

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning APR 1, 2023 and ending MAR 31, 2024

Form header section containing organization name (BURTON FAMILY FOUNDATION), address (2201 E. CAMELBACK RD., PHOENIX, AZ 85016), identification number (47-3900987), and website (WWW.BURTONFAMILYFOUNDATION.ORG).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue (Total: 1,614,032), expenses (Total: 12,095,239), and net assets (Total: 128,533,928).

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.

Signature block containing officer signature (GLENN WIKE, PRESIDENT), preparer signature (COLETTE KAMPS, CPA), and firm information (BAKER TILLY ADVISORY GROUP, LP).

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**GUIDED BY A BELIEF IN THE INHERENT DIGNITY OF ALL INDIVIDUALS, OUR MISSION IS TO ADVANCE INDIVIDUAL ACHIEVEMENT THROUGH SUPPORT FOR EDUCATION AND HUMAN SERVICES PROGRAMS AND INITIATIVES. WE PRIORITIZE SUPPORT FOR HIGH-NEED, UNDERSERVED, AND UNDERREPRESENTED GROUPS,**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 11,635,537. including grants of \$ 11,520,183.) (Revenue \$ \_\_\_\_\_)  
**GRANTS TO CHARITABLE ORGANIZATIONS IN SUPPORT OF THE PURPOSES OF THE ARIZONA COMMUNITY FOUNDATION, INC.**

4b (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses 11,635,537.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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 "Yes," complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part 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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b>	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		1
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</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)?		X
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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? If "Yes," complete Form 6069.	17	

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		1a	5	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.				
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		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or more members of the governing body?	7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, 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 by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	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 to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records  
ERIC NYSTROM - 602-381-1400  
2201 E. CAMELBACK RD. 405B, PHOENIX, AZ 85016

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNA MARIA CHAVEZ PRESIDENT (THRU 2/24)	1.00 45.00	X		X				0.	473,078.	924.
(2) KYLA QUINTERO SECRETARY & TREASURER (THRU 12/23)	1.00 45.00			X				0.	374,901.	29,610.
(3) GLENN WIKE PRESIDENT	1.00 45.00	X		X				0.	310,537.	21,979.
(4) KIMBERLY KUR DIRECTOR	1.00 45.00	X						0.	267,228.	28,964.
(5) CHRISTINE BURTON CHAIR	1.00	X		X				0.	0.	0.
(6) DARYL BURTON VICE-CHAIR	1.00	X		X				0.	0.	0.
(7) HOWARD KESSELMAN SECRETARY & TREASURER	1.00	X		X				0.	0.	0.
(8) STEVE SELEZNOW DIRECTOR	1.00	X						0.	0.	0.

**BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							0.	1,425,744.	81,477.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							0.	1,425,744.	81,477.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ARIZONA COMMUNITY FOUNDATION, 2201 E CAMELBACK RD, STE 405B, PHOENIX, AZ 85016	MANAGEMENT FEE	300,000.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1



BURTON FAMILY FOUNDATION  
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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g \$				
	h	<b>Total.</b> Add lines 1a-1f					
Program Service Revenue			<b>Business Code</b>				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,691,293.		1691293.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	77,261.				
	7 c	Gain or (loss)	-77,261.				
d	Net gain or (loss)		-77,261.		-77,261.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
8 b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			<b>Business Code</b>				
	11 a						
	b						
	c						
	d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d						
12	<b>Total revenue.</b> See instructions		1,614,032.	0.	0.	1614032.	

**BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION**

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**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	11,464,683.	11,464,683.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	55,500.	55,500.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,344.	4,172.	4,172.	
<b>9</b> Other employee benefits .....	166,860.	87,354.	79,506.	
<b>10</b> Payroll taxes .....	6,166.	3,083.	3,083.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	300,000.		300,000.	
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	58,334.		58,334.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	286.		286.	
<b>12</b> Advertising and promotion .....	36.	18.	18.	
<b>13</b> Office expenses .....	15,452.	15,158.	294.	
<b>14</b> Information technology .....	3,405.	2,952.	453.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered 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 O.)				
<b>a</b> <b>DUES, SUBSCRIPTIONS &amp; P</b>	12,703.		12,703.	
<b>b</b> <b>DONOR STEWARDSHIP/CULTI</b>	3,470.	2,617.	853.	
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	12,095,239.	11,635,537.	459,702.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....	130,063,119.	<b>11</b>	130,811,191.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,032,167.	<b>12</b>	3,269,183.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	134,095,286.	<b>16</b>	134,080,374.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	15,446.
	<b>18</b> Grants payable .....	2,679,000.	<b>18</b>	5,531,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,679,000.	<b>26</b>	5,546,446.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	131,416,286.	<b>27</b>	128,533,928.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	131,416,286.	<b>32</b>	128,533,928.
	<b>33</b> Total liabilities and net assets/fund balances .....	134,095,286.	<b>33</b>	134,080,374.

