

Form <b>990</b>
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# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.



Depa	artment	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t	-	•	Open to Public Inspection								
				ending										
в	Check i applica	f <b>C</b> Name o	f organization		D Employer identificati	on number								
	Add	ess BURNTN	IG MAN PROJECT											
	Nam	Name change Doing business as 45-2638273												
	- Initia													
	retur   Fina	E Telephone number 415-865-3800												
	retur term ated	in-	ABAMA STREET, 4TH FLOOR own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	67,613,230.								
	Ame	nded CAN FE	ANCISCO, CA 94110		H(a) Is this a group retur	, ,								
	retur Appl		nd address of principal officer: MARIAN GOODELL		for subordinates?									
L	tion pend		C ABOVE		H(b) Are all subordinates includ									
1	Тах-е	xempt status:	x 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	1 . /									
	Webs		RNINGMAN.ORG		H(c) Group exemption n									
		of organization:	X Corporation Trust Association Other	L Year		ate of legal domicile; CA								
	art I					ale et logal demente								
_	1	Briefly describ	e the organization's mission or most significant activities:	AND MANI	FEST THE TEN									
S			OF BURNING MAN INTERNATIONALLY THROUGH ART AND CU											
Governance	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	than 25% of its net assets									
ver	3	Number of vo			3	19								
ő	4		lependent voting members of the governing body (Part VI, line 1b)			14								
کە د	5		of individuals employed in calendar year 2023 (Part V, line 2a)			1171								
itie	6		of volunteers (estimate if necessary)			10000								
Activities	7 8				7a	0.								
Ă	t		business taxable income from Form 990-T, Part I, line 11			0.								
			· · · · · · · · · · · · · · · · · · ·		Prior Year	Current Year								
6	8	Contributions	and grants (Part VIII, line 1h)		9,916,302.	8,221,497.								
Revenue	9		ce revenue (Part VIII, line 2g)		50,787,058.	56,978,045.								
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		61,015.	522,200.								
£	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,796,456.	849,311.								
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		62,560,831.	66,571,053.								
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		1,252,272.	1,585,613.								
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.								
ý	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		26,674,406.	28,988,649.								
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.								
Expenses	. k		ing expenses (Part IX, column (D), line 25) 1,191,											
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		30,594,912.	33,030,117.								
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		58,521,590.	63,604,379.								
	19	Revenue less	expenses. Subtract line 18 from line 12		4,039,241.	2,966,674.								
OL	g			Be	ginning of Current Year	End of Year								
Net Assets or	20	Total assets (F	Part X, line 16)		37,005,574.	37,545,614.								
ASS	21		(Part X, line 26)		10,301,002.	7,874,368.								
Net	22	<u>Net assets or</u>	fund balances. Subtract line 21 from line 20		26,704,572.	29,671,246.								
Pa	art II													
Unc	ler per	nalties of perjury,	I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my kno	wledge and belief, it is								

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of off	icer				Date		
Here	JENNIFER RA	ISER, TREASURER						
	Type or print na	me and title						
	Print/Type prepa	arer's name	Preparer's signature	Date		Check	] PTIN	
Paid	BRIAN YACKE	R	BRIAN YACKER		11/07/24	self-employed	₽00401346	
Preparer	Firm's name	BAKER TILLY ADVISORY GROU	P, LP			Firm's EIN 39	-0859910	
Use Only	Firm's address	18500 VON KARMAN AVE, 10T	H FLOOR					
		IRVINE, CA 92612				Phone no.949.2	22.2999	
May the I	RS discuss this	return with the preparer shown abo	ve? See instructions				X Yes N	lo
LHA For	Paperwork Re	duction Act Notice, see the separ	ate instructions.	332001 12-21-23			Form <b>990</b> (202	23)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) BURNING MAN PROJECT	45-2638273	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	. <u></u>	X
1	Briefly describe the organization's mission:		
	BURNING MAN PROJECT FACILITATES AND EXTENDS BURNING MAN CULTURE INTO		
	THE LARGER WORLD. ITS CHARITABLE MISSION IS TO UPHOLD AND MANIFEST THE		
	VALUES REFLECTED IN THE TEN PRINCIPLES OF BURNING MAN, SPECIFICALLY: RADICAL INCLUSION, GIFTING, DECOMMODIFICATION, RADICAL SELF-RELIANCE,		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	····· L	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expe	nses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$43,818,807. including grants of \$204,868. ) (Revenue	\$5	6,598,655 <b>.</b> )
	BLACK ROCK CITY		
	BLACK ROCK CITY ("BRC") IS A TEMPORARY METROPOLIS DEDICATED TO ART,		
	COMMUNITY, AND CULTURE CREATED BY ITS 70,000+ PARTICIPANTS AND GUIDED		
	BY THE TEN PRINCIPLES OF BURNING MAN (SEE ABOVE). THROUGH THE		
	CONSTRUCTION OF THIS PHYSICAL SPACE, BURNING MAN PROJECT ("BMP")		
	EMPOWERS AND INSPIRES PARTICIPANTS TO DISCOVER, INVENT, AND ENGAGE IN NEW WAYS. THIS EXPERIENCE LEADS TO MORE ART AND MORE CIVICALLY-ENGAGED		
	CITIZENS AROUND THE WORLD.		
	BRC SERVES AS A BLANK CANVAS THAT INSPIRES PARTICIPATION, CREATIVITY,		
	AND ARTISTIC AND CULTURAL EXPERIMENTATION. BURNING MAN HAS DEVELOPED AN		
	APPROACH TO ART THAT IS COMMUNITY-DRIVEN, INCLUSIVE, INTERACTIVE, AND		
4b	(Code:) (Expenses \$3,751,076. including grants of \$1,325,470. ) (Revenue	\$	129,158.)
	BURNING MAN ARTS		,
	THE BURNING MAN ARTS PROGRAM INCLUDES THE ART OF BLACK ROCK CITY, CIVIC		
	ARTS, AND GLOBAL ART GRANTS.		
	BLACK ROCK CITY HONORARIA: THE 2023 AWARD OF \$1,325,470 IN GRANT FUNDS		
	ALONG WITH OTHER RESOURCES AND CAPACITY PLANNING TO ARTISTS IN THE		
	CREATION AND FUTURE INSTALLATION OF WORKS OF ART IN BLACK ROCK CITY,		
	NEVADA. EACH HONORARIUM RECIPIENT IS REQUIRED TO RAISE A SIGNIFICANT PORTION OF THEIR BUDGET THROUGH FUNDRAISING WHICH HELPS CREATE STRONG		
	COMMUNITIES AND PARTICIPATION. THE ART PROJECTS SELECTED FOR HONORARIA		
	MUST EPITOMIZE THE COMMUNITY-DRIVEN, INCLUSIVE, INTERACTIVE,		
	PARTICIPATORY NATURE OF BURNING MAN ART, AND FURTHER THE TEN PRINCIPLES		
4c	(Code:) (Expenses \$2,946,012. including grants of \$20,275. ) (Revenue	\$	279,531.)
	CIVIC ENGAGEMENT	·	,
	BMP'S CIVIC ENGAGEMENT PROGRAM INCLUDES THE BURNING MAN REGIONAL		
	NETWORK (THE ""REGIONAL NETWORK"") AND BURNERS WITHOUT BORDERS. THE		
	REGIONAL NETWORK IS A GLOBAL NETWORK OF INDIVIDUALS, EVENTS, AND		
	ORGANIZATIONS INSPIRED BY THE VALUES REFLECTED IN THE TEN PRINCIPLES.		
	THE REGIONAL NETWORK PLAYS A KEY ROLE IN THE YEAR-ROUND EXTENSION OF		
	THE BURNING MAN EXPERIENCE AND GROWTH AS A GLOBAL CULTURAL MOVEMENT. IN		
	34 COUNTRIES AROUND THE WORLD, OVER 245 VOLUNTEER REGIONAL CONTACTS AND		
	META REGIONAL CONTACTS BRING BURNING MAN PRINCIPLES AND CULTURE INTO		
	THEIR LOCAL COMMUNITIES THROUGH 87 UNIQUE OFFICIAL REGIONAL EVENTS		
	AROUND THE WORLD AND OTHER YEAR-ROUND ACTIVITIES.		
44	Other program services (Describe on Schedule O.)		
τu	(Expenses \$ 1,998,411. including grants of \$ 35,000.) (Revenue \$	5,890.)	
4e	Total program service expenses 52,514,306.	, , , , <b> •</b> )	
		F	orm <b>990</b> (2023)
332002	12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)		, /
	2		

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Form	990 (2023) BURNING MAN PROJECT 45-26382	73	P	age <b>3</b>
Pa	rt 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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
Ū		8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
				x
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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,		v	
_	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	L
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	X	L
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	L	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			[
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
		20a		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
- 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I. Parts I and II</i>	21	x	
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BURNING MAN PROJECT

Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
LL	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20				1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	x	1
04-	Schedule J	23	21	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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
	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			1
	any tax-exempt bonds?	24c		
	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			1
	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			1
	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 or 22, for receivables from or payables to any current			1 - 1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
Ŭ	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in noncash 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	25		
30		20		x
04	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		x
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		v	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O           t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 100			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2023) BURNING MAN PROJECT 45-263827	3	Р	age <b>5</b>					
Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 1171								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
b									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	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 services provided to the payor?	7a		x					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
•	to file Form 8282?	7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
-	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
с	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								
332005	12-21-23	Form	990	(2023)					

Form	990 (2023) BURNING MAN PROJECT		45-26382		F	Page 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrougł	7b below, and for	a "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	1	9		
	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 on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4		
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	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			<u>8b</u>	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		T	T
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	beto	re filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				v	
-	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X X	
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	x	
a	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			16-		x
<b>L</b>	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			<u>16a</u>		
b			-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			164		
Sec	exempt status with respect to such arrangements?			16b		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed <u>CA, NV, NY</u>					
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	4 000	T (postion 501(a))		ovoilo	blo
18		iu 990	-1 (Section 501(c)(3	os oniy)	avalla	DIE
	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)					
10			,	nd finan	aial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	mict (	millerest policy, al	iu iirian	JIdl	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke er	d rocordo			
20	THE ORGANIZATION - 415-865-3800	no di l				
	660 ALABAMA STREET, SAN FRANCISCO, CA 94110					
333000	12-21-23			Form	990	(2023)
552000	6			1011		(2020)
211	07 144198 181788 2023.05000 BURNING 1	MAN	PROJECT		18	178

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Form 990 (2023	BURNING MAN PROJECT	45-2638273	Page 7
Part VII Co	mpensation of Officers, Directors, Trustees, Key Employees, Higl	nest Compensated	
En	nployees, and Independent Contractors		
Che	eck if Schedule O contains a response or note to any line in this Part VII		
Section A. Of	ficers, Directors, Trustees, Key Employees, and Highest Compensated Employee	s	
	nis table for all persons required to be listed. Report compensation for the calendar yea the organization's <b>current</b> officers, directors, trustees (whether individuals or organiza	5	,

