND BY

RECUSAL BY CONFLICTED INDIVIDUALS FROM BOARD DELIBERATIONS AND

DECISION-MAKING REGARDING SUCH TRANSACTIONS. A CONFLICT OF INTEREST

DISCLOSURE STATEMENT MUST BE COMPLETED, SIGNED AND RETURNED TO CEO, IF FOR

STAFF, OR THE BOARD OF DIRECTORS IF FOR DIRECTORS OR BOARD COMMITTEE

MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD HAS A WRITTEN BOARD APPROVAL OF COMPENSATION POLICY THAT INCLUDES A REQUIREMENT THAT ALL COMPENSATION BE FAIR AND REASONABLE TO THE ORGANIZATION, AND DETERMINED BASED UPON SURVEY COMPENSATION COMPARABILITY DATA. BMP SUBSCRIBES TO TWO RECOGNIZED NONPROFIT SALARY SURVEYS, ONE SPECIFICALLY FOR NORTHERN CALIFORNIA, WHERE MOST OF ITS STAFF ARE EMPLOYED. THE BOARD APPROVES THE COMPENSATION OF THE ORGANIZATION'S SENIOR EXECUTIVE STAFF AND BMP'S FOUNDERS, AND DELEGATES DETERMINATION OF COMPENSATION FOR OTHER STAFF TO THE CEO, WHO IS REQUIRED CONTRACTUALLY TO ABIDE BY THE BOARD APPROVAL OF COMPENSATION POLICY, AND ALL OTHER BOARD POLICIES IN DETERMINING COMPENSATION. WHERE APPROPRIATE, IT SEEKS THE ADVICE OF THE ORGANIZATION'S GENERAL COUNSEL AND APPROPRIATE EXTERNAL LEGAL COUNSEL AND

Name of the organization BURNING MAN PROJECT		Employer identification number 45-2638273
CPAS.		
FORM 990, PART VI, SECTION C, LINE 19:		
COPIES OF BURNING MAN PROJECT'S GOVERNING DOCU	MENTS, CONF	LICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS CAN BE OBTAIN	ED BY REQUE	ST FROM BURNING
MAN PROJECT.		
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTION	NAL EXPENSE	S:
BUILDING & SUPPLIES:		
PROGRAM SERVICE EXPENSES		1,034,423
MANAGEMENT AND GENERAL EXPENSES		7,586
FUNDRAISING EXPENSES		118
TOTAL EXPENSES		1,042,127
TICKET SERVICE & SHIPPING FEES:		
PROGRAM SERVICE EXPENSES		906,945
MANAGEMENT AND GENERAL EXPENSES		(
FUNDRAISING EXPENSES		(
TOTAL EXPENSES		906,945
MERCHANT BANK FEES:		
PROGRAM SERVICE EXPENSES		767,209
MANAGEMENT AND GENERAL EXPENSES		11,985
FUNDRAISING EXPENSES		5,835
TOTAL EXPENSES		785,029
VEHICLE MAINTENANCE & FUEL:		
PROGRAM SERVICE EXPENSES		628,799
532212 09-02-15	Sched	dule O (Form 990 or 990-EZ) (20

Name of the organization BURNING MAN PROJECT	Employer identification number 45-2638273
MANAGEMENT AND GENERAL EXPENSES	6,045.
FUNDRAISING EXPENSES	49.
TOTAL EXPENSES	634,893.
TAX/LICENSE FEES:	
PROGRAM SERVICE EXPENSES	288,576.
MANAGEMENT AND GENERAL EXPENSES	73,691.
FUNDRAISING EXPENSES	60.
TOTAL EXPENSES	362,327.
PERFORMANCE SUPPLIES:	
PROGRAM SERVICE EXPENSES	197,295.
MANAGEMENT AND GENERAL EXPENSES	283.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	197,578.
MAINTENANCE & REPAIRS:	
PROGRAM SERVICE EXPENSES	44,102.
MANAGEMENT AND GENERAL EXPENSES	41,690.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	85,792.
DAMAGE & LOSS:	
PROGRAM SERVICE EXPENSES	56,886.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	56,886.