Form 990 (2023)

**Part XI Reconciliation of Net Assets**

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	1,614,032.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,095,239.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,481,207.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	131,416,286.
5	Net unrealized gains (losses) on investments	5	7,598,849.
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	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	128,533,928.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  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? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a 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? .....  
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  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule 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? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization **BURTON FAMILY FOUNDATION**  
**C/O ARIZONA COMMUNITY FOUNDATION** Employer identification number **47-3900987**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations ..... 1

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ARIZONA COMMUNITY FOUNDATION	86-0348306	7	X		630,000.	0.
<b>Total</b>					630,000.	0.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	X	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		X
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		X
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		X
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		X
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		X
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		X
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
<b>b</b> A family member of a person described on line 11a above?		X
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	X	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		X

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (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	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

Schedule A (Form 990) 2023

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**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the 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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable 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		
e	From 2022		
f	<b>Total</b> 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: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	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	<b>Excess distributions carryover to 2024.</b> 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		
e	Excess from 2023		

Schedule A (Form 990) 2023

BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

PUBLIC

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **BURTON FAMILY FOUNDATION**  
**C/O ARIZONA COMMUNITY FOUNDATION** Employer identification number  
**47-3900987**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

**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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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)		
<b>Total.</b> (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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information**

Provide 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:

FOUNDATION AND SUPPORT FOUNDATIONS EVALUATE THEIR UNCERTAIN TAX POSITIONS, IF ANY, ON A CONTINUAL BASIS THROUGH REVIEW OF THEIR POLICIES AND PROCEDURES, REVIEW OF THEIR REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION** Employer identification number  
**47-3900987**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
THE ASPEN INSTITUTE 2300 N ST NW STE 700 WASHINGTON, DC 20037-1122	84-0399006	501(C)(3) PUBLIC CHA	925,000.	0.			SUPPORT FOR THE ASPEN COLLEGE EXCELLENCE PROGRAM
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ OMAHA, NE 68178-0133	47-0376583	501(C)(3) PUBLIC CHA	805,000.	0.			SUPPORT TOWARDS THE ASU SUMMER HEALTH INSTITUTE FOR HIGH SCHOOL YOUTH IN AZ
ARIZONA WESTERN COLLEGE FOUNDATION PO BOX 929 YUMA, AZ 85366-0929	86-6051919	501(C)(3) PUBLIC CHA	565,000.	0.			SUPPORT TOWARDS THE FIRST GENERATION STUDENT SUCCESS PROGRAMS
CAMP CATANESE FOUNDATION 1 W CAMPBELL AVE APT 2110 PHOENIX, AZ 85013-4917	81-3263828	501(C)(3) PUBLIC CHA	565,000.	0.			SUPPORT TOWARDS PROFESSIONAL AND ORGANIZATIONAL DEVELOPMENT
DONORSCHOOSE.ORG MAIL CODE: 6656, P.O. BOX 7247 PHILADELPHIA, PA 19170-6656	13-4129457	501(C)(3) PUBLIC CHA	415,000.	0.			GENERAL SUPPORT
SANDRA DAY O'CONNOR INSTITUTE PO BOX 66422 PHOENIX, AZ 85082-6422	26-3521510	501(C)(3) PUBLIC CHA	330,000.	0.			SUPPORT FOR VENUE AND MARKETING COSTS FOR ABRAHAM LINCOLN AND FREDERICK DOUGLASS: A

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **115.**

**3** Enter total number of other organizations listed in the line 1 table ..... **5.**

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA CENTER FOR COMMUNITY COLLEGE SUCCESS - 8470 N OVERFIELD RD - COOLIDGE, AZ 85128-9030	87-1137551	501(C)(3) PUBLIC	330,000.	0.			SUPPORT TO CONTINUE THE WORK OF THE CENTER FOR COMMUNITY COLLEGE SUCCESS
SOCIETY OF ST. VINCENT DE PAUL PO BOX 13600 PHOENIX, AZ 85002-3600	86-0096789	501(C)(3) PUBLIC	307,000.	0.			DESIGNATED FOR THE ST. FRANCES CABRINI CONFERENCE OF ST. VINCENT DE PAUL, TO PROVIDE
WILDFIRE AZ 340 E PALM LN STE 315 PHOENIX, AZ 85004-4604	86-0311619	501(C)(3) PUBLIC	300,000.	0.			SUPPORT FOR THE HEAT RELIEF INITIATIVE
ARIZONA FRIENDS OF FOSTER CHILDREN FOUNDATION - 360 E CORONADO RD STE 190 - PHOENIX, AZ 85004-1652	86-0468850	501(C)(3) PUBLIC	300,000.	0.			SUPPORT TOWARDS THE KEYS TO SUCCESS PROGRAM EXPANSION INTO PIMA COUNTY
FRESH START WOMEN'S FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 85006-2611	86-0762610	501(C)(3) PUBLIC	300,000.	0.			FOR GENERAL SUPPORT
YOUTH WORLD EDUCATION PROJECT PO BOX 6808 CHANDLER, AZ 85246-6808	26-3453073	501(C)(3) PUBLIC	260,000.	0.			TO SUPPORT PROGRAM EXPANSION, ENHANCE QUALITY, PROVIDE PROGRAM SCHOLARSHIPS, AND ENABLE
TEACH FOR AMERICA 4747 N 32ND ST STE 130 PHOENIX, AZ 85018-3306	13-3541913	501(C)(3) PUBLIC	226,000.	0.			DESIGNATED TOWARDS TEACH FOR AMERICAS SUMMER CORPS MEMBER HOUSING SUPPORT
BARROW NEUROLOGICAL FOUNDATION 2910 N 3RD AVE # 450 PHOENIX, AZ 85013-4434	86-0174371	501(C)(3) PUBLIC	225,000.	0.			TO SUPPORT OF THE DEPARTMENT OF ENT SKULL BASE SURGERY: HEARING HEALTH SCIENCE PROGRAM
ARIZONA STATE UNIVERSITY FOUNDATION - PO BOX 2260 - TEMPE, AZ 85280-2260	86-6051042	501(C)(3) PUBLIC	208,000.	0.			FOR COLLEGE ASSISTANCE MIGRANT PROGRAM