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ane	Reportable	Estimated	
	hours per	box	box, unless person is		s both	n an	compensation	compensation	amount of	
	week		officer and a director/trustee)		tee)	from	from related	other		
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	organizations below	ual tr	tional		yolqr	t con	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARIAN GOODELL	40.00		_	0	-					
DIRECTOR/CHIEF EXECUTIVE OFFICER		х		х				378,237.	0.	12,267.
(2) STEVEN BLUMENFELD	40.00									
CHIEF TECHNOLOGY OFFICER					х			309,051.	0.	15,638.
(3) HEATHER WHITE	40.00									
CHIEF OPERATING OFFICER					Х			246,599.	0.	8,486.
(4) ADAM BELSKY	40.00									
GENERAL COUNSEL					х			239,280.	0.	14,127.
(5) HARLEY K DUBOIS	40.00									
DIRECTOR/CHIEF CULTURE OFFICER		Х						226,129.	0.	17,580.
(6) DOUG ROBERTSON	40.00									
DIRECTOR OF FINANCE				X				210,314.	0.	8,807.
(7) DANIEL KAUFMAN	40.00									
DIRECTOR OF PHILANTHROPIC ENGAGEMENT					Х			204,126.	0.	8,330.
(8) CHARLIE DOLMAN	40.00									
DIRECTOR OF EVENT OPERATIONS					Х			202,593.	0.	8,236.
(9) PEDRO VIDAL FLORES	40.00									
DIRECTOR OF PEOPLE AND LEARNING					Х			196,930.	0.	10,908.
(10) KIM COOK	32.00									
DIRECTOR OF CREATIVE INITIATIVES						X		190,466.	0.	12,018.
(11) TIMOTHY RENOLLET	40.00									
DIRECTOR OF NEVADA OPERATIONS						X		189,339.	0.	4,613.
(12) MARNEE BENSON	40.00									
DIRECTOR OF GOVT AFFAIRS						X		178,026.	0.	11,980.
(13) STUART A MANGRUM	40.00									
DIRECTOR OF PHILOSOPHICAL CENTER						X		172,079.	0.	8,346.
(14) JONATHAN E ROSEN	40.00									
ASSOCIATE DIRECTOR OF PROD. AND DES.						X		163,123.	0.	225.
(15) NANCI O PETERSON	40.00									
DIRECTOR/ART TRANSITION OFFICER		Х		х				156,626.	0.	0.
(16) MICHAEL MIKEL	16.00									
DIRECTOR/HISTORIAN & ARCHIVIST		Х						81,700.	0.	0.
(17) WILLIAM ROGER PETERSON	16.00									
DIRECTOR/BRC DIRECTOR OF NV RELATION		Х						81,583.	0.	0.
332007 12-21-23										Form <b>990</b> (2023)

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332007 12-21-23

Form 990 (2023)

Form 990 (2023) BURNING MAN F	ROJECT								45-26	3827	3	Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)												(F)	
Name and title Average					sition	۱ than d	ne	Reportable	Reportable		Es	timate	ed
hours per t			, unle	ss pe	rson i	s both	n an	compensation	compensatio	n	an	nount	of
	week			nd a d T	lirecto	or/trus T	tee)	from	from related	t l		other	
	(list any	ector						the	organization			pensa	
	hours for	or dir	e			ated		organization	(W-2/1099-MIS			om th	
	related	stee	truste			pense		(W-2/1099-MISC/	1099-NEC)		•	anizat	
	organizations below	al tru	onal 1		loye	e com		1099-NEC)				d relat	
	line)	In dividual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	anizati	ons
	,	<u>n</u>	<u> </u>	Æ	Ke	ĒĒ	Fо						
(18) DENNIS BARTELS CHAIR OF BOARD	2.00	x		x				0.		٥.			0.
(19) JENNIFER RAISER	2.00							·.					••
TREASURER	2.00	x		x				0.		٥.			0.
(20) FARHAD MOHIT	2.00	~	<u> </u>	^				· · ·					<u> </u>
DIRECTOR	2.00	x						0.		٥.			0.
	2.00	^						U.		<u> </u>			<u> </u>
(21) FRED BRATHWAITE	2.00												0
DIRECTOR (22) JOSETTE MELCHOR	2 00	Х						0.		٥.			0.
·, ····	2.00												0
DIRECTOR		х						0.		0.			0.
(23) KAY MORRISON	2.00												
DIRECTOR		х						0.		٥.			0.
(24) KIMBAL MUSK	2.00												
DIRECTOR		Х						0.		0.			0.
(25) LEO VILLAREAL	2.00												
DIRECTOR		Х						0.		٥.			0.
(26) MATT GOLDBERG	2.00												
DIRECTOR X 0.								٥.			0.		
1b Subtotal							_	3,426,201.		٥.		141,	561.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								3,426,201.		0.		141,	561.
2 Total number of individuals (including but no								eceived more than \$100.	000 of reportable	 ə			
compensation from the organization						,		, , ,					70
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director. trust	ee. k	(ev e	ame	love	e. or	hia	hest compensated emp	ovee on				
line 1a? If "Yes," complete Schedule J for su	-		•	•			Ŭ				3		x
4 For any individual listed on line 1a, is the su											-		
and related organizations greater than \$150	-								-		4	х	
5 Did any person listed on line 1a receive or a			•								-		
											5		x
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	olete Schedule	<u> </u>	or si	icn į	bers	on .					5		
1 Complete this table for your five highest cor	monsated inc	lono	ndo	nt cr	ontre		re th	ant received more than ¢	100.000 of com		tion fre	m	
the organization. Report compensation for t	•	•							•	Jensai			
(A)	ne calendar ye		/ IGII	ig w				(B)	car.		(0	<u>וי</u>	
אט Name and business	address							رط) Description of s	ervices	С	ompe		n
SPECTRUM CATERING, 27328 SPECTRUM WAY													
RIDGE NORTH, TX 77385	, от							FOOD SERVICES			1	613	106.
· · · · · · · · · · · · · · · · · · ·							-	FOOD BERVICED			1	, 015,	100.
STANDARD ROCK LTD								CONCERNMENTON			1		004
PO BOX 17911, RENO, NV 78511	4 1977						-	CONSTRUCTION			1	,440,	094.
CROWDRX, 6363 S FIDDLERS GREEN CIR, 1	41'H												
FLR, ENGLEWOOD, CO 80111							_	MEDICAL SERVICES				927,	794.
BEARCOM WIRELESS													
PO BOX 670354, DALLAS, TX 75267								RADIO & COMMUNICAT	ION SERVICES			695,	300.
HOLLAND & KNIGHT LLP													a a -
PO BOX 936937, ATLANTA, GA 31193								LEGAL SERVICES				650,	982.
2 Total number of independent contractors (ir		ot lir	nited	d to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz		<b>m</b> ~			2	5						000	
SEE PART VII, SECTION A CONTINU	JATION SHEE	ΤS									Form	990 (	2023)

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Form 990 BURNING MAN B									45-26382	273
Part VII Section A. Officers, Directors, Tru		nplo I	yee			ligh	est (		, ,	<i>(</i> <b>_</b> )
(A)		(B) (C) Average Position				(D)	(E)	(F)		
Name and title	Average hours	(c)			that		LV)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) MERCEDES MARTINEZ	2.00									
DIRECTOR		Х						0.	0.	C
(28) MIKE FARRAH	2.00									
DIRECTOR		Х						0.	0.	0
(29) NUSHIN SABET DIRECTOR	2.00	x						0.	0.	
(30) PING FU		^		-	-	-		U.	υ.	(
(30) PING FU DIRECTOR	2.00	x						0.	0.	(
(31) TERRY GROSS	2.00									
DIRECTOR		x						0.	0.	
						-				
		•								
		<u> </u>								
		-								
		I I	l I	1	1	1	l I			

332201 04-01-23

ar	t VIII	Statement of Re	ven	ue						-
		Check if Schedule O o	conta	ains a respo	onse o	or note to any line	e in this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						
un	b	Membership dues								
	с	Fundraising events		1c						
ar										
E	е	Government grants (contr	ibutio	ons) <b>1e</b>						
and Other Similar Amounts	f	All other contributions, gifts,	grant	s, and						
LUG		similar amounts not included	abov	e 1f		8,221,497.				
D	g	Noncash contributions included in	lines 1	a-1f <b>1g</b>	\$	134,712.				
an	h	Total. Add lines 1a-1f			<u></u>		8,221,497.			
						Business Code				
	2 a	BLACK ROCK CITY				541900	56,569,355.	56,569,355.		
Ð	b	CIVIC ENGAGEMENT				541900	279,531.	279,531.		
enu	С	ART PROGRAM				541900	129,159.	129,159.		
Yev	d									
Hevenue	е									
		All other program service					56 050 045			
		Total. Add lines 2a-2f					56,978,045.			
	3	Investment income (includ	Ŭ			,	E14 E26			E1 / E
	_	other similar amounts)					514,526.			514,5
	4	Income from investment of tax-exempt bond p		- F	1 472			1 4		
	5	Royalties					1,473.			1,4
	•	<b>a</b> .		(i) Rea	1 239.	(ii) Personal				
		Gross rents	6a Ch	,	117.					
		Less: rental expenses	6b		122.					
		Rental income or (loss)	6c				8,122.	4,222.		3,9
		Net rental income or (loss) Gross amount from sales of	)) 	(i) Securi		(ii) Other	0,122.	Ŧ,222.		5,5
	7 а	assets other than inventory	70	() Occurr 59 , 4						
	h	Less: cost or other basis	7a	,	110.					
	b	and sales expenses	7b	51 '	739.					
	~	Gain or (loss)			574.					
		Net gain or (loss)					7,674.			7,6
		Gross income from fundraisi			<u></u>		,,,,,,,			.,•
	0 4	including \$								
		contributions reported on								
		Part IV, line 18		,	8a					
	b				8b					
		Net income or (loss) from								
		Gross income from gamin								
		Part IV, line 19	-		9a					
	b				9b					
		Net income or (loss) from								
		Gross sales of inventory, I								
		and allowances			10a	1,753,420.				
	b	Less: cost of goods sold			10b					
		Net income or (loss) from					772,099.	30,967.		741,1
		, , <u>,</u>				Business Code				
	11 a	COMMISSION				900099	49,155.			49,1
nu(	b	VENDOR REBATE			_	900099	15,224.			15,2
eve	с	METAL RECYCLING				900099	3,223.			3,2
Kevenue	d	All other revenue				900099	15.			
I		Total. Add lines 11a-11d					67,617.			