Name of the organization BURNING MAN PROJECT	Employer identification number 45-2638273
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	6,825.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,825.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 4,078,402.
FORM 990, PART XII	
THE BOARD SELECTS AN INDEPENDENT, CERTIFIED PUBLIC ACCOUNT	TING FIRM TO
CONDUCT THE AUDIT.	

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2015 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

BURNING MAN PROJECT

Employer identification number 45-2638273

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
BLACK ROCK CITY LLC - 94-3319618					
660 ALABAMA STREET 4TH FLOOR	ARTS, CULTURAL, CIVIC				
SAN FRANCISCO, CA 94110	EVENTS	NEVADA	35,955,786.	11,440,002.	BURNING MAN PROJECT
BLACK ROCK CITY PROPERTIES LLC					
660 ALABAMA STREET 4TH FLOOR					
SAN FRANCISCO, CA 94110	REAL ESTATE HOLDING COMPANY	NEVADA	0.	1,026,325.	BLACK ROCK CITY LLC
	 				

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) (c) Primary activity Legal domicile (state foreign country)		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
BLACK ROCK ARTS FOUNDATION - 91-2130056	_						
660 ALABAMA STREET 4TH FLOOR	ARTS, CULTURAL, CIVIC				BURNING MAN		
SAN FRANCISCO, CA 94110	EVENTS	CALIFORNIA	501(C)(3)	LINE 7	PROJECT		X
	_						
	_						

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

Schedule R (Form 990) 2015

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	I 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
DECOMMODIFICATION LLC -											
27-4245819, 660 ALABAMA	TRADEMARK										
STREET 4TH FLOOR, SAN	LICENSE										
FRANCISCO, CA 94110	MANAGEMENT	CA	N/A		0.	0.		X	N/A	x	.00%
GERLACH HOLDINGS LLC -											
46-1616188, 660 ALABAMA											
STREET 4TH FLOOR, SAN	REAL ESTATE										
FRANCISCO, CA 94110	RENTAL	NV	N/A		0.	0.		X	N/A	X	.00%

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	(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	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		,				Yes	No
	-								
									
	-								
									<u> </u>
	-								
	-								

Page 3

Yes No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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)				1c		_ X			
d Loans or loan guarantees to or for related organization(s)				1d					
e Loans or loan guarantees by related organization(s)				1e		X			
f Dividends from related organization(s)				1f					
g Sale of assets to related organization(s)				1g					
Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)				1i					
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k Lease of facilities, equipment, or other assets from related organization(s)				1k					
I Performance of services or membership or fundraising solicitations for related orga				11					
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 organizati	ion(s)			1n					
Sharing of paid employees with related organization(s)				10		X			
p Reimbursement paid to related organization(s) for expenses				1 p					
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)				1r	X				
s Other transfer of cash or property from related organization(s)				1s		X			
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.						
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	olved					
	type (a-s)			1d X 1e X 1e X 1f X 1g X 1h X 1i X 1j X 1l X 1l X 1l X 1l X 1l X 1n X 1n X 1n X 1n X 1q X 1q X 1r X 1s X					
(1) DECOMMODIFICATION LLC	R	75,000.	TRADEMARK AGREEMENT						
(2)									
(2)									
(3)									
(4)									
(5)									
(6)									
532163 09-08-15	<u>I</u>	L	Schadula	R (Forr	n 990	2015			
552 155 55 56 15			Scriedule	(1 011	550)	, 2010			

45-2638273 Page 4

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)	(b)	(c)	(d)	Are a partners 501(c orgs)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	ali s sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percentag
of entity		(state or foreign	(related, unrelated, leveluded from tax under	501(c)(3)	total	end-of-year	alloca	nate itions?	amount in box 20	partn	r? ownersh
		country)	sections 512-514)	Yes	Nο	income	assets	Vac	No	(Form 1065)	Yes	10
			,	163	140			163	INO	,	1631	<u>'</u>
								_			\sqcup	
				\vdash				\vdash	-		\vdash	
				\dashv				+			\vdash	
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