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ACT ONE 910 E OSBORN RD STE B1 PHOENIX, AZ 85014-5325	45-3560706	501(C)(3) PUBLIC	201,000.	0.			FOR STUDENT TRANSPORTATION FOR ABRAHAM LINCOLN AND FREDERICK DOUGLASS: A
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018-2328	86-0104419	501(C)(3) PUBLIC	200,000.	0.			SUPPORT TOWARDS THE PHOENIX RAPID HOUSING RESPONSE COLLABORATIVE
CENTRAL ARIZONA SHELTER SERVICES (CASS) - PO BOX 18250 - PHOENIX, AZ 85005-8250	86-0500753	501(C)(3) PUBLIC	200,000.	0.			SUPPORT TOWARDS LIGHTING AND FENCING NEEDS AT THE CASS FAMILY SHELTER
CHALLENGE FOUNDATION ARIZONA 6300 N CENTRAL AVE PHOENIX, AZ 85012-1109	83-1349329	501(C)(3) PUBLIC	195,000.	0.			SUPPORT TO THE GROWTH AND ONGOING WORK OF THE CHALLENGE FOUNDATION
STEP STUDENT EXPEDITION PROGRAM 5021 N 20TH ST # 10782 PHOENIX, AZ 85016-4166	22-3879050	501(C)(3) PUBLIC	190,000.	0.			FOR GENERAL SUPPORT
ARCS FOUNDATION PO BOX 2649 LAGRANGE, GA 30241-0055	23-7373079	501(C)(3) PUBLIC	170,000.	0.			SUPPORT FOR TWO 2024 2025 ARCS FOUNDATION SCHOLAR AWARDS
VERDE VALLEY HOMELESS COALITION PO BOX 2893 COTTONWOOD, AZ 86326-2585	82-5453821	501(C)(3) PUBLIC	167,500.	0.			FOR GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF ARIZONA, INC. - 636 W SOUTHERN AVE - TEMPE, AZ 85282-4508	86-0184349	501(C)(3) PUBLIC	165,000.	0.			SUPPORT TOWARDS THE EXPANSION TO FIVE SCHOOLS IN SOUTHERN ARIZONA
PHOENIX UNION HIGH SCHOOL DISTRICT 4502 N CENTRAL AVE PHOENIX, AZ 85012-1817	86-6000534	N/A	159,996.	0.			SUPPORT FOR THE LINDA ABRIL EDUCATIONAL ACADEMY TO START AND CONTINUE INITIATIVES AND PROGRAMS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARICOPA COMMUNITY COLLEGES FOUNDATION - 2419 W 14TH ST - TEMPE, AZ 85281-6919	86-0327449	501(C)(3) PUBLIC	151,070.	0.			SUPPORT FOR THE DREAMER PROMISE PATHWAY SCHOLARSHIP PROGRAM
ALLIANCE FOR ARIZONA NONPROFITS 333 E OSBORN RD STE 245 PHOENIX, AZ 85012-2363	20-2529887	501(C)(3) PUBLIC	150,000.	0.			SUPPORT TOWARDS THE 2024 ARIZONA GIVES DAY PRIZE POOL
FRIENDS OF THE PHOENIX PUBLIC LIBRARY - 1221 N CENTRAL AVE - PHOENIX, AZ 85004-1820	86-0337769	501(C)(3) PUBLIC	150,000.	0.			SUPPORT LEASING AND MAINTENANCE OF VEHICLES USED TO COLLECT AND DISTRIBUTE BOOKS AND
PHOENIX PUBLIC LIBRARY FOUNDATION PO BOX 3735 PHOENIX, AZ 85030-3735	86-0835463	501(C)(3) PUBLIC	144,000.	0.			SUPPORT TOWARDS COLLEGE DEPOT TO SUPPLY MEALS FOR STUDENTS PARTICIPATING IN IN-DEPTH COLLEGE PLANNING
ARIVACA COORDINATING COUNCIL-HUMAN RESOURCE GROUP, INC. - PO BOX 93 - ARIVACA, AZ 85601	86-0609733	501(C)(3) PUBLIC	133,000.	0.			SUPPORT TOWARDS A PART-TIME KITCHEN MANAGER POSITION FOR THE ORGANIZATION
CENTER FOR THE FUTURE OF ARIZONA 541 E VAN BUREN ST STE B5 PHOENIX, AZ 85004-2211	82-0538372	501(C)(3) PUBLIC	125,000.	0.			SUPPORT FOR THE CFA'S MILESTONE 20TH ANNIVERSARY CELEBRATION AND THE SOUTHERN ARIZONA
THE LAUNCH PAD TEEN CENTER 424 6TH ST. PRESCOTT, AZ 86301	46-5601468	501(C)(3) PUBLIC	110,000.	0.			SUPPORT TEEN MENTAL HEALTH SERVICES AND PROGRAMMING
UNIVERSITY OF ARIZONA FOUNDATION SCHOLARSHIP DEVELOPMENT OFFICE 1111 N CHERRY AVE - TUCSON, AZ 85721	86-6050388	501(C)(3) PUBLIC	107,500.	0.			FOR JAMES 4H CAMP AND OUTDOOR LEARNING CENTER
PHOENIX SYMPHONY ASSOCIATION 1 N 1ST ST STE 200 PHOENIX, AZ 85004-2538	86-6000134	501(C)(3) PUBLIC	105,000.	0.			SUPPORT FOR THE MIND OVER MUSIC PROGRAM