BURNING MAN PROJECT

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#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 595,548 595,548 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 820,556, 820,556, individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 169,509 169,509. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 2,637,547. 1,252,182. 1,172,908 212,457. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 21,581,491. 17,695,930. 3,279,883. 605,678. Other salaries and wages 7 8 Pension plan accruals and contributions (include 227,647 section 401(k) and 403(b) employer contributions) 570,000 330,619 11,734. 1,302,339 2,205,852 864,285 39,228. 9 Other employee benefits 1,993,759. 1,594,639 334,215 64,905. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 786,622 664,174. 122,448 b Legal 182,466 182,466 С Accounting 48,750 48,750. Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 5,768,767 5,071,727 676,721 20,319. column (A), amount, list line 11g expenses on Sch 0.) 14,915 319 14,596 Advertising and promotion 12 1,980,130. 1,006,568 880,427 93,135. 13 Office expenses 14 Information technology 15 Royalties 1,739,455 1,448,320. 280,013 11,122. 16 Occupancy 939,341, 242,182 1,238,590 57,067. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 13,997. 1,802. 1,671. Conferences, conventions, and meetings ..... 10,524. 19 20 Interest Payments to affiliates 21 1,316,099 891,167, 424,932 22 Depreciation, depletion, and amortization ..... 1,382,708. 1,202,095 156,471 24,142. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) EQUIPMENT RENTAL 7,655,596. 7,505,740. 141,924 7,932. а PERMITS AND FEES 4,839,315 4,841,588 2,273 b 2,853,830. 2,536,909. 276,682. 40,239. MEALS С MATERIALS AND SUPPLIES 467,426 2,800,888. 2,331,135. 2,327. d 405,716, 256,900 148,816 All other expenses е 63,604,379 52,514,306 9,898,117 1,191,956. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

332010 12-21-23

Check here

if following SOP 98-2 (ASC 958-720)

11 2023.05000 BURNING MAN PROJECT

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Form 990 (2023)

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12 2023.05000 BURNING MAN PROJECT

37,005,574.

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	5	Loans and other receivables from any current or	former offic	cer, director,			
		trustee, key employee, creator or founder, subst	ributor, or 35%				
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in section	4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			25,703.	8	
¥	9	<b>–</b>		530,505.	9	782,265.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	21,797,393.				
	b	Less: accumulated depreciation	5,227,106.	13,371,331.	10c	16,570,287.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		2,844,638.	14	2,421,531.	
	15	Other assets. See Part IV, line 11		3,203,421.	15	2,570,376.	
	16	Total assets. Add lines 1 through 15 (must equa		37,005,574.	16	37,545,614.	
	17	Accounts payable and accrued expenses		5,636,456.	17	5,152,893.	
	18	Grants payable			18		
	19	Deferred revenue		1,484,771.	19	158,602.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of So	chedule D		21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst	antial contr	ributor, or 35%			
iab		controlled entity or family member of any of thes	-			22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, page	•				
		parties, and other liabilities not included on lines	17-24). Co	mplete Part X	2 4 5 2 5 5 5		
		of Schedule D		·····	3,179,775.	25	2,562,873.
	26		. <u></u>		10,301,002.	26	7,874,368.
ŷ		Organizations that follow FASB ASC 958, che	ck here	X			
ЭС		and complete lines 27, 28, 32, and 33.			22 721 700		22 004 550
alaı	27	Net assets without donor restrictions			23,721,700.	27	22,904,550. 6,766,696.
Fund Balances	28	Net assets with donor restrictions			2,902,072.	28	0,700,090.
ŝ		Organizations that do not follow FASB ASC 9	be, check i	nere			
۹. ۲	00	and complete lines 29 through 33.				00	
ets	29 20	Capital stock or trust principal, or current funds				29	
Net Assets	30 21	Paid-in or capital surplus, or land, building, or eq				30	
et A	31	Retained earnings, endowment, accumulated inc			26,704,572.	31	29,671,246.
ž	32	Total net assets or fund balances	·····	20,104,312.	32	22,071,240.	

BURNING MAN PROJECT

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Form 990 (2023)

1

2

3

4

Part X Balance Sheet

45-2638273 Page **11** 

**(A)** Beginning of year

16,422,939.

102,598.

177,194.

327,245.

1

2

3

4

**(B)** End of year

5,011,556.

4,055,579.

5,413,800.

720,220.

181788\_1

37,545,614.

Form 990 (2023)

16321107 144198 181788

Total liabilities and net assets/fund balances

Form	990 (2023) BURNING MAN PROJECT	45-2638273	3	Pa	<sub>ge</sub> 12		
	rt XI Reconciliation of Net Assets				4		
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,	571,	053.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,	604,	379.		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,	966,	674.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,	704,	572.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10							
	column (B))	10	29,	671,	246.		
Pa	rt 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 on Schedule	o.					
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 reviewed	ona					
	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	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis 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						
	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 on Sche	dule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	L		

Form **990** (2023)

(Form 990)

<u>Total</u>

## **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

### Department of the Treasury Internal Revenue Service

OMB No. 1545-0047
2023
Open to Public Inspection

Nam	e of t	he organization						Employer	identification number
		BURNIN	IG MAN PROJECT						45-2638273
Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		J Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ections A,	D, and E.		
d		<b>Type III non-functionally</b>	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supportion	ng organiz	ation.			
f		r the number of supported o	• • • • • • • • • • • • • • • • • • • •						
g		vide the following information			(iv) Is the orga	nization listed	(1) Americant		
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		ing document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			

Schedule A	(Form	990)	2023
Julieuule A		330	2020

e A (Form 990) 2023 Bt Support Schedule for (	JRNING MAN PRO		Sections 170/	h(1)(A)(iy) and	45-26382	T age Z
	-					•
				in lance to quality		organization
n A. Public Support						
year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
ts, grants, contributions, and						
mbership fees received. (Do not						
lude any "unusual grants.")						
revenues levied for the organ-						
ion's benefit and either paid to						
expended on its behalf						
e value of services or facilities						
nished by a governmental unit to						
organization without charge						
al. Add lines 1 through 3						
e portion of total contributions						
each person (other than a						
vernmental unit or publicly						
ported organization) included						
line 1 that exceeds 2% of the						
ount shown on line 11,						
umn (f)						
n B. Total Support	l	T	1	1	· · · · · ·	
	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
ounts from line 4						
oss income from interest,						
curities loans, rents, royalties,						
• • •						
ner income. Do not include gain						
oss from the sale of capital						
ets (Explain in Part VI.)						
tal support. Add lines 7 through 10		· .				
oss receipts from related activities,					12	
oss receipts from related activities, st <b>5 years.</b> If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
oss receipts from related activities, st <b>5 years.</b> If the Form 990 is for th anization, check this box and <b>stop</b>	ne organization's fi <b>5 here</b>	irst, second, third,	fourth, or fifth tax	year as a section	· · ·	
oss receipts from related activities, st 5 years. If the Form 990 is for the anization, check this box and stop n C. Computation of Publi	ne organization's fi o here c Support Per	irst, second, third, r <b>centage</b>	fourth, or fifth tax	year as a section	501(c)(3)	
oss receipts from related activities, st 5 years. If the Form 990 is for the anization, check this box and stop n C. Computation of Public polic support percentage for 2023 (I	ne organization's fi <b>5 here</b> <b>C Support Per</b> ine 6, column (f), c	irst, second, third, r <b>centage</b> divided by line 11,	fourth, or fifth tax 	year as a section	501(c)(3)	%
oss receipts from related activities, st 5 years. If the Form 990 is for the anization, check this box and stop <b>n C. Computation of Publi</b> polic support percentage for 2023 (I polic support percentage from 2022	he organization's fi b here c Support Per ine 6, column (f), c Schedule A, Part	irst, second, third, rcentage divided by line 11, II, line 14	fourth, or fifth tax 	year as a section	14 15	%
oss receipts from related activities, st 5 years. If the Form 990 is for the anization, check this box and stop <b>n C. Computation of Publi</b> polic support percentage for 2023 (I polic support percentage from 2022 1/3% support test - 2023. If the c	he organization's find <b>b here</b> <b>c Support Per</b> ine 6, column (f), c Schedule A, Part organization did no	r <b>centage</b> divided by line 11, II, line 14 ot check the box c	fourth, or fifth tax column (f))	year as a section 14 is 33 1/3% or r	14           15           nore, check this box	% %
oss receipts from related activities, st 5 years. If the Form 990 is for the anization, check this box and stop <b>n C. Computation of Publi</b> blic support percentage for 2023 (I blic support percentage from 2022 1/3% support test - 2023. If the op <b>p here.</b> The organization qualifies	e organization's fi <b>b here</b> <b>c Support Per</b> ine 6, column (f), c Schedule A, Part organization did no as a publicly supp	r <b>centage</b> divided by line 11, II, line 14 ot check the box coorted organization	fourth, or fifth tax column (f))	year as a section 14 is 33 1/3% or r	14 15 15 nore, check this box	% % and
oss receipts from related activities, st 5 years. If the Form 990 is for the anization, check this box and stop <b>n C. Computation of Publi</b> polic support percentage for 2023 (I polic support percentage from 2022 1/3% support test - 2023. If the c	e organization's fi <u>b here</u> <u>c Support Per</u> ine 6, column (f), c Schedule A, Part organization did no as a publicly supp organization did no	rcentage divided by line 11, II, line 14 oorted organization of check the box of oorted organization	fourth, or fifth tax column (f)) on line 13, and line line 13 or 16a, and	year as a section 14 is 33 1/3% or r 1 line 15 is 33 1/39	14 15 15 nore, check this box	% x and s box
	fails to qualify under the tests <b>in A. Public Support</b> <b>year (or fiscal year beginning in)</b> ts, grants, contributions, and mbership fees received. (Do not lude any "unusual grants.") (a revenues levied for the organ- tion's benefit and either paid to expended on its behalf e value of services or facilities hished by a governmental unit to e organization without charge atal. Add lines 1 through 3 e portion of total contributions each person (other than a vernmental unit or publicly poported organization) included line 1 that exceeds 2% of the ount shown on line 11, umn (f) <b>blic support.</b> Subtract line 5 from line 4. <b>ryear (or fiscal year beginning in)</b> nounts from line 4 curities loans, rents, royalties, d income from similar sources t income from unrelated business ivities, whether or not the siness is regularly carried on her income. Do not include gain	fails to qualify under the tests listed below, pleader of a contribution of the organities of the organition's benefit and either paid to expended on its behalf       (a) 2019         e value of services or facilities inshed by a governmental unit to erganization without charge inshed by a governmental unit to erganization without charge is each person (other than a vernmental unit or publicly oported organization) included line 1 that exceeds 2% of the ount shown on line 11, umn (f)       (a) 2019         bill support. Subtract line 5 from line 4.       (a) 2019         ryear (or fiscal year beginning in) nounts from line 4       (a) 2019         idends, payments received on curities loans, rents, royalties, it income from similar sources it income from unrelated businesss ivities, whether or not the siness is regularly carried on imper income. Do not include gain       (a) 2019	fails to qualify under the tests listed below, please complete Part         m A. Public Support         Year (or fiscal year beginning in)       (a) 2019       (b) 2020         is, grants, contributions, and mbership fees received. (Do not lude any "unusual grants.")       (a) 2019       (b) 2020         is, grants, contributions, and mbership fees received. (Do not lude any "unusual grants.")       (a) 2019       (b) 2020         is, grants, contributions, and either paid to expended on its behalf       (a) 2019       (b) 2020         e value of services or facilities nished by a governmental unit to organization without charge       (a) 2019       (b) 2020         e portion of total contributions       (a) 2019       (b) 2020       (c) 2020         ported organization) included       (a) 2019       (b) 2020       (c) 2020         ine 1 that exceeds 2% of the ount shown on line 11, umn (f)       (a) 2019       (b) 2020         port of fical year beginning in) tourts from line 4       (a) 2019       (b) 2020         pounts from line 4       (a) 2019       (b) 2020 <tr< td=""><td>fails to qualify under the tests listed below, please complete Part III.)         m A. Public Support         year (or fiscal year beginning in)         ts, grants, contributions, and       (a) 2019       (b) 2020       (c) 2021         ts, grants, contributions, and       mbership fees received. (Do not lude any "unusual grants.")       (a) 2019       (b) 2020       (c) 2021         ts, grants, contributions, and       mbership fees received. (Do not lude any "unusual grants.")       (a) 2019       (b) 2020       (c) 2021         ts, grants, contributions, and       grants, contributions       (a) 2019       (b) 2020       (c) 2021         torin's benefit and either paid to expended on its behalf       (b) 2020       (c) 2021       (c) 2021         e value of services or facilities       (a) 2019       (b) 2020       (c) 2021         tal. Add lines 1 through 3       (c) 2021       (c) 2021         oported organization) included       (a) 2019       (b) 2020       (c) 2021         ine 11, umn (f)       (a) 2019       (b) 2020       (c) 2021         outs thown on line 11, umn (f)       (a) 2019       (b) 2020       (c) 2021         outs from line 4       (c) 2021       (c) 2021       (c) 2021         outs from line 4       (c) 2020       (c) 2021       (</td><td>fails to qualify under the tests listed below, please complete Part III.)  In A. Public Support  year (or fiscal year beginning in) ts, grants, contributions, and mbership fees received. (Do not lude any "unusual grants.")  K revenues levied for the organ- tion's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to organization without charge tatl. Add lines 1 through 3 e portion of total contributions each person (other than a vernmental unit or publicly poported organization) included line 1 that exceeds 2% of the ount shown on line 11, umm (f) blic support.  year (or fiscal year beginning in) contr from line 4 bits couport, subtract line 5 from line 4. control from similar sources ti ncome from similar sources ti ncome from similar sources ti ncome. Do not include gain</td><td>n A. Public Support         year (or fiscal year beginning in)         is, grants, contributions, and         mbership fees received. (Do not lude any "unusual grants.")         (crevenues levied for the organ- tion's benefit and either paid to expended on its behalf         yalue of services or facilities nished by a governmental unit to organization without charge         as portion of total contributions each person (other than a vernmental unit or publicly oported organization) included bline 1 that exceeds 2% of the ount shown on line 11, umm (f)         year (or fiscal year beginning in) ouuts from line 4.         year (or fiscal year beginning in) curters loans, rents, royalties, d income from similar sources wittes, whether or not the isness is regularly carried on mer income. Do not include gain</td></tr<>	fails to qualify under the tests listed below, please complete Part III.)         m A. Public Support         year (or fiscal year beginning in)         ts, grants, contributions, and       (a) 2019       (b) 2020       (c) 2021         ts, grants, contributions, and       mbership fees received. (Do not lude any "unusual grants.")       (a) 2019       (b) 2020       (c) 2021         ts, grants, contributions, and       mbership fees received. (Do not lude any "unusual grants.")       (a) 2019       (b) 2020       (c) 2021         ts, grants, contributions, and       grants, contributions       (a) 2019       (b) 2020       (c) 2021         torin's benefit and either paid to expended on its behalf       (b) 2020       (c) 2021       (c) 2021         e value of services or facilities       (a) 2019       (b) 2020       (c) 2021         tal. Add lines 1 through 3       (c) 2021       (c) 2021         oported organization) included       (a) 2019       (b) 2020       (c) 2021         ine 11, umn (f)       (a) 2019       (b) 2020       (c) 2021         outs thown on line 11, umn (f)       (a) 2019       (b) 2020       (c) 2021         outs from line 4       (c) 2021       (c) 2021       (c) 2021         outs from line 4       (c) 2020       (c) 2021       (	fails to qualify under the tests listed below, please complete Part III.)  In A. Public Support  year (or fiscal year beginning in) ts, grants, contributions, and mbership fees received. (Do not lude any "unusual grants.")  K revenues levied for the organ- tion's benefit and either paid to expended on its behalf e value of services or facilities nished by a governmental unit to organization without charge tatl. Add lines 1 through 3 e portion of total contributions each person (other than a vernmental unit or publicly poported organization) included line 1 that exceeds 2% of the ount shown on line 11, umm (f) blic support.  year (or fiscal year beginning in) contr from line 4 bits couport, subtract line 5 from line 4. control from similar sources ti ncome from similar sources ti ncome from similar sources ti ncome. Do not include gain	n A. Public Support         year (or fiscal year beginning in)         is, grants, contributions, and         mbership fees received. (Do not lude any "unusual grants.")         (crevenues levied for the organ- tion's benefit and either paid to expended on its behalf         yalue of services or facilities nished by a governmental unit to organization without charge         as portion of total contributions each person (other than a vernmental unit or publicly oported organization) included bline 1 that exceeds 2% of the ount shown on line 11, umm (f)         year (or fiscal year beginning in) ouuts from line 4.         year (or fiscal year beginning in) curters loans, rents, royalties, d income from similar sources wittes, whether or not the isness is regularly carried on mer income. Do not include gain

