

Return of Organization Exempt From Income Tax

2016

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

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning **2016**, and ending **20**

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

C Name of organization **Midwest Burners**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1262 Southwest Boswell Avenue
 City or town, state or province, country, and ZIP or foreign postal code
Topeka, KS 66606

D Employer identification number
06-1737947

E Telephone number
573-999-0664

G Gross receipts \$ **68,132.95**

F Name and address of principal officer
Thomas Fox

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **midwestburners.com**

K Form of organization: Corporation Trust Association Other ▶ **Public Charity** **L** Year of formation: **2005** **M** State of legal domicile: **KS**

H(c) Group exemption number ▶

SCANNED MAY 3 1 2017

Part I Summary		Prior Year	Current Year
1 Briefly describe the organization's mission or most significant activities: <u>To gather to camp, socialize, experlement with the concept of community and create art in all forms.</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	1200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)		3,710.00
	9 Program service revenue (Part VIII, line 2g)	42,611.09	64,415.00
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7)	1.49	7.95
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,612.58	68,132.95
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,985.00	10,965.06
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.00	0.00
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.00	0.00
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.00	0.00
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,265.34	32,938.32
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,250.34	54,005.80
19 Revenue less expenses. Subtract line 18 from line 12	11,362.24	12,277.14	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 17,814.07	End of Year 30,921.32
	21 Total liabilities (Part X, line 26)	0.00	0.00
	22 Net assets or fund balances. Subtract line 21 from line 20	17,814.07	30,921.32

Part II Signature Block

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

Sign Here Signature of officer: *Stan Matney*
 Type or print name and title: **Stan Matney, Board Member**

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____
 Firm's name: ▶ _____
 Firm's address: ▶ _____

May the IRS discuss this return with the preparer shown above? (S) _____

For Paperwork Reduction Act Notice, see the separate instructions.