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA SCIENCE CENTER 600 E WASHINGTON ST PHOENIX, AZ 85004-2303	86-0390558	501(C)(3) PUBLIC	105,000.	0.			FOR ARIZONA SCIENCE AND ENGINEERING FAIR
BOURGADE CATHOLIC HIGH SCHOOL 4602 N 31ST AVE PHOENIX, AZ 85017-3407	26-2785451	N/A	103,046.	0.			SUPPORT TO FUND TWO NATIONAL EXAMS TO HELP BOURGADE STUDENTS' JOURNEY TOWARD COLLEGE
COMMON SENSE MEDIA 699 8TH ST # C150 DEVELOPMENT DEPARTMENT - SAN FRANCISCO, CA 94103-4901	41-2024986	501(C)(3) PUBLIC	100,000.	0.			GENERAL SUPPORT FOR ARIZONA OFFICE
FAMILIES EMPOWERED 2050 NORTH LOOP W STE 230 HOUSTON, TX 77018-8111	27-1912105	501(C)(3) PUBLIC	100,000.	0.			SUPPORT TOWARDS THE LAUNCH OF NAVIGATEED ARIZONA
VALLEY ASSISTANCE SERVICES, INC. 3950 S CAMINO DEL HEROE GREEN VALLEY, AZ 85614-5700	94-2783969	501(C)(3) PUBLIC	100,000.	0.			SUPPORT FOR THE MAP PROGRAM, THE NEIGHBORS HELPING NEIGHBORS PROGRAM
SOCIETY FOR SCIENCE & THE PUBLIC 1719 N ST NW WASHINGTON, DC 20036-2801	53-0196483	501(C)(3) PUBLIC	100,000.	0.			SUPPORT TOWARDS THE SCIENCE NEWS LEARNING PILOT PROJECT, INCLUDING INCENTIVIZED EDUCATOR
NORTHERN ARIZONA UNIVERSITY FOUNDATION - PO BOX 4094 - FLAGSTAFF, AZ 86011-0103	86-0193726	501(C)(3) PUBLIC	100,000.	0.			SUPPORT FOR THE ARIZONA TEACHER RESIDENCY PROGRAM TO PROVIDE RESIDENT SUPPORT THROUGH LIVING
PICOR CHARITABLE FOUNDATION 5151 E BROADWAY BLVD STE 115 TUCSON, AZ 85711-3780	86-0786838	501(C)(3) PUBLIC	84,357.	0.			SUPPORT TOWARDS TUCSON AREA NONPROFIT ORGANIZATIONS
HOMELESS YOUTH CONNECTION 224 E HATCHER RD APT 15 PHOENIX, AZ 85020-2442	27-3182999	501(C)(3) PUBLIC	80,000.	0.			SUPPORT TOWARDS PROVIDING CASE MANAGEMENT TO YOUTH EXPERIENCING HOMELESSNESS