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023

332022 12-21-23

16321107 144198 181788

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2,217,006.	12,366,591.	27,057,227.	9,916,302.	8,221,497.	59,778,623.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44,244,181.	1,960,703.	710,470.	50,909,940.	57,022,351.	154,847,645.	
3	Gross receipts from activities that							
-	are not an unrelated trade or bus-							
	iness under section 513					1,722,453.	1,722,453.	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	46,461,187.	14,327,294.	27,767,697.	60,826,242.	66,966,301.	216,348,721.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	136,294.	31,637.	10,025,000.	133,550.	5,251,594.	15,578,075.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	Add lines 7a and 7b	136,294.	31,637.	10,025,000.	133,550.	5,251,594.	15,578,075.	
	Public support. (Subtract line 7c from line 6.)	,	,	, ,	,	, ,	200,770,646.	
Sec	ction B. Total Support	I					. , ,	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	46,461,187.	14,327,294.	27,767,697.	60,826,242.	66,966,301.	216,348,721.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	73,056.	17,085.	27,881.	74,686.	519,899.	712,607.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с	Add lines 10a and 10b	73,056.	17,085.	27,881.	74,686.	519,899.	712,607.	
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			13,800.	1,132,311.		1,146,111.	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				534,814.	67,617.	602,431.	
13	Total support. (Add lines 9, 10c, 11, and 12.)	46,534,243.	14,344,379.	27,809,378.	62,568,053.	67,553,817.	218,809,870.	
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,	
	check this box and stop here	-						
Sec	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2023 (I	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	91.76 %	
16	Public support percentage from 2022	Schedule A, Part I	III, line 15			16	93.78 %	
Sec	ction D. Computation of Inves	tment Income	Percentage					
17	Investment income percentage for 20	<b>)23</b> (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.33 %	
18								
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly su	upported organizat	tion	X	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	Ind	
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b> e	op here. The orga	nization qualifies a	s a publicly suppo	rted organization		
<u>20</u>	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions		
33202	23 12-21-23					Schedule A	A (Form 990) 2023	
0.1	107 144100 101700		16		17110 MANT T		10170	

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1

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3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2023

Yes No

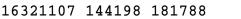
### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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Schedule A (Form 990) 2023	BURNING MAN PROJECT	45-2638273	Pa	age :
Part IV Supporting Orga	nizations (continued)			
			Yes	N
1 Has the organization accepte	d a gift or contribution from any of the following persons?			
a A person who directly or indir	ectly controls, either alone or together with persons described on	n lines 11b and		
11c below, the governing boo	ly of a supported organization?	11a		
<b>b</b> A family member of a person	described on line 11a above?	11b		
c A 35% controlled entity of a p	erson described on line 11a or 11b above? If "Yes" to line 11a, 1	11b. or 11c. provide		
detail in Part VI.		11c		
ection B. Type I Supportir	g Organizations	· · · · · ·		
			Yes	N
more supported organization: directors, or trustees at all tin effectively operated, supervisi organization, describe how th supported organizations and	bers of the governing body, officers acting in their official capacit is have the power to regularly appoint or elect at least a majority of les during the tax year? If "No," describe in <b>Part VI</b> how the supp ed, or controlled the organization's activities. If the organization has a powers to appoint and/or remove officers, directors, or trustees what conditions or restrictions, if any, applied to such powers during	of the organization's officers, ported organization(s) ad more than one supported were allocated among the ing the tax year.		
0	or the benefit of any supported organization other than the supported organization other than the support			
organization(s) that operated,	supervised, or controlled the supporting organization? If "Yes,"	explain in		
Part VI how providing such b	enefit carried out the purposes of the supported organization(s) th			
supervised, or controlled the	upporting organization.	2		
ection C. Type II Supporti	ng Organizations			_
			Yes	N
1 Were a majority of the organiz	ration's directors or trustees during the tax year also a majority of	f the directors		
or trustees of each of the org	anization's supported organization(s)? If "No," describe in Part V	/I how control		
or management of the suppor	ting organization was vested in the same persons that controlled o	or managed		
the supported organization(s).		1		

Section D	. All Type	<b>III Supporting</b>	Organizations

			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 on line 2, above, 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		

#### Section E. Type III Functionally Integrated Supporting Organizations

<b>1</b> C	heck the box next to the metho	d that the organization used	to satisfy the Integral Part	Test during the year	(see instructions).
------------	--------------------------------	------------------------------	------------------------------	----------------------	---------------------

- a 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 <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
---	--	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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 activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

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.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

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Yes No

Chedule A (Form 990) 2023 BURNING MAN PROJECT			45-2638273 Pag
Part V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1 Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
ection 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		
Section 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):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 0.015 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 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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		
<ul> <li>Check here if the current year is the organization's first as a non-function.</li> </ul>		Type III supporting or	anization (see

Schedule A (Form 990) 2023

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instructions).

