	000 T	E>	cempt Organiz	ation E	Ligi	ness In	come T	ax Retu	rn	OMB No 15	45-0687
F	990-T (and proxy tax under section 6033(e))								2018		
		1 '	ear 2018 or other tax year						'	20	10
Depa	rtment of the Treasury		Go to www.irs.gov/Fo							Open to Public In	spection for
	nal Revenue Service	Do no	t enter SSN numbers on t							501(c)(3) Organiz	zations Only
Α [Check box if address changed	d				changed and s	ee instructions	•)		mployer identifica Employees' trust, si	tion number ee
	xempt under sectio		OCCO DAMPTOM						1	nstructions)	
ļ	X 501(c)(3)	or Type				£			—	20-398368 Unrelated business	
-	408(e) 220(.e) (- ·	Individual in	. 0,000	-				E	(See instructions)	, activity cod
-	408A	.a)									
C E	529(a) Book value of all assets	- Cross									
C a	t end of year	0.04	p exemption number (S ck organization type				ا ا			<u> </u>	
-	783,350	<u>· </u>				c) corporation		01(c) trust	401(a)	<u></u>	ther trust
		=	n's unrelated trades or	businesses		<u>1</u>		Describe the	only (or first		Dorto IV
	trade or business he If more than one, de		st in the blank space	at the end	of the	e previous s	sentence o	omplete Pa		ne, complete f complete a Sc	
			ess, then complete P		01 111	, p. 0	30,1101,100,1	, , , , , , , , , , , , , , , , , , ,	into i dilia ili,	oop.o.o a oo	
Ī	During the tax year,	was the corp	oration a subsidiary ii	n an affilia	ted gr	oup or a pa	arent-subsi	diary contro	lled group?	► Yes	XNo
	lf 'Yes,' enter the na	ime and ident	tifying number of the	parent cor	porati	on 🕒					
J	The books are in care	111111	IN O. BURTON					Telephone r	number►		
Pa	rt I Unrelated	Trade or I	Business Income			(A) li	ncome	(B) E	xpenses	(C) N	et
1 :	a Gross receipts or s	sales			}			-			
	b Less returns and allowa			Balance ►	1 c			<u> </u>			
2	Cost of goods sold				2					<u> </u>	
3					3			ļ <u> </u>			
	a Capital gain net in	-	•		4a						
	b Net gain (loss) (Form 4				4b					ļ	
	Capital loss deduct				4c			·			
5	Income (loss) from a (attach statement)		or an 5 corporation		5						
6					6						
7	Unrelated debt-fina	anced income	(Schedule E)		7					<u> </u>	
8	Interest, annuities, royal	Ities, and rents fr	om a controlled organizatio	n (Schedule F) .	8						
9	Investment income of a	section 501(c)(7)), (9), or (17) organization ((Schedule G)	9						
10	Exploited exempt a	activity incom	e (Schedule I)		10						
11	Advertising income	(Schedule J)		11				<u></u>		
12	Other income (See	instructions,	attach schedule)								
					12						
	Total. Combine line				13	·	0		0.		0.
Pai	t II Deduction	ns Not Tak	en Elsewhere (Se	einstru	ctions	s for limit	ations-or	n_deduction	ns.) (Exc	ept for	
			tions must be dire		necte	a with the	recupre la	teg pusine		e.) T	
14	Salaries and wages		ors, and trustees (Sc	nedule N)		0		SC	14	 	
15	Repairs and mainte					AF	PR 0 8 2	019 9	15	 	
16 17	Bad debts	enance							17	 	
18	Interest (attach sch	nedule) (see i	nstructions)			L_OC	DEN.	LIT	18	 	
19	Taxes and licenses		ristructions)			a service of the service	7		19	 	
20			structions for limitatio	n rules)					20	 	
21	Depreciation (attac	-		ii ruics)			21 [
22	•		, chedule A and elsewh	ere on reti	ırn		22a		22b		
23	Depletion		module // dila cisewii	010 011 101					23	 	
24	Contributions to de	ferred compe	nsation plans						24	-	·
25	Employee benefit p	•							25	 	
26	Excess exempt exp	_	dule I)						26	<u> </u>	
27	Excess readership	=	•						27	<u> </u>	
28	Other deductions (a								28		
29	Total deductions.		•						29		
30			me before net operati	_				om line 13	30		
31		-	n tax years beginning on or			8 (see instruct	ions)		31		
32	Unrelated business	taxable incoi	me Subtract line 31 f	rom line 3	U				32		0.