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PAZ DE CRISTO COMMUNITY CENTER PO BOX 40968 MESA, AZ 85274-0968	26-1669496	501(C)(3) PUBLIC	80,000.	0.			SUPPORT TOWARDS THE PURCHASE OF A MOBILE SHOWER TRAILER AND INSTALLATION OF RELATED
COMMON SENSE INSTITUTE 5050 N 40TH ST STE 240 PHOENIX, AZ 85018	27-4253618	501(C)(3) PUBLIC	75,000.	0.			TO SUPPORT THE WORK OF COMMON SENSE INSTITUTE
NEW PATHWAYS FOR YOUTH 901 E JEFFERSON ST # 148 PHOENIX, AZ 85034-2219	86-0615007	501(C)(3) PUBLIC	75,000.	0.			STORIES OF TRANSFORMATION SPONSORSHIP
BE A LEADER FOUNDATION 1717 W NORTHERN AVE STE 116 PHOENIX, AZ 85021-5470	55-0850279	501(C)(3) PUBLIC	50,000.	0.			SUPPORT TOWARDS THE ANNUAL "TAKING STEPS TOWARD COLLEGE SUCCESS" EVENT
JEWISH COMMUNITY FOUNDATION OF GREATER PHOENIX, INC. - 12701 N SCOTTSDALE RD STE 202 - SCOTTSDALE, AZ 85254-5455	47-0874376	501(C)(3) PUBLIC	50,000.	0.			SUPPORT TOWARDS SUPPORT THE UPCOMING CHILDSPLAY THEATER PRODUCTION OF 'THE DIARY OF ANNE FRANK'
EL RIO HEALTH CENTER FOUNDATION 839 W CONGRESS ST TUCSON, AZ 85745-2819	86-0816675	501(C)(3) PUBLIC	50,000.	0.			SUPPORT TOWARDS EL RIO HEALTHS REFUGEE PROGRAM TO ASSIST WITH DENTAL CARE FOR REFUGEES,
PHOENIX LEGAL ACTION NETWORK PO BOX 33364 PHOENIX, AZ 85067	82-0711172	501(C)(3) PUBLIC	50,000.	0.			SUPPORT TO RAISE SUSTAINING FUNDS FOR THE LEAD IMMIGRATION ATTORNEY POSITION
REGENERATING SONORA, INC. PO BOX 154 SUPERIOR, AZ 85173-1302	84-3274211	501(C)(3) PUBLIC	50,000.	0.			FOR GENERAL SUPPORT
UMOM NEW DAY CENTERS 3333 E VAN BUREN ST PHOENIX, AZ 85008-6812	86-0521062	501(C)(3) PUBLIC	40,000.	0.			SUPPORT FOR THE WORKFORCE DEVELOPMENT AND JOB READINESS PROGRAM

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SARSEF: SOUTHERN ARIZONA RESEARCH, SCIENCE AND ENGINEERING FOUNDATION - 5049 E BROADWAY BLVD STE 125 - TUCSON, AZ 85711-3646	86-0946185	501(C)(3) PUBLIC	35,000.	0.			SUPPORT FOR RURAL STEM PROGRAMMING
STRADA COLLABORATIVE, INC. C/O EDUCATION AT WORK 230 W 5TH ST - TEMPE, AZ 85281-3617	86-1250084	501(C)(3) PUBLIC	35,000.	0.			SUPPORT FOR EDUCATION AT WORK; TO SUSTAIN, STRENGTHEN, AND EXPAND ITS STUDENT ENGAGEMENT AT
HOPE HOUSE OF SEDONA 54 BOWSTRING DR SEDONA, AZ 86336-6531	84-2816210	501(C)(3) PUBLIC	34,700.	0.			GENERAL OPERATING SUPPORT FOR OPERATIONS OF TRANSITIONAL HOUSING FACILITY
GREATER GREEN VALLEY COMMUNITY FOUNDATION - PO BOX 785 - GREEN VALLEY, AZ 85622-0785	86-0250582	501(C)(3) PUBLIC	32,000.	0.			SUPPORT TO SUPPLEMENT GGVCF'S APPROVED 2023 GRANTS
NEW LIFE CENTER PO BOX 5005 GOODYEAR, AZ 85338-0608	86-0635950	501(C)(3) PUBLIC	30,000.	0.			SUPPORT TO RENOVATE ONE FAMILY RESIDENTIAL CASITA
THE HOPI SCHOOL PO BOX 583 KYKOTSMOVI VILLAGE, AZ 86039-0583	48-1269229	501(C)(3) PUBLIC	30,000.	0.			SUPPORT TO FUND REPAIRS AND UPGRADES TO THE BUILDINGS
ARCS FOUNDATION, INC. 3104 E CAMELBACK RD # 975 PHOENIX, AZ 85016-4502	86-0319947	501(C)(3) PUBLIC	27,000.	0.			SUPPORT TO THE ARCS LUMINARY AWARD, IN HONOR OF SANDRA MATTEUCCI
THE CENTER FOR THE RIGHTS OF ABUSED CHILDREN - 3900 E CAMELBACK RD STE 300 - PHOENIX, AZ 85018-2615	82-2604035	501(C)(3) PUBLIC	25,000.	0.			FOR GENERAL SUPPORT
CLOSE UP FOUNDATION 44 CANAL CENTER PLZ ALEXANDRIA, VA 22314-1592	23-7122882	501(C)(3) PUBLIC	25,000.	0.			SUPPORT FOR ARIZONA STUDENTS PARTICIPATING IN THE YOUNG AMERICA IN ONE ROOM PROGRAM

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CHILDSPLAY, INC. 900 S MITCHELL DR TEMPE, AZ 85281-5592	86-0336473	501(C)(3) PUBLIC	25,000.	0.			FOR GENERAL SUPPORT
SUPPORT MY CLUB 4340 E INDIAN SCHOOL RD STE 21-501 PHOENIX, AZ 85018-5398	45-4396035	501(C)(3) PUBLIC	25,000.	0.			SUPPORT TOWARDS OUTREACH, EXPANSION, AND CAPACITY BUILDING EFFORTS IN SOUTHERN ARIZONA
SWIFT YOUTH FOUNDATION 16099 N 82ND ST STE B2A SCOTTSDALE, AZ 85260-1828	86-0793061	501(C)(3) PUBLIC	25,000.	0.			SUPPORT FOR CAMP PROGRAMS
XICO, INC. 829 N 1ST AVE STE 101 PHOENIX, AZ 85003-1401	20-4225234	501(C)(3) PUBLIC	25,000.	0.			SUPPORT TOWARDS THE NEW DONOR WALL AND THE FLORES DE LA VIDA PROGRAM
CONTINENTAL SCHOOL DISTRICT EDUCATIONAL FOUNDATION - PO BOX 1540 - GREEN VALLEY, AZ 85622-1540	20-1091691	501(C)(3) PUBLIC	18,000.	0.			SUPPORT FOR PHASE III OF THE OUTDOOR MUSICAL CLASSROOM PROJECT AND TO UPKEEP AND MAINTAIN THE
LOW INCOME STUDENT AID, INC. (LISA) - PO BOX 529 - CORNVILLE, AZ 86325-0529	82-3696172	501(C)(3) PUBLIC	17,500.	0.			FOR EXPANSION TO WEST SEDONA ELEMENTARY FOR FUNDS RAISED IN 2024
COTTONWOOD-OAK CREEK SCHOOL DISTRICT #6 - 1 N WILLARD ST - COTTONWOOD, AZ 86326-3651	86-6000563	N/A	15,500.	0.			FOR COTTONWOOD COMMUNITY SCHOOL, TO PURCHASE BOOKS FOR CLASS CURRICULUM AND LIBRARY USE
PRETTY PRECISE STEPTEAM 2177 S MCQUEEN RD APT 2020 CHANDLER, AZ 85286-1840	87-2504479	501(C)(3) PUBLIC	15,000.	0.			FOR THE PURCHASE OF A VEHICLE TO TRANSPORT PROGRAM PARTICIPANTS
CAMP VERDE UNIFIED SCHOOL DISTRICT NO. 28 - 410 CAMP LINCOLN RD - CAMP VERDE, AZ 86322-7494	86-6003046	N/A	15,000.	0.			SUPPORT TOWARDS THE JAG PROGRAM

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GOODWILL OF CENTRAL AND NORTHERN ARIZONA - 2626 W BERYL AVE - PHOENIX, AZ 85021-1668	86-0104415	501(C)(3) PUBLIC	15,000.	0.			SUPPORT TO PROVIDE CURRICULUM AND SUPPLIES FOR CREDIT BEARING COURSES AS WELL AS
PHOENIX INDIAN CENTER 4041 N. CENTRAL AVE. BUILDING B PHOENIX, AZ 85012	86-6006566	501(C)(3) PUBLIC	12,337.	0.			SUPPORT TOWARDS INDIGENOUS YOUTH VOICES: SHEDDING LIGHT TO MMIP
CHICANOS POR LA CAUSA 1112 E BUCKEYE RD PHOENIX, AZ 85034-4043	86-0227210	501(C)(3) PUBLIC	11,000.	0.			GENERAL SUPPORT FOR DE COLORES DOMESTIC VIOLENCE SHELTER
NORTHERN ARIZONA UNIVERSITY PO BOX 4108 FLAGSTAFF, AZ 86011-0104	74-2579628	N/A	11,000.	0.			SCHOLARSHIPS
MILLION DOLLAR TEACHER PROJECT 2201 E CAMELBACK RD STE 403 PHOENIX, AZ 85016-3476	81-3050329	501(C)(3) PUBLIC	10,000.	0.			SUPPORT TOWARDS THE MISSION TO TRANSITION CREATING YOUR FUTURE PROGRAM
100 BLACK MEN OF PHOENIX, INC. 515 E GRANT ST STE 150 PHOENIX, AZ 85004-2750	86-0715610	501(C)(3) PUBLIC	10,000.	0.			SUPPORT TOWARDS THE MEN OF TOMORROW PROGRAM
THE HOPI FOUNDATION PO BOX 301 KYKOTSMOVI, AZ 86039-0301	74-2488628	501(C)(3) PUBLIC	10,000.	0.			SUPPORT TOWARDS THE HOPI LEADERSHIP PROGRAM
PROJECT ROOTS INC. 7000 N 16TH ST # 326 PHOENIX, AZ 85020-5512	84-3977259	501(C)(3) PUBLIC	10,000.	0.			SUPPORT TOWARDS THE TOWER GARDEN PROJECT
VALLEY LEADERSHIP CORPORATION 7000 N 16TH ST STE 120-439 PHOENIX, AZ 85020-5512	86-0373283	501(C)(3) PUBLIC	10,000.	0.			SUPPORT FOR MAN AND WOMAN OF THE YEAR SPONSORSHIP

Schedule I (Form 990)

BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HORIZON HEALTH AND WELLNESS, INC. 625 N PLAZA DR APACHE JUNCTION, AZ 85120-5502	86-0554593	501(C)(3) PUBLIC	10,000.	0.			SUPPORT TOWARDS THE YUMA EMERGENCY SHELTER PROGRAM
ASPIRING YOUTH ACADEMY 4400 N SCOTTSDALE RD STE 9818 SCOTTSDALE, AZ 85251-3331	81-2270726	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
1N10, INC 1101 N CENTRAL AVE STE 202 PHOENIX, AZ 85004-1844	86-0728990	501(C)(3) PUBLIC	10,000.	0.			SUPPORT TOWARDS PROGRAM EXPENSES INCLUDING SUPPLIES AND STAFF TIME FOR ACTIVITIES AT THE
FRIENDS OF PUBLIC RADIO ARIZONA 2323 W 14TH ST TEMPE, AZ 85281-6950	01-0579687	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
SOCIETY OF ST. VINCENT DE PAUL, ST FRANCIS OF ASSISI, YUMA CONFERENCE - 1815 S 8TH AVE # 121 - YUMA, AZ 85364-5547	80-0609649	501(C)(3) PUBLIC	10,000.	0.			SUPPORT TO PROVIDE RENTAL AND UTILITY ASSISTANCE
MAT BEVEL COMPANY PO BOX 1163 PATAGONIA, AZ 85624	13-4012463	501(C)(3) PUBLIC	10,000.	0.			SUPPORT FOR THE UNIVERSE WITHIN STEAM AFTERSCHOOL PROGRAMMING
OLD TOWN MISSION PO BOX 1779 COTTONWOOD, AZ 86326-1779	86-0667052	501(C)(3) PUBLIC	10,000.	0.			SUPPORT FOR THE HOMELESS RESOURCE CENTER
MENTALLY ILL KIDS IN DISTRESS 7816 N 19TH AVE PHOENIX, AZ 85021-7036	86-0673994	501(C)(3) PUBLIC	10,000.	0.			SUPPORT TOWARDS MIKID COMMUNITY AUTISM TRAININGS
PATAGONIA CREATIVE ARTS ASSOCIATION - PO BOX 1248 - PATAGONIA, AZ 85624-1248	31-1641854	501(C)(3) PUBLIC	10,000.	0.			SUPPORT FOR ART MAKERS AFTERSCHOOL MIXED MEDIA ART AFTER SCHOOL PROGRAMMING

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BURTON FAMILY FOUNDATION  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATINO PRIDE ALLIANCE PO BOX 14174 PHOENIX, AZ 85063-4174	82-3136052	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
LOOKOUT PUBLICATIONS NFP 1626 E ADAMS ST PHOENIX, AZ 85034-1361	92-3129757	501(C)(3) PUBLIC	10,000.	0.			FOR GENERAL SUPPORT
PHILLIP ENGLAND CENTER FOR THE PERFORMING ARTS FOUNDATION - 410 CAMP LINCOLN RD - CAMP VERDE, AZ 86322-7494	83-0600029	501(C)(3) PUBLIC	9,600.	0.			TO SUPPORT AUDIO AND RELATED TECHNOLOGY UPGRADES, STUDENT PERFORMANCES, AND ARTS
AGAPE HOUSE OF PRESCOTT 303 E GURLEY ST # 459 PRESCOTT, AZ 86301-3804	46-1821459	501(C)(3) PUBLIC	9,500.	0.			SUPPORT FOR THE FINAL PHASE CAPITAL CAMPAIGN PROJECT
VERDE VALLEY IMAGINATION LIBRARY PO BOX 244 COTTONWOOD, AZ 86326-0244	81-5371369	501(C)(3) PUBLIC	9,000.	0.			FOR GENERAL SUPPORT
VERDE VALLEY HABITAT FOR HUMANITY 737 S MAIN ST COTTONWOOD, AZ 86326-4629	86-0754480	501(C)(3) PUBLIC	9,000.	0.			SUPPORT FOR CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, VETERANS, AND UNDER-SERVED FAMILIES
STEPS TO RECOVERY HOMES 637 N MAIN ST STE 1A COTTONWOOD, AZ 86326-5577	46-3225513	501(C)(3) PUBLIC	8,900.	0.			SUPPORT FOR PROVIDING JOB DEVELOPMENT & EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS IN RECOVERY
MANZANITA OUTREACH PO BOX 371 COTTONWOOD, AZ 86326-0371	27-4446452	501(C)(3) PUBLIC	8,800.	0.			FOR THE FOOD ASSISTANCE PROGRAM TO PROVIDE HEALTHY FOOD SOURCED FROM LOCAL FARMS
ARIZONA BUSINESS AND EDUCATION COALITION - 2100 N CENTRAL AVE STE 210 - PHOENIX, AZ 85004-1400	04-3647149	501(C)(3) PUBLIC	7,000.	0.			SUPPORT TOWARDS THE YUMA ABEC CAREER EXPLORATION & DEVELOPMENT (ACED) PROJECT

Schedule I (Form 990)

