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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except private foundations)

OMB No. 1545-1150

2015

Open to Public
Inspection

- 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.

A For the 2015 calendar year, or tax year beginning		, 2015, and ending																																																																	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ► _____		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																																																	
I Website: ► <u>N/A</u>																																																																			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) ▶ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																																			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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		► \$ 179,346.																																																																	
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 <input checked="" type="checkbox"/>																																																																			
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

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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? If 'Yes,' provide a detailed description of each activity in Schedule O Yes No
33 X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No
34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No
35 a X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O Yes No
35 b X

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III Yes No
35 c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N Yes No
36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37 a** 0. Yes No
37 a X

b Did the organization file Form 1120-POL for this year? Yes No
37 b X

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? Yes No
38 a X

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved Yes No
38 b N/A

39 Section 501(c)(7) organizations Enter Yes No
39 a N/A

a Initiation fees and capital contributions included on line 9 Yes No
39 b N/A

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A** Yes No
40 a N/A

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Yes No
40 b X

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0. Yes No
40 c 0.

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0. Yes No
40 d 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Yes No
40 e X

41 List the states with which a copy of this return is filed ► **NONE** Yes No

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** Yes No
42 b 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)? If 'Yes,' enter the name of the foreign country ► Yes No
42 c X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country ► Yes No
42 c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** Yes No
43 N/A

44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44 a X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44 b X

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44 c X

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O Yes No
44 d

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
45 a X

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)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No
45 b X

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.

49a 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'.

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.

Sign Here		6/30/11			
	Signature of officer	Date			
	JACK GUNVORDAHL	PRESIDENT			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	<input type="checkbox"/> if self employed	PTIN
	VICTOR SCHMITZ		6/30/11		P01007794
	Firm's name ► VICTOR SCHMITZ, CPA, PC			Firm's EIN ► 76-0741077	
Firm's address ► BOX 279			Phone no	(605) 775-2435	
			BURKE, SD 57523		

May the IRS discuss this return with the preparer shown above? See instructions.

► Yes No

Form 990-EZ (2015)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545 0047

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Name of the organization

BURKE BUSINESS PROMOTION CORPORATION

Employer identification number

36-3468991**FORM 990-EZ, PART I, LINE 5C**
NET GAIN (LOSS) FROM NONINVENTORY SALESPUBLICLY TRADED SECURITIESGROSS SALES PRICE: 2,648.
COST OR OTHER BASIS: 3,433.TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -785.OTHER ASSETS

DESCRIPTION:	BURKE RESTAURANT LLC MEMBERSHIP
DATE ACQUIRED:	12/01/2012
HOW ACQUIRED:	PURCHASE
DATE SOLD:	8/01/2015
TO WHOM SOLD:	WORTHLESS MEMBERSHIP INTEREST
GROSS SALES PRICE:	0.
COST OR OTHER BASIS:	75,860.
BASIS METHOD:	COST
	GAIN (LOSS) <u>-75,860.</u>

TOTAL GAIN (LOSS) OTHER ASSETS \$ -75,860.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -76,645.**FORM 990-EZ, PART I, LINE 8**
OTHER REVENUEBURKE RESTAURANT LLC -K-1
TOTAL \$ -2,620.**FORM 990-EZ, PART I, LINE 10**
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000

DONEE'S NAME:	CITY OF BURKE SD
DONEE'S ADDRESS:	MAIN STREET
	BURKE SD 57523
RELATIONSHIP OF DONEE:	NONE
CASH AMOUNT GIVEN:	\$ 45,000.

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

BONDING	\$ 182.
FEES & MISC	40.
MEETING EXPENSE	210.
PROPERTY TAX	94.
TOTAL	\$ <u>526.</u>

Name of the organization

BURKE BUSINESS PROMOTION CORPORATION

Employer identification number

36-3468991

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

	<u>BEGINNING</u>	<u>ENDING</u>
BURKE REST LLC - STARTUP	\$ 142,349.	\$ 0.
EARNEST MONEY - SCHRADER	300.	0.
NOTES RECEIVABLE	35,236.	19,870.
TOTAL	<u>\$ 177,885.</u>	<u>\$ 19,870.</u>

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

	<u>BEGINNING</u>	<u>ENDING</u>
OVERPAYMENT PAYABLE	\$ 23.	\$ 0.
TOTAL	<u>\$ 23.</u>	<u>\$ 0.</u>

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

SMALL BUSINESS FINANCING