		T (2018) BURTON FAMILY FOUNDA		<u> </u>	20	-3983684	Page :
Pai		Total Unrelated Business Taxable					
33		l of unrelated business taxable income com uctions)	puted from all unrelated trad	es or businesses ((see	33	0
		unts paid for disallowed fringes		34			
35		iction for net operating loss arising in tax youtions)	ears beginning before Januar	y 1, 2018 (see		35	
36		of unrelated business taxable income befo	re specific deduction. Subtract	ct line 35 from the	sum	33	
-		es 33 and 34	re specific academon castra	or mic 33 mont the	Sum	36	0.
37	Spec	afic deduction (Generally \$1,000, but see lin	ne 37 instructions for exception	ons)		37	
38		lated business taxable income. Subtract lin	ne 37 from line 36. If line 37 i	s greater than line	e 36,		
F =	•	the smaller of zero or line 36				38	0.
		Tax Computation					
		nizations Taxable as Corporations. Multiply		39	0.		
40		ts Taxable at Trust Rates. See instructions		40			
41	-	ne 38 from Tax rate schedule or	Schedule D (Form 1041)			40	
		y tax. See instructions native minimum tax (trusts only)				41 42	
		on Noncompliant Facility Income. See instr	ructions			43	
		. Add lines 41, 42, and 43 to line 39 or 40,				44	0.
		Tax and Payments	Trinoneter applies				
		gn tax credit (corporations attach Form 111	8 trusts attach Form 1116)	45a			
		r credits (see instructions)	o, tradio attaon i omi i i i o	45 b			
		ral business credit Attach Form 3800 (see	instructions)	45 c		1	
d	l Cred	t for prior year minimum tax (attach Form 8	3801 or 8827)	45 d		1	
		credits. Add lines 45a through 45d				45 e	0.
		act line 45e from line 44	O-			46	0.
47		r taxes Check if from Form 4255 Fo	orm 8611Form 8697Fo	orm 8866			
ΛQ	_	Other (attach schedule) tax. Add lines 46 and 47 (see instructions)				47	
49		net 965 tax liability paid from Form 965-A		n (k) line 2		49	0.
				50 a			
		nents A 2017 overpayment credited to 2018 estimated tax payments)	50 b		-	
		leposited with Form 8868		50 c		1	
		gn organizations. Tax paid or withheld at so	ource (see instructions)	50 d	·		
е	Back	up withholding (see instructions)		50 e			
		t for small employer health insurance prem	•	50 f]	
g			Form 2439	_			
		orm 4136 Other	Total	► 50 g			
51		payments. Add lines 50a through 50g			. \Box	51	0.
52		nated tax penalty (see instructions) Check			▶□	52	
53		lue. If line 51 is less than the total of lines 4				53	
54	-	payment. If line 51 is larger than the total o		amount overpaid	10.6	54	
		the amount of line 54 you want Credited t		mation /	Refunded►	55	
	t <u>iVI</u>	Statements Regarding Certain Ac					Yes No
		cial account (bank, securities, or other) in a foreig					Yes No
		t of Foreign Bank and Financial Accounts If 'Y	·		• • • • • • • • • • • • • • • • • • •	(1 O(111 1 1 1 1,	V
57		g the tax year, did the organization receive			transferor to	a foreign trust?	$-\frac{X}{X}$
3,		s, see instructions for other forms the organiza		the granter or, or	1747.575757 10,	a foreign tract	
58		the amount of tax-exampt interest received of	, -	Ś	0		
		Under penalties of perfury, I declare had have examine belief, it is flue, or ject, and complete Declaration of pri		schedules and statemen	ts, and to the best	of my knowledge and	
Sign	1	belief, it is true, detrect, and complete deceration of pri		Director		May the IRS discuss	this return with
Here	•	Signature of officer	Date	Title		the preparer shown to instructions)?	Yes No
				Total			I G2 INO
Paid			arer's signature V	Date 1	Checkif	PTIN	1.0
Pre-			ger Gever CPA	1 / 26/14	self-employed	P001507	
pare	r	Firm's name McElrath, Geyer, Sa			Firm's EIN	95-3057467	<u> </u>
Use Only	,	Firm's address 1300 BRISTOL STRE			-	040-252-6	0252
		Newport Beach, CA			Phone no	949-252-0	0252_ 990-T (2018)
BAA			TEEA0202L 01/24/19			roin :	//U-1 (2010)

Schedule A - Cost of Goo	ds Sold. Enter method of inv	entory valuation					
1 Inventory at beginning of ye	ear 1	6 Invento	ry at end of year	6	Ţ		
2 Purchases	2	7 Cost of	7 Cost of goods sold. Subtract				
3 Cost of labor	3	line 6 f	rom line 5. Enter here	:			
4 a Additional section 263A costs (attac	th schedule)	and in	Part I, line 2	7	J	1	
4a						Yes	No
b Other costs	4 b		rules of section 263A y produced or acquire				
(attach sch) 5 Total. Add lines 1 through 4	b 5		organization?	u ioi ies	ale) apply		
Schedule C - Rent Income	e (From Real Property an	d Personal Property	Leased With Rea	l Prope	rty) (see II	nstruct	ions)
1 Description of property							
(1) .							
(2)							
(3)							
(4)							
	2 Rent received or accrued		24 \ D				
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	r personal (if the perc but not property ex	eal and personal property entage of rent for persona ceeds 50% or if the rent d on profit or income)	al the incom	3(a) Deductions directly connected with the income in columns 2(a) and 2(b (attach schedule)			
(1)							
(2)							
(3)							
(4)							
Total	Total						
(c) Total income. Add totals of co here and on page 1, Part I, line 6		_	(b) Total deduction here and on page 1 l, line 6, column (B	, Part	_		
Schedule E - Unrelated De	ebt-Financed Income (see	instructions)	_				
1 Description of debt	-financed property	2 Gross income from or allocable to debt-	3 Deductions directly debt-f	connect	ed with or a	illocab	le to
i bescription of dest	-manced property	financed property	(a) Straight line depreciation (attach	sch)	(b) Other deductions (attach schedule)		
(1)							
(2)		•					
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column column 6)	2 x	8 Allocable de (column 6 x columns 3(a)		of
_(1)		ું જ					
(2)		0/0					
(3)		0\0				<u> </u>	
(4)	<u> </u>	00					
			Enter here and on pa Part I, line 7, column	ge 1, Ent (A) Pai	er here and rt I, line 7, d	l on pa column	ge 1, ı (B).
Totals		•					
Total dividends-received deduction	ons included in column 8			<u> </u>			
BAA	TE	EA02031 01/30/19			Form 9	990-T (2018)

Schedule F - Interest, A	nnuitie				trolled O			Urga	nizations	(see in	struction	<u> </u>	
organization ider		mployer itification umber	ation Income		related (loss)	Ť	4 Total of specific payments mad				in In In	Deductions directly connected with noome in column 5	
(1)													
(2)				-									
(3)													
(4)													
Nonexempt Controlled Organiza	ations												
inco		et unrelated ome (loss) instructions)	payme		of specified ents made		included in th		column 9 that is the controlling i's gross income		connect	uctions directly ed with income column 10	
(1)			1										
(1) (2) (3) (4)				-									
(3)													
(4)			1										
Totals					_		Add columns here and on p 8, co		, Part I, line		e and on	ns 6 and 11 Enter page 1, Part I, line olumn (B)	
Schedule G - Investmen	t Incor	no of a Soc	tion	501/	c)(7) (9	<u>,, ,</u>	r (17) Organ	nizati	OD (600 in	tructio	no)		
1 Description of income	· iiicoi	2 Amount o	of income direc		Dec	Deductions tly connected ch schedule)		4 Set-asides (attach schedule		5 Tot set-	al deductions and isides (column 3 us column 4)		
(1)													
(1) (2) (3)													
(3)													
_(4)								l					
Totals Schedule I — Exploited E	▶	Enter here and Part I, line 9, o	colum	nn (A)	ner Tha	n Ā	dvertising	Incon	ne (see ins	truction	Part I,	ere and on page 1, line 9, column (B).	
1 Description of exploited activity		2 Gross unrelated business income fror trade or business	3 Expenses dire connected will production of unrelated business incor		ses directly ected with duction nrelated	directly with from unrelated trade or business (column 2 minus column 3)		5 Gross income from		6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)													
(1) (2) (3) (4)													
(3)	_												
(4)													
Enter on Part		Enter here a on page 1 Part I, line column (A	e 1, on page e 10, Part I, lin		age 1, , line 10,							Enter here and on page 1, Part II, line 26	
Schedule J - Advertising	Incor	ne (see instri	ıctıon	s)		—-	 					. L	
Part I Income From Per					nsolida	ted	Rasis						
1 Name of periodical		2 Gross advertising income	T	3 D adve	rtising osts	4 A	dvertising gain or iss) (col. 2 minus ol. 3). If a gain, compute cols. 5 through 7		rculation icome		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)							an sugar 1						
(2)							[_]	
_(3)													
_(4)						<u> </u>						ļ <u>.</u>	
Totals (carry to Part II, line (5))	•												

Total. Enter here and on page 1, Part II, line 14

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Page 5

Form **990-T** (2018)

Rartill Income From Period 7 on a line-by-line basis		ls Reported or	n a Separate I	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through	
1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)	
(1)								
(2)								
(3)								
(2) (3) (4)								
Totals from Part I	•				1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Enter here and on page 1, Part I, Ine 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	•		<u> </u>	<u> </u>		·	[[
Schedule K — Compensation	on of	Officers, Dire	ctors, and Tru	ustees (see instru	ictions)			
1 Name			2 Title	3 Percent of time devoted to business	to unrela	ation attributable ated business		
				9				
					9	5		
					9	;		

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