Sche	Schedule A (Form 990) 2023 BURNING MAN PROJECT 45-2638273 Page 7						
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D - Distributions Current Year						
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2023 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributa Amount for		
_1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
a	From 2018						
b	From 2019						
C	From 2020						
d	From 2021						
е	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
с	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2019						
b	Excess from 2020						
c	Excess from 2021						
d	Excess from 2022						
е	Excess from 2023						

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 BURNING MAN PROJECT	45-2638273 Page <b>8</b>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; F Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, S line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Par Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this par	art II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V,
(See instructions.)	
SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:	
OTHER MISC INCOME	
2022 AMOUNT: \$ 20.	
COMMISSION REVENUE	
2022 AMOUNT: \$ 494,891.	
2023 AMOUNT: \$ 49,155.	
SLA FEE	
2022 AMOUNT: \$ 28,500.	
THEFT INSURANCE PAY	
2022 AMOUNT: \$ 11,403.	
VENDOR REBATE	
2023 AMOUNT: \$ 15,224.	
· · · · · · · · · · · · · · · · · · ·	
METAL RECYCLING	
2023 AMOUNT: \$ 3,223.	
LEGAL FEE RECOVERY	
2023 AMOUNT: \$ 15.	
332028 12-21-23 <b>21</b>	Schedule A (Form 990) 2023

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2023

Employer identification number

45-2638273

BURNING MAN PROJECT

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

	B (Form 990) (2023)		1	Page <b>2</b>
Name of o	rganization		Employer ident	ification number
BURNING	MAN PROJECT		45-26382	73
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type	(d) of contribution
1		\$5,065	(Comple	oll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type	(d) of contribution
2		\$450		oll 🗌
(a) No.	(b)	(c) Total contributio	_	(d)
3	Name, address, and ZIP + 4		,000. (Comple	oll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type	(d) of contribution
4		\$250		oll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type	(d) of contribution
5		\$150		oll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns Type	(d) of contribution
6		\$101		oll 🗌

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	3 (Form 990) (2023)		Page <b>2</b>
Name of o	rganization		Employer identification number
BURNING	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
7		\$100	,000. Person X Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
8_		_	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
9_		_	,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$75	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
		\$55 	,000. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
		_	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule D (FO

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Schedule B Name of o	3 (Form 990) (2023) rganization	E	Page 2
BURNING	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$50,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$50,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$50,00	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
		\$50,00	0.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$50,00	Person X Payroll

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Schedule E Name of or	B (Form 990) (2023) rganization		Page <b>2</b> Employer identification number
BURNING	MAN PROJECT		45-2638273
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,0	00.       Person       X         00.       Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$48,7	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$25,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	00.       Person       X         00.       Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$25,0	Person X Payroll

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	3 (Form 990) (2023)		Page <b>2</b>
Name of o	rganization		Employer identification number
BURNING	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
25_		\$25,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
26		\$25,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributio	(d)
<u> </u>	Name, address, and ZIP + 4		Type of contribution           Person         X           Payroll         Noncash           (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
28_		\$25,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
29		\$25,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
30		\$25,	Person     X       Payroll     Payroll       Noncash     (Complete Part II for noncash contributions.)

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Page **2** 

	3 (Form 990) (2023)		Page 2
Name of or	ganization	Empi	oyer identification number
BURNING	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31_		\$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
32		\$20,585.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u> </u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_		\$20,000.	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
35		\$20,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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	B (Form 990) (2023)		Page <b>2</b>
Name of or	rganization	I	Employer identification number
BURNING	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$15,2	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38_		\$15,0	00.       Person       X         00.       Noncash       I         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$15,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$15,0	00.     Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$12,5	00.       Person       X         00.       Noncash       I         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$10,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

	3 (Form 990) (2023)		Page 2
Name of or	ganization	Emp	oyer identification number
BURNING	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$10,000.	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
44		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u> </u>	Name, address, and ZIP + 4	\$10,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	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
47		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

	3 (Form 990) (2023)		Page <b>2</b>
Name of or	rganization	Emp	loyer identification number
BURNING	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	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
50_		\$10,000.	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
51		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$10,000.	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
53		\$10,000.	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
<u>54</u> 323452 12-26		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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	3 (Form 990) (2023)		Page 2
Name of or	ganzation	Eub	loyer identification number
BURNING	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
57	Name, address, and ZIP + 4	\$10,000.	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
58		\$10,000.	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
59_		\$9,500.	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
60		\$6,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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	B (Form 990) (2023) rganization		Page 2 Employer identification number
BURNING	MAN PROJECT		45-2638273
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addirections	tional space is needed.	10 2000270
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
61_		\$5,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
62		_	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
63		\$5,	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
64_		\$5,	Person       Payroll         171.       Noncash       X         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
65		\$5,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
66		_	000.     Person     X       Payroll     Noncash     Image: Complete Part II for noncash contributions.)

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	3 (Form 990) (2023)		Page
Name of or	rganization		Employer identification number
BURNING	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
67_		\$5,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
68		\$5,	Person       X         Payroll       Payroll         Noncash       Payroll         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
69			Person     X       Payroll        000.     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
70			Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$5,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
	-23	\$5,	000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023

Page **2** 

	3 (Form 990) (2023)		Page 2
Name of or	ganization		Employer identification number
BURNING	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
		\$5	5,000.       Person       X         Noncash       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ons Type of contribution
74		\$5	5,000.       Person       X         Payroll       Noncash       I         (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>75</u>	Name, address, and ZIP + 4	Total contributio	ons     Type of contribution       Person     X       Payroll     Payroll       Noncash     (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
76		\$5	5,000.       Person       X         Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
		\$5	5,000.       Person       X         Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
78		\$5	5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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-	3 (Form 990) (2023) rganization	Em	Page <b>2</b> ployer identification number
Name of o	ganzation		
	MAN PROJECT		45-2638273
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000	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
80		\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81_		\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82		\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,000	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
	· · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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	B (Form 990) (2023)		-	Page		
Name of o	organization		Employ	yer identification number		
BURNING	MAN PROJECT		45-2638273			
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is neede	ed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received		
	EQUIPMENT					
11						
		\$55	,000.	12/31/23		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received		
	882 SHARES BRAZE					
		\$48	,702.	12/31/23		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received		
	300 SHARES DATADOG, INC.					
32		\$20	,585.	12/31/23		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction		(d) Date received		
	14 SHARES MICROSOFT					
37						
		\$5	,254.	12/31/23		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimation (See instruction)		(d) Date received		
	14 SHARES MICROSOFT					
64		\$5	,171.	12/31/23		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction)		(d) Date received		
		   \$				
		*		l <u> </u>		

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Schedule B (Form 990) (2023)

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Schedule I	B (Form 990) (2023)			Page 4				
Name of o	organization			Employer identification number				
BURNING	MAN PROJECT			45-2638273				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)			t total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	haritable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. on	.ce.) \$				
(a) No.	Use duplicate copies of Part III if additional s	space is needed.						
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, a	ad $7IP \pm 4$	Relationship of tran	sferor to transferee				
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) Descr	ription of how gift is held				
Part I								
-	(e) Transfer of gift							
			L .					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee				
		[						
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of tran	sferor to transferee				
			·					
		[						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held				
Part I				· · ·				
		e) Transfer of gif	<u> </u>					
			-					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee				

Schedule B (Form 990) (2023)

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SCHEDULE	С
	-

Department of the Treasury

Internal Revenue Service

(Form 990)

## 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. Go to www.irs.gov/Form990 for instructions and the latest information.

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) organizations: Complete Part III.

Nan	ne of organization				Emplo	yer identification number
	BURNING MAN	N PROJECT				45-2638273
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 52	7 org	anization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities				
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).		
2 3 4a	Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a section Was a correction made?	incurred by organization manage n 4955 tax, did it file Form 4720	ers under section 4955 for this year?		\$	Yes No Yes No
Ра	art I-C Complete if the org	anization is exempt und	er section 501(c),	except section 5	01(C)	(3).
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities Total exempt function expenditures	ization's funds contributed to ot	her organizations for se	ection 527	-	
3					¢	
	line 17b Did the filing organization file <b>Form</b>	1120-POL for this year?				
5	Enter the names, addresses, and er made payments. For each organization contributions received that were pro- political action committee (PAC). If a	tion listed, enter the amount paid omptly and directly delivered to a	d from the filing organiz a separate political orga	ation's funds. Also en anization, such as a se	ter the	amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ente	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

OMB No. 1545-0047

Open to Public

Inspection

23

LHA 332041 11-06-23

Sche		BURNING MAN PROJ				538273	Page <b>2</b>
Pa	rt II-A Complete if the org section 501(h)).	anization is exen	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ction und	ler
<b>A</b> (		ition belongs to an affil	liated group (and list in	Part IV each affiliated	aroup member's name	address. F	IN.
		re of excess lobbying e	• • •		group monisor e name	, add 666, E	
в		, ,	nd "limited control" pro	visions apply			
	Limi	ts on Lobbying Exper			<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliate tota	• •
1a	Total lobbying expenditures to influ	uence public opinion (c	arassroots lobbvina)		0.		
	<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)						
с	— · · · · · · · · · · · · · · · · · · ·	•			48,750.		
d					54,082,444.		
е					54,131,194.		
f	Lobbying nontaxable amount. Ente				1,000,000.		
	If the amount on line 1e, column (a) o		bying nontaxable am				
	not over \$500,000,	• •	the amount on line 1e.				
	over \$500,000 but not over \$1,000		0 plus 15% of the exc				
	over \$1,000,000 but not over \$1,50		\$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.				
	over \$1,500,000 but not over \$17,0						
	over \$17,000,000,	\$1,000,0	•				
a	Grassroots nontaxable amount (en				250,000.		
-	Subtract line 1g from line 1a. If zer	,			0.		
i	Subtract line 1f from line 1c. If zero	an laga antar O			0.		
i	If there is an amount other than ze	,		•••••••			
	reporting section 4911 tax for this				Γ	Yes	No
	(Some organizations th	4-Year Ave hat made a section 50	eraging Period Under	Section 501(h) have to complete all o		low.	
		Lobbying Exper	nditures During 4-Yea	ar Averaging Period			
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) ⊺	otal
2a	Lobbying nontaxable amount	1,000,000.	981,234.	1,000,000.	1,000,000.	3,9	81,234.

245,309.

250,000.

Schedule C (Form 990) 2023

48,750.

250,000.

5,971,851.

417,369.

995,309.

1,492,964.

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2aLobbying nontaxable amountbLobbying ceiling amount

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

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

c Total lobbying expenditures

368,619.

250,000.

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of the	o lobbying activity.	Yes	No	Amo	unt
1	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: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	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?				
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 not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5), or sec	tion	
	501(c)(6).				
				Yes	No
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?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR	(b) Part I	II-A, line	3, IS
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).				
а	Current year		2a		
b	Carryover from last year				
с	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	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions	<u></u>	5		
Par					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

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SCHEDULE D	Suppleme
(Form 990)	Complete if the c
	Part IV, line 6, 7, 8, 9

## ntal Financial Statements

organization answered "Yes" on Form 990, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. m990 for instructions and the latest informatic OMB No. 1545-0047 3 **Open to Public** 

Name	of t	ho	oraar	vizatio
Name	υιι	ne	oryar	iizatioi

	ment of the Treasury I Revenue Service		tach to Form 990. for instructions and the latest informa	ation.	Open to Public Inspection
_	e of the organizati			Employer	identification number 45-2638273
Par		ations Maintaining Donor Advised on answered "Yes" on Form 990, Part IV, line		or Accounts.	Complete if the
	organizatio		(a) Donor advised funds	(b) Funds and	d other accounts
	Tatal as makes at a	nd of yoon	(a) Donor advised funds		
1		nd of year			
2		of contributions to (during year)			
3 4		of grants from (during year)			
4 5		at end of year on inform all donors and donor advisors in w	riting that the assets hold in denor advis	ad funde	
5	-	on's property, subject to the organization's e	-		Yes No
6		on inform all grantees, donors, and donor ad			
U		poses and not for the benefit of the donor or			
	impermissible priv			6	Yes No
Par		vation Easements. Complete if the orga			
1		servation easements held by the organization			
-		n of land for public use (for example, recreati	11 57	f a historically import	tant land area
		of natural habitat	<i>'</i>	f a certified historic s	
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation ea	sement on the last
	day of the tax yea				at the End of the Tax Year
а	Total number of c	onservation easements		2a	
b	Total acreage rest				
с	Number of conser	vation easements on a certified historic strue	cture included on line 2a	2c	
d	Number of conser	rvation easements included on line 2c acquir	ed after July 25, 2006, and not		
	on a historic struc	ture listed in the National Register		2d	
3		rvation easements modified, transferred, relea			the tax
	year				
4	Number of states	where property subject to conservation ease	ment is located		
5	Does the organiza	ation have a written policy regarding the perio	odic monitoring, inspection, handling of		
		forcement of the conservation easements it h			Yes No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	ervation easements	during the year
7	Amount of expense	ses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	tion easements durir	ng the year
8	Does each conser	 rvation easement reported on line 2d above s	satisfy the requirements of section 170/h	a)(4)(B)(i)	
U	and section 170(h				Yes No
9		be how the organization reports conservation			
		d include, if applicable, the text of the footno	•		he
	organization's acc	counting for conservation easements.	-		
Par	t III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Ass	ets.
	Complete i	if the organization answered "Yes" on Form S	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 958	, not to report in its revenue statement a	and balance sheet we	orks
	of art, historical tre	easures, or other similar assets held for publi	c exhibition, education, or research in fu	irtherance of public	
	service, provide in	Part XIII the text of the footnote to its finance	ial statements that describes these item	IS.	
b		elected, as permitted under FASB ASC 958			
		sures, or other similar assets held for public e	exhibition, education, or research in furth	erance of public ser	rvice,
	-	ing amounts relating to these items.			
		Ided on Form 990, Part VIII, line 1			
		ed in Form 990, Part X			
2		received or held works of art, historical treas		l gain, provide	
	-	unts required to be reported under FASB AS	-		
а		I on Form 990, Part VIII, line 1			
b	Assets included in	n Form 990, Part X		\$	

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

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Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 BURNING MAN	N PROJECT						45-263	8273	Pa	age <b>2</b>
Par	rt III   Organizations Maintaining C	ollections of Ar	t, Histoı	rical Tre	easures, or	r Othe	r Simil	ar Assets	(contin	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	iny of the	following that	make s	ignifican	t use of its			
	collection items (check all that apply).										
а	Public exhibition	c	<b>i</b> 🗌 Lo	oan or exc	hange progra	am					
b	Scholarly research	e	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	how they	y further th	ne organizatio	n's exer	mpt purp	ose in Part	XIII.		
5	During the year, did the organization solicit o	-			-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arrang								ne 9, or		
	reported an amount on Form 990, Par			0							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for co	ontributior	ns or other as	sets not	include	b			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII								_		-
	, , , , , , , , , , , , , , , , , , , ,	i i	5						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo						··		Yes		No
	If "Yes," explain the arrangement in Part XIII.						··· <b>·</b>				1
Par							0.				-
	·	(a) Current year		or year	(c) Two year			e years back	(e) Fou	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
· ·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balance	e (line 1a	column (a	)) held as:						
a	Board designated or quasi-endowment		%	oolanni (a							
b	Permanent endowment	%									
c		<u></u> /0 %									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	, -									
39	Are there endowment funds not in the posse		ation that a	are held ar	nd administer	ed for th	פר				
ou	organization by:								1	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization of the second seco								3b		
1	Describe in Part XIII the intended uses of the								50		
Par	rt VI Land, Buildings, and Equipm		witterit für	103.							
	Complete if the organization answered		). Part IV. I	line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or c			t or other		Accumula	ated	(d) Boo	k value	
		basis (investr		• •	(other)		preciatio		(4) 200	it faidt	5
1a	Land	<u>,</u>			,085,936.				8	085,	936.
b	Buildings				,256,730.		683	,693.		573,	
	Leasehold improvements				115,416.			,603.	~ 1	,	813.
	Equipment			2	,486,388.		1,313	<i>,</i>	1	173,	
					,852,923.			,463.		699,	
	Other		V 1/ 10		, ,			,		570,	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	<u>qual Form 990, Part</u>	<u>х, Iine 10c</u>	<u>, column</u>	<u>(B))</u>		<u></u>	······			

Schedule D (Form 990) 2023

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Part VII Investments - Other Securities

#### Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book 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, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: 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, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value DEPOSITS 53,899. (1) OPERATING LEASE RIGHT-OF-USE ASSETS 2,516,477 (2) (3) (4) (5) (6) (7) (8) (9) 2,570,376. Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes OPERATING LEASE LIABILITIES 2,562,873 (2)(3) (4) (5) (6) (7)(8)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

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(9)

2,562,873.

Sche	dule D (Form 990) 2023 BURNING MAN PROJECT		45-2638273 Page <b>4</b>
_	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
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.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	ises per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,	)	
Pa	t XIII Supplemental Information		
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part 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	additional information.	
PART	X, LINE 2:		

BMP AND BRAF ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL

REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE,

SECTION 23701D. BRC, BRC PROPERTIES, FUTURE MAN, LLC, GT AND GT PROPERTIES

ARE SINGLE MEMBER LLC'S AND CONSIDERED DISREGARDED ENTITIES FOR FEDERAL

TAX PURPOSES. FOR STATE REPORTING PURPOSES BRC IS SUBJECT TO THE

CALIFORNIA GROSS RECEIPTS TAX AND A MINIMUM FRANCHISE TAX OF \$800. BRC

PROPERTIES, FUTURE MAN, LLC, GT, AND GT PROPERTIES ARE REGISTERED IN

NEVADA AND ARE NOT SUBJECT TO A STATE TAX.

EACH YEAR, MANAGEMENT CONSIDERS WHETHER ANY MATERIAL TAX POSITIONS THE

ORGANIZATION HAS TAKEN ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON

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Schedule D (Form 990) 2023

Part XIII Supplemental Information (continued)

EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. MANAGEMENT BELIEVES THAT

ANY POSITIONS THE ORGANIZATION HAS TAKEN ARE SUPPORTED BY SUBSTANTIAL

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

CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990) 2023

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Department of the Treasury	O a ta		Attach to Form 990.			Open to Public
Internal Revenue Service	GO to w	ww.irs.gov/Form	990 for instructions and the latest in	itormation.		nspection
Name of the organization					Employer la	entification number
BURNING MAN PROJECT					45-26382	73
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organ	ization answer	ed "Yes" on
Form 990, Part				0		
1 For grantmakers. Doe	s the organizatior	n maintain record	ds to substantiate the amount of its grar	nts and other a	assistance,	
the grantees' eligibility	for the grants or a	assistance, and t	he selection criteria used to award the g	grants or assis	stance?	X Yes No
2 For grantmakers. Des	cribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	her assistance	outside the
United States.						
			In be duplicated if additional space is ne		with a list and in (d)	
(a) Region	(b) Number of offices	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	• •	vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		e specific type	for and
		contractors	recipients located in the region)		(s) in the regior	investments in the region
		in the region				
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTMAKING			20,900.
NORTH AMERICA	0	0	GRANTMAKING			128,053.
EAST ASIA AND						
PACIFIC	0	0	GRANTMAKING			1,000.
SOUTH ASIA	0	0	GRANTMAKING			1,000.
RUSSIA AND						10 550
NEIGHBORING STATES	0	0	GRANTMAKING			18,556.
3 a Subtotal	0	0				169,509.
<b>b</b> Total from continuation	1					
sheets to Part I	0	0				0.

Statement of Activities Outside the United States

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

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. . .

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

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Schedule F (Form 990) 2023

OMB No. 1545-0047

23

LHA 332071 11-29-23

and 3b)

SCHEDULE F (Form 990)

c Totals (add lines 3a

169,509.

Schedule F (Form 990) 2023

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	HONORARIA ART GRANT	12,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND &	HONORARIA ART GRANT	8,900.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

0

Schedule F (Form 990) 2023

2

**3** Enter total number of other organizations or entities

Schedule F (Form 990) 2023 BURNING MAN PROJECT

Part III can be duplicated if additional space is needed.

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.

### **(h)** Method of valuation (book, FMV, appraisal, other) (f) Amount of (c) Number of (d) Amount of (e) Manner of (g) Description of (b) Region (a) Type of grant or assistance cash disbursement recipients cash grant noncash noncash assistance assistance EAST ASIA AND THE COMMUNITY BASED PROJECT GRANT PACIFIC 1,000.WIRE Ο. 1 COMMUNITY BASED PROJECT GRANT SOUTH ASIA 1,000.WIRE 0 1 COMMUNITY BASED PROJECT GRANT NORTH AMERICA 1 11,000.WIRE 0. HONORARIA ART GRANT NORTH AMERICA 7 117,053.WIRE 0. RUSSIA AND NEIGHBORING STATES 18,556.WIRE Ο. HONORARIA ART GRANT 1

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Schedule F (Form 990) 2023

45-2638273

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 the 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>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 the Instructions for Form 8621)</i>	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 the 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

45-2638273 Page **5** 

Part V	Supplemental Information
	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. See instructions.
ד התהגם	

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 BLACK ROCK CITY REQUIRE

THAT THE ART PROJECT MUST BE BROUGHT TO AND EXHIBITED AT BLACK ROCK CITY,

NEVADA.

332075 11-29-23

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. See instructions.

PART I, LINE 3:

ALL GRANTS IN THE 'RUSSIA AND NEIGHBORING COUNTRIES' REGION WERE

AWARDED TO UKRAINE-BASED ARTISTS.

Schedule F (Form 990) 2023

332075 11-29-23

SCHEDULE I (Form 990)	Go	Frants and Other of the organization of the or	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury			Attach to Form	n 990.			Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization BURNING MAN P	ROJECT						Employer identification number 45-2638273
Part I General Information on Grants a	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> <li>Part II Grants and Other Assistance to</li> </ol>	stance?	oring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than	•				anization answered "Y	es" on Form 990, Part	TV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARTBUILDS COLLECTIVE LTD 5132 PLAINVEIW RD SAN DIEGO, CA 92110	92-3797604	501(C)(3)	9,800.	0.			HONORARIA ART GRANT
BLACK BURNER PROJECT 2112 BRINK COURT ODENTON, MD 21113	87-2824727	501(C)(3)	35,000.	0.			COMMUNITY BASED PROJECT GRANT
BOX SHOP, INC. 548 PRECITA AVE SAN FRANCISCO, CA 94110	81-4906717		40,000.	0.			HONORARIA ART GRANT
CHROMAFORMS, LLC 156 CORTE MADERA RD PORTOLA VALLEY, CA 94028	83-1920820		10,000.	0.			HONORARIA ART GRANT
DSC METAL COLLECTIVE 5925 SEAPORT AVE RICHMOND, CA 94804	83-1213153	501(C)(3)	20,650.	0.			HONORARIA ART GRANT
GERLACH GENERAL IMPROVEMENT DISTRICT - PO BOX 290 - GERLACH, NV 98412	88-0151371		10,000.	0.			COMMUNITY BASED PROJECT GRANT
2 Enter total number of section 501(c)(3) a		5	e line 1 table				
3 Enter total number of other organization	is listed in the line <sup>-</sup>	1 table					

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

Schedule I (Form 990) 2023

Schedule I (Form 990) BURNING MAN PROJECT
Part II Continuation of Grants and Other Assistant

45-2638273 Page 1

Schedule I (Form 990) BURNING MAN P							45-2030273 Pa
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CODLY HOUSE PRODUCTIONS, LLC							
1023 RACE STREET							
NEW ORLEANS, LA 70130	88-2509331		17,000.	0.			HONORARIA ART GRANT
JEN LEWIN STUDIOS LLC							
238 EAST 4TH ST, UNIT A							
NEW YORK, NY 10009	20-4436212		44,500.	0.			HONORARIA ART GRANT
LOOKING UP ARTS FOUNDATION, INC. 1333 MINNA ST							
SAN FRANCISCO, CA 94103	82-5362991	501(C)(3)	17,100.	0.			HONORARIA ART GRANT
MAYHEM SNAIL ART COLLECTIVE 305 GALAXY WAY							
FORT COLLINS, CO 80525	92-2850175	501(C)(3)	10,430.	0.			HONORARIA ART GRANT
MCCONNELL STUDIOS, INC. 4200 ATLANTIC AVE, STE 141							
RALEIGH, NC 27604	32-0092483		31,500.	0.			HONORARIA ART GRANT
TWOFORSEA LLC 2425 ADOBE ROAD							
PETALUMA, CA 94954	86-1340147		80,000.	0.			HONORARIA ART GRANT
MOONLIGHT COLLECTIVE LLC 8240 SE 59TH ST							
MERCER ISLAND, WA 98040	87-1302652		10,000.	0.			HONORARIA ART GRANT
MR & MRS FERGUSON LLC 2618 BAYVIEW DRIVE							
	82-4864553		13,000.	0.			HONORARIA ART GRANT
ALAMEDA, CA 94501	02-4004005		13,000.	0.			HONORAKIA AKI GRANT
PARTICIPATORY SAFETY, INC. 560 W 43TH ST 37B							
IEW YORK, NY 10036	47-1547546	501(C)(3)	33,000.	٥.			HONORARIA ART GRANT

Schedule I (Form 990)

45-2638273 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENO CORE PROJECT							
4830 ROSE ROCK LANE							
RENO, NV 89511	46-2755125	501(C)(3)	9,000.	0.			HONORARIA ART GRANT
RESONANT ARTS, LLC							
.81 WEST EGG AND I RD							COMMUNITY BASED PROJECT
CHIMACUM, WA 98325	83-4221408		40,000.	0.			GRANT
TATAREEF INC							
308 COLOMBUS AVE							
NEW YORK, NY 10025	27-1978089		13,500.	0.			HONORARIA ART GRANT
TYLER FUQUA CREATIONS INC							
L3921 S CLACKAMAS RIVER DR							
	26-1574869		21 000	0.			HONORARIA ART GRANT
DREGON CITY, OR 97045	20-15/4009		21,000.	0.			HONORARIA ARI GRANI

Schedule I (Form 990)

Schedule I (Form 990) 2023

Page 2

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 recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COMMUNITY BASED PROJECT GRANT	19	29,575.	0.		
		,			
IONORARIA ART GRANT	47	790,981.	0.		
		, , , , , , , , , , , , , , , , , , ,			
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
ART I, LINE 2:					
URNING MAN PROJECT HAS AN ESTABLISHED PROCESS FO	R REVIEWING GF	ANT			
PPLICATIONS INCLUDING A PRE-FUNDING LETTER OF IN	TENT, AND A CO	ONTRACT			
STABLISHING THE NATURE OF THE PROJECT AND MUTUAL	EXPECTATIONS,	REGULAR			
REPORTING AND TRANSFER OR LICENSE OF INTELLECTUAL	PROPERTY TO F	MP THE			

REVIEW COMMITTEE EVALUATES EACH PROJECT FOR IMPACT, COMMUNITY INTERACTIVITY

AND KINETIC QUALITIES. MORE INFORMATION CAN BE FOUND BY SEARCHING

"HONORARIA" ON OUR WEBSITE.

SC	HEDULE J	Compensation Information	L	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	23	2
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		<b>,</b>
		Attach to Form 990.		Open to Inspe		IC
			Employer id			mber
	Form 990)         For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.           Aume of the organization         Employees           Burne of the organization         Employees           Part II.         Complete if the organization provided any of the following to or for a person listed on Form 990.           Part VI.         Complete Part III to provide any relevant information regarding these items.         Employer Id           Part VI.         Complete Part III to provide any relevant information regarding these items.         Part VI.         Employer Id           Part VI.         Complete Part III to provide any relevant information regarding these items.         Part VI.         Employer Id           Disoretion Aj, line 1a. Complete Part III to provide any relevant information regarding these items.         Part VI.         Employer Id           Disoretion Aj, line 1a. Complete Part III to provide any relevant information regarding these items.         Part VI.         Part VI.         Employer Id           Disoretion Aj, line 1a. Complete Part III to provide any relevant information regarding these items.         Part VI.         Part VI.<					
Pa	rt I Question	s Regarding Compensation	1			
					Yes	No
1a	For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attact to Form 990.           Term of the organization         For certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attact to Form 990.           Term of the organization         Employer Ide 45-263           Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990. Part IV, Section A, line 1a. Complete Part III to provide any relevant information regarding these thems.         First-class or charter travel         Housing allowance or residence for personal use Partwel for companions         Partwel for companion of all of the expenses described above? If 'No,'' complete Part III to explain           If any of the boxes on line 1 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         Difference           If any of the bolowing the organization used to establish the compensation of the organization is CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organizatio					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•					
				<b>1b</b>		
2						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la d'acta e del de 16 au					
3						
			on to			
	·					
			ommittoo			
			ommittee			
4	During the year, did	any person listed on Form 990. Part VII. Section A, line 1a, with respect to the filing				
•						
а	-			4a		x
b				41		x
с	-	size successful forms and successful a successful a successful a successful a		4.		x
	-					
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	evenues of:				
	•					X
b	Any related organiz	ation?		. <b>5</b> b		X
	If "Yes" on line 5a c	or 5b, describe in Part III.				
6	-		on			
	•					
а	The organization?			<u>6a</u>		X
b				. 6b		X
_						
7				_		v
~				. 7		X
8						v
~				8		X
9		Compensated Employees           Complete if the organization answered "Vest" on Form 990, Part IV, line 23. Attach to Form 990.           BURNING MAN PROJECT           tion           BURNING MAN PROJECT           Attach to Form 990.           priate box(es) if the organization provided any of the following to or for a person listed on Form 990, A, line 1a. Complete Part III to provide any relevant information regarding these items.           or charter travel           Housing allowance or residence for personal use ompanions           Depayments for business use of personal residence infication and gross-up payments           Payments for business use of personal residence infication and gross-up payments           Depayment for or social club dues or initiation fees ry spending account           Dersonal services (such as maid, chauffeur, chef)           ess on line 1a are checked, did the organization follow a written policy regarding payment or rp rovision of all of the expenses described above? If 'No," complete Part III to explain ton require substantiation prior to reimbursing or allowing expenses incurred by all directors, icers, including the CEO/Executive Director, but explain in Part III.           fary, of the following the organization used to establish the compensation of the organization 's Director. Check all that apply. Do not check any boxes for methods used by a related organization to nestation of the CEO/Executive Director, but explain in Part III.           forther organization				
<b>F</b>			<u>9</u>	- 000		
⊦or	Paperwork Reduct	ion act notice, see the instructions for Form 990.	Schedu	ie J (Forn	n 990)	2023

LHA 332111 11-06-23

45-2638273

#### 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 aren't 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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARIAN GOODELL	(i)	375,537.	2,700.	0.	0.	12,267.	390,504.	0.
DIRECTOR/CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN BLUMENFELD	(i)	306,351.	2,700.	0.	0.	15,638.	324,689.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) HEATHER WHITE	(i)	243,899.	2,700.	0.	0.	8,486.	255,085.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADAM BELSKY	(i)	236,580.	2,700.	0.	0.	14,127.	253,407.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) HARLEY K DUBOIS	(i)	223,429.	2,700.	٥.	0.	17,580.	243,709.	0.
DIRECTOR/CHIEF CULTURE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DOUG ROBERTSON	(i)	207,614.	2,700.	0.	0.	8,807.	219,121.	0.
DIRECTOR OF FINANCE	(ii)	Ο.	0.	٥.	0.	0.	0.	0.
(7) DANIEL KAUFMAN	(i)	201,426.	2,700.	٥.	0.	8,330.	212,456.	0.
DIRECTOR OF PHILANTHROPIC ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CHARLIE DOLMAN	(i)	199,893.	2,700.	0.	0.	8,236.	210,829.	0.
DIRECTOR OF EVENT OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PEDRO VIDAL FLORES	(i)	194,230.	2,700.	0.	0.	10,908.	207,838.	0.
DIRECTOR OF PEOPLE AND LEARNING	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KIM COOK	(i)	187,766.	2,700.	0.	0.	12,018.	202,484.	0.
DIRECTOR OF CREATIVE INITIATIVES	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) TIMOTHY RENOLLET	(i)	186,639.	2,700.	0.	0.	4,613.	193,952.	0.
DIRECTOR OF NEVADA OPERATIONS	(ii)	0.	0.	٥.	0.	0.	0.	0.
(12) MARNEE BENSON	(i)	175,326.	2,700.	0.	0.	11,980.	190,006.	0.
DIRECTOR OF GOVT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) STUART A MANGRUM	(i)	169,379.	2,700.	0.	0.	8,346.	180,425.	0.
DIRECTOR OF PHILOSOPHICAL CENTER	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JONATHAN E ROSEN	(i)	160,423.	2,700.	0.	0.	225.	163,348.	0.
ASSOCIATE DIRECTOR OF PROD. AND DES.	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) NANCI O PETERSON	(i)	153,926.	2,700.	0.	0.	0.	156,626.	0.
DIRECTOR/ART TRANSITION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2023

### 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 J (Form 990) 2023

Department of the Treasury

Internal Revenue Service

#### (Form 990)

## **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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB	No.	1545-0047	

**Open to Public** Inspection

Namo	of the c	organizatio	n
Name	or the c	proanizatio	n.

e of the organization				
	BURNING	MAN	PROJECT	

Employer identification nun	ıbe
-----------------------------	-----

Part I	Excess Benefit Transaction
	BURNING MAN PROJ

IG MAN PROJECT	45-2638273
ransactions (section 501(c)(3), section 501(c)(4)	, and section 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.

1		(b) Relationship between disqualified	lified		(d) Corrected?			
	(a) Name of disqualified person	person and organization	(c) Description of transaction		Yes	No		
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
2	2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under							
	section 4958			\$				
3	3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization							

#### Part II Loans to and/or From Interested Persons

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

	(a) Name of interested person	(b) Relationship with organization		(d) Lo fron	an to or n the zation?	<b>(e)</b> Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreer	ritten nent?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Tota													

#### Grants or Assistance Benefiting Interested Persons Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	<b>(b)</b> Relationship between interested person and the organization	<b>(c)</b> Amount of assistance	<b>(d)</b> Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Schedule L (Form 990) 2023

BURNING MAN PROJECT

#### Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, 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
(1)GERLACH HOLDINGS LLC	LLC OWNED BY SOME B	379,988.	PROPERTY PU		Х
(2)					
(3)					
(4)					
(5)					
_(6)					
_(7)					
(8)					
_(9)					
(10)					
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: GERLACH HOLDINGS LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### LLC OWNED BY SOME BOARD MEMBERS

(D) DESCRIPTION OF TRANSACTION: PROPERTY PURCHASE AND UTILITIES

REIMBURSEMENT

Schedule L (Form 990) 2023

332132 11-30-23

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

23

Department of the Treasury Internal Revenue Service

Dest

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

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45-2638273

ΖU

Name of the organization

**T**.....

- 4 1

## BURNING MAN PROJECT

Par	τι iypes of	Property	_							
			(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contrib amounts reporte Form 990, Part VIII	ed on		(d) od of determin contribution ar	•	s
1	Art - Works of art									
2		sures								
3		rests								
4		tions								
5		ehold goods								
6		icles								
7										
8		у								
9		y traded	X	4	7	9,712.	AVERAGE HI/	LO		
10		held stock				,				
11	Securities - Partner									
••										
12		aneous								
13	Qualified conservat									
15										
14		tion contribution - Other								
15		ential								
16		nercial								
17										
18										
19										
20		supplies								
21										
22										
23										
23 24		ns								
24 25	Other (EQUIP	acts MENT ע	x	1	5	5,000.	FMV			
25 26	(	)		-		,				
20 27	Other ( Other (	)								
27 28		)								
<u>20</u> 29	Other (		ization during	l a tha tax year for a						
29		nization completed Form 82	•			29				
	for which the organ	lization completed Form 62	200, Fail V, L	onee Acknowledg	ement	29			Yes	No
200	During the year di	d the ergenization receive h	v oontributio	n any proporty rop	ortad in Dart L linaa	1 through	b 28 that it		162	
30a		d the organization receive b ast 3 years from the date of								
					•			20.0		x
<b>b</b>		or the entire holding period	<i>(</i>					<u>30a</u>		
	<b>b</b> If "Yes," describe the arrangement in Part II.								x	
31	31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash       31								Δ	
32a		·		•				00-		v
Ŀ.		a Davit II						<u>32a</u>		X
	If "Yes," describe in				fan datak a tur (	-) :!-	al card			
33	U U	didn't report an amount in o	Joiumn (C) TO	a type of property	fior which column (	a) is cheo	skeu,			
	describe in Part II.	on Ant Nation and the last	hu aliana (				0.1	dulo M /E a	- 0001	0000
r or F	aperwork Reduction	on Act Notice, see the Ins	u uctions for	FORM 990.			Sche	edule M (Forr	n 990)	2023

Schedule M (Form 990) 2023 BURNING MAN PROJECT	45-2638273	Page <b>2</b>
<b>Part II</b> Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a c this part for any additional information.	I 33, and whether the organiz ombination of both. Also cor	ation nplete
SCHEDULE M, PART I, COLUMN (B):		
NUMBER OF CONTRIBUTIONS.		
332142 09-11-23	Schedule M (For	m 990) 2023
		000/ 2020

16321107 144198 181788

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 45-2638273

BURNING MAN PROJECT

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EDUCATION, AND CIVIC ENGAGEMENT.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RADICAL SELF-EXPRESSION, COMMUNAL EFFORT, CIVIC RESPONSIBILITY, LEAVING

NO TRACE, PARTICIPATION, AND IMMEDIACY THROUGH ARTS, CULTURE,

EDUCATION, AND CIVIC ENGAGEMENT.

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

PARTICIPATORY. BRC IS A MANIFESTATION OF ART'S CULTURE-BUILDING

CAPACITY, ONE OF ART'S MOST VALUABLE FUNCTIONS AND ONE THAT IS VITAL TO

A THRIVING SOCIETY.

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

OF BURNING MAN AND BMP'S EXEMPT PURPOSES.

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

BURNERS WITHOUT BORDERS (""BWB"") SUPPORTS 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:

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

 LHA
 332211 11-14-23

Schedule O (Form 990) 2023

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64 2023.05000 BURNING MAN PROJECT

Name of the organization BURNING MAN PROJECT	Employer identification number 45-2638273
	15 1000170
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, ART 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. ADDITIONALLY, THROUGHOUT THE YEAR,	
BURNING MAN PROJECT CONDUCTED A SERIES OF EDUCATIONAL PANELS AND	
WORKSHOPS INTRODUCING ASPECTS OF BURNING MAN CULTURE TO A BROAD	
CROSS-SECTION OF PROFESSIONAL AND PUBLIC AUDIENCES.	
SINCE 2014, AS A SERVICE TO THE COMMUNITY, BURNING MAN HAS ADMINISTERED	
A GRANTMAKING PROGRAM, WHICH HAS EMPOWERED MISSION ALIGNED ART AND	
CIVIC ENGAGEMENT PROJECTS TO FUNDRAISE TO A GREATER CAPACITY IN LOCAL	
COMMUNITIES. A LEGACY PROGRAM FROM THE BLACK ROCK ARTS FOUNDATION,	
BURNING MAN'S FISCAL SPONSORSHIP PROGRAM WAS EXPANDED IN 2016 TO	
INCLUDE NOT ONLY BLACK ROCK CITY HONORARIA RECIPIENTS, BUT SELF-FUNDED	
ART AND CIVIC PROJECTS DESTINED FOR BLACK ROCK CITY, CIVIC ART PROJECTS	
AND GLOBAL ART GRANT RECIPIENTS, AND OTHER MISSION ALIGNED PROJECTS	
OUTSIDE OF BLACK ROCK CITY.	
EXPENSES \$ 1,998,411. INCLUDING GRANTS OF \$ 35,000. REVENUE \$ 5,890.	
FORM 990, PART VI, SECTION A, LINE 2:	
BOARD MEMBERS WILL ROGER PETERSON AND NANCI O. PETERSON ARE A MARRIED	
COUPLE.	
BOARD MEMBERS FARHAD MOHIT AND NUSHIN SABET ARE A MARRIED COUPLE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990, PART VI, SECTION B, LINE 11B:	

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization BURNING MAN PROJECT	Employer identification number 45-2638273
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, LEGAL COUNSEL, OUTSIDE COUNSEL, AND EXTERNAL TAX ADVISORS THEN	
PARTICIPATED IN A SERIES OF DETAILED REVIEWS OF THE FORM 990. THE FORM 990	
WAS ALSO REVIEWED BY THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE	
CEO AND TREASURER. A COMPLETE COPY WAS PROVIDED TO EACH MEMBER OF THE BOARD	
OF DIRECTORS FOR AN OPPORTUNITY TO REVIEW AND COMMENT.	
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	
DRGANIZATION, 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 DELEGATES DETERMINATION OF COMPENSATION FOR OTHER STAFF TO THE	
CEO, WHO IS REQUIRED CONTRACTUALLY TO ABIDE BY THE BOARD APPROVAL OF	

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Name of the organization BURNING MAN PROJECT	Employer identification number 45-2638273
BURNING MAN PROJECT	45-2030273
COMPENSATION POLICY, AND ALL OTHER BOARD POLICIES IN DETERMINING	
COMPENSATION. WHERE APPROPRIATE, THE BOARD SEEKS THE ADVICE OF THE	
DRGANIZATION'S GENERAL COUNSEL AND APPROPRIATE EXTERNAL LEGAL COUNSEL AND	
CPAS.	
FORM 990, PART VI, SECTION C, LINE 19:	
BURNING MAN PROJECT'S BYLAWS AND FORM 990 FILINGS ARE AVAILABLE AS A	
DOWNLOADABLE PDF ON THE PUBLIC DOCUMENTS SECTION OF THE ORGANIZATION'S	
VEBSITE. COPIES OF BURNING MAN PROJECT'S GOVERNING DOCUMENTS, FINANCIAL	
STATEMENTS, AND CONFLICT OF INTEREST POLICY CAN BE OBTAINED BY REQUEST FROM	
BURNING MAN PROJECT.	
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION	
PROCESS DURING THE TAX YEAR.	

332161 09-28-23 LHA

# SCHEDULE R

### (Form 990)

### Department of the Treasury Internal Revenue Service

#### Name of the organization

BURNING MAN PROJECT

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity
BLACK ROCK CITY LLC - 94-3319618					
660 ALABAMA STREET 4TH FLOOR	ARTS, CULTURAL, CIVIC				
SAN FRANCISCO, CA 94110	EVENTS	NEVADA	0.	2,908,101.	BURNING MAN PROJECT
BLACK ROCK CITY PROPERTIES LLC					
660 ALABAMA STREET 4TH FLOOR					
SAN FRANCISCO, CA 94110	REAL ESTATE HOLDING COMPANY	NEVADA	0.	543,094.	BLACK ROCK CITY LLC
FUTURE MAN LLC					
660 ALABAMA STREET 4TH FLOOR					
SAN FRANCISCO, CA 94110	REAL ESTATE HOLDING COMPANY	NEVADA	0.	0.	BURNING MAN PROJECT
GT NV MANAGER, LLC					
660 ALABAMA STREET 4TH FLOOR					
SAN FRANCISCO, CA 94110	HOLDING COMPANY	DELAWARE	0.	0.	BURNING MAN PROJECT

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				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		х
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	-						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

OMB No. 1545-0047

23 Open to Public Inspection

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
GREEN TREE NEVADA PROPERTIES, LLC - 84-4600942, 660 ALABAMA STREET 4TH FLOOR, SAN FRANCISCO, CA 94110	ARTS, CULTURAL, CIVIC	NEVADA	0.	406,215.	GT NV MANAGER, LLC
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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?	Code V-UBI amount in box 20 of Schedule	managii partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
GERLACH HOLDINGS LLC -											
46-1616188, 660 ALABAMA											
STREET 4TH FLOOR, SAN	REAL ESTATE										
FRANCISCO, CA 94110	RENTAL	NV			0.	0.		x	N/A	x	.00%
	1										
	1										
	1										

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?	
		country)				400010		Yes	No	
	]									

#### Schedule R (Form 990) 2023 BURNING MAN PROJECT

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	S N
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	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		Х
c Gift, grant, or capital contribution from related organization(s)			Σ
d Loans or loan guarantees to or for related organization(s)			Σ
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	<u>1f</u>		2
g Sale of assets to related organization(s)			2
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	<b>1</b> i		
j Lease of facilities, equipment, or other assets to related organization(s)			2
k Lease of facilities, equipment, or other assets from related organization(s)	1k		2
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)		X	_
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		
<b>q</b> Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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

#### Schedule R (Form 990) 2023 BURNING MAN PROJECT

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)	(	e)	(f)	(g)	(۲	ı)	(i)	(j	)	(k)									
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener	al or F	Percentage									
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( org	c)(3) s.?	total	end-of-year	allocat	ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	er?	ownership									
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes	NO										
												-										
												_										

Schedule R (Form 990) 2023

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023