BURTON FAMILY FOUNDATION  
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Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERDE VALLEY SCHOOL 3511 VERDE VALLEY SCHOOL RD SEDONA, AZ 86351-9521	86-0080353	501(C)(3) PUBLIC	6,650.	0.			SUPPORT FOR THE NEIGHBORHOOD FOOD PROJECT TO PROVIDE WEEKEND FOOD BACKPACKS TO CHILDREN
ODAICO SONORA AND RHYTHM INDUSTRY PERFORMANCE FACTORY - 5732 E 2ND ST - TUCSON, AZ 85711-1512	20-0644377	501(C)(3) PUBLIC	6,625.	0.			SUPPORT FOR ASIAN AMERICAN WOMENS GIVING CIRCLE MATCH IN SUPPORT OF THE SAVE OUR HIDES
DSQUARED HOMES FOR THE HOMELESS 90 S KYRENE RD STE 4 CHANDLER, AZ 85226-4687	83-3777018	501(C)(3) PUBLIC	6,250.	0.			SUPPORT TOWARDS THE YOUTH DEVELOPMENT PROGRAM
CHAMBER MUSIC SEDONA 2030 W STATE ROUTE 89A STE B5 SEDONA, AZ 86336-5407	94-2920643	501(C)(3) PUBLIC	6,000.	0.			TO PROVIDE SEDONA-AREA YOUTH WITH ACCESS TO MUSICAL EXPERIENCES
STIIR INC 2826 E BRANHAM LN PHOENIX, AZ 85042-7124	87-1749334	501(C)(3) PUBLIC	6,000.	0.			SUPPORT TOWARDS THE STIRS SCHOLARSHIP
DELTAS OF SOUTHERN ARIZONA INC PO BOX 64843 TUCSON, AZ 85728-4843	27-3704145	501(C)(3) PUBLIC	5,750.	0.			SUPPORT TOWARDS PATHWAYS TO EDUCATIONAL AND ECONOMIC OPPORTUNITY FOR HIGH SCHOOL AND COLLEGE
HOPE'S CROSSING 1632 W CAMELBACK RD PHOENIX, AZ 85015-3514	27-2351200	501(C)(3) PUBLIC	5,560.	0.			SUPPORT FOR THE FUNDAMENTALS OF FREEDOM PROGRAM
SEDONA COMMUNITY FOOD BANK PO BOX 3962 SEDONA, AZ 86340-3962	86-0922917	501(C)(3) PUBLIC	5,550.	0.			SUPPORT TO PROVIDE ACCESS TO PROTEIN RICH FOODS FOR HEALTHY NUTRITION
YAVAPAI CASA FOR KIDS FOUNDATION PO BOX 28070 PRESCOTT VALLEY, AZ 86312-8070	71-0946266	501(C)(3) PUBLIC	5,500.	0.			SUPPORT FOR THE FAMILY VISITATION CENTER LOCATED IN VERDE VALLEY

Schedule I (Form 990)

BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

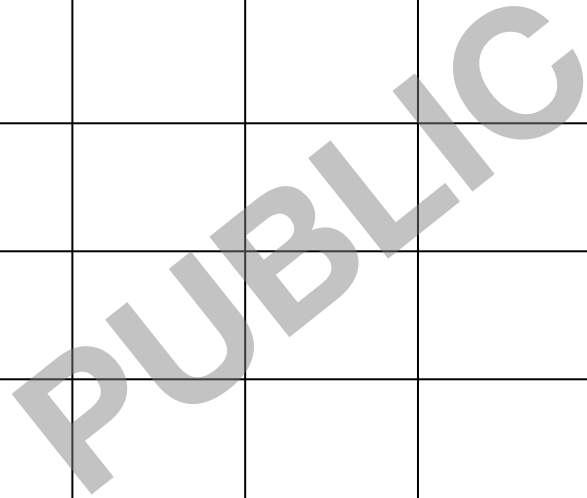
Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD STE 403 PHOENIX, AZ 85016	86-0900277	501(C)(3) PUBLIC	330,000.	0.			GENERAL SUPPORT



BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

**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	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	25	55,500.	0.		EDUCATION

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ORGANIZATIONS RECEIVING GRANT FUNDING FROM THE FOUNDATION

ARE, IN MOST CASES, REQUIRED TO SUBMIT A FINAL REPORT DESCRIBING THE

RESULTS OF THEIR FUNDED PROGRAM OR UPDATE THE FOUNDATION ON THEIR PROGRESS

TO DATE. THESE FINAL REPORTS OUTLINE THE RETURN ON INVESTMENT FOR THE

GRANTEE, THE DONOR, THE FOUNDATION, THE COMMUNITY AND ANY OTHER

STAKEHOLDERS INVOLVED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CAMP CATANESE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOWARDS PROFESSIONAL AND ORGANIZATIONAL DEVELOPMENT

EXPENSES FOR CAMP CATANESE STAFF

NAME OF ORGANIZATION OR GOVERNMENT: SANDRA DAY O'CONNOR INSTITUTE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR VENUE AND MARKETING

COSTS FOR ABRAHAM LINCOLN AND FREDERICK DOUGLASS: A WALK TO RESPECT THEATER PERFORMANCE

NAME OF ORGANIZATION OR GOVERNMENT: SOCIETY OF ST. VINCENT DE PAUL

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR THE ST. FRANCES

CABRINI CONFERENCE OF ST. VINCENT DE PAUL, TO PROVIDE RENTAL AND MORTGAGE ASSISTANCE TO INDIVIDUALS AND FAMILIES IN NEED OF HOUSING ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH WORLD EDUCATION PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAM EXPANSION,

ENHANCE QUALITY, PROVIDE PROGRAM SCