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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

## 2014

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2014 calendar year, or tax year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** **BURKE BUSINESS PROMOTION CORPORATION**  
**PO BOX 250**  
**BURKE, SD 57523**

**D** Employer identification number  
**36-3468991**

**E** Telephone number  
**605-775-2641**

**F** Group Exemption Number

**G** Accounting Method  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

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

**I** Website: ▶ **N/A**

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

**K** Form of organization  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **32,549.**

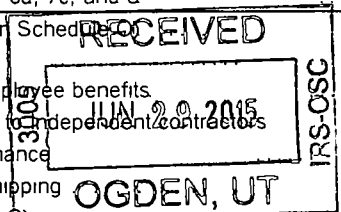
### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

1	Contributions, gifts, grants, and similar amounts received		1	32,500.
2	Program service revenue including government fees and contracts		2	2,291.
3	Membership dues and assessments		3	220.
4	Investment income		4	23.
5a	Gross amount from sale of assets other than inventory	5 a		
5b	Less cost or other basis and sales expenses	5 b		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c		
6	Gaming and fundraising events			
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a		
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b		
6c	Less direct expenses from gaming and fundraising events	6 c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d		
7a	Gross sales of inventory, less returns and allowances	7 a	5,000.	
7b	Less cost of goods sold	7 b	156.	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c		4,844.
8	Other revenue (describe in Schedule O) SEE SCHEDULE O	8		-7,485.
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9		32,393.
10	Grants and similar amounts paid (list in Schedule O)	10		
11	Benefits paid to or for members	11		
12	Salaries, other compensation, and employee benefits	12		
13	Professional fees and other payments to independent contractors	13		
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15		
16	Other expenses (describe in Schedule O) SEE SCHEDULE O	16		1,154.
17	<b>Total expenses.</b> Add lines 10 through 16	17		1,154.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18		31,239.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		236,117.
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year Combine lines 18 through 20	21		267,356.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2014)

SCANNED JUL 17 2015





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

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
39 Section 501(c)(7) organizations Enter
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of RICK HOGUE Telephone no 605-775-2641
Located at 107 E NEPPER STREET GREGORY SD ZIP + 4 57533

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...
c At any time during the calendar year, did the organization maintain an office outside the U S ?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

	Yes	No
47		
48		
49 a		
49 b		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

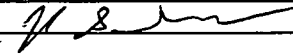
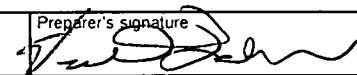
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A  Yes  No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer 	Date 6/23/15			
	JACK GUNVORDAHL Type or print name and title	PRESIDENT			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name VICTOR SCHMITZ	Preparer's signature 	Date 6/23/15	Check <input type="checkbox"/> if self-employed	PTIN P01007794
	Firm's name VICTOR SCHMITZ, CPA, PC	Firm's EIN 76-0741077			
	Firm's address BOX 279 BURKE, SD 57523	Phone no (605) 775-2435			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is  
at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Name of the organization

Employer identification number

BURKE BUSINESS PROMOTION CORPORATION

36-3468991

**FORM 990-EZ, PART I, LINE 8  
OTHER REVENUE**

BURKE RESTAURANT LLC -K-1

TOTAL \$ -7,485.  
\$ -7,485.

**FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES**

ADVERTISING AND PROMOTION  
BONDING  
FEES & MISC  
MEETING EXPENSE  
PROPERTY TAX  
SUPPLIES/REPAIRS

\$ 302.  
182.  
20.  
291.  
100.  
259.  
TOTAL \$ 1,154.

**FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

BURKE REST LLC - STARTUP  
EARNEST MONEY - SCHRADER  
NOTES RECEIVABLE

BEGINNING      ENDING  
\$ 149,834.      \$ 142,349.  
0.      300.  
41,724.      35,326.  
TOTAL \$ 191,558.      \$ 177,975.

**FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

OVERPAYMENT PAYABLE

BEGINNING      ENDING  
\$ 0.      \$ 23.  
TOTAL \$ 0.      \$ 23.

**FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

SMALL BUSINESS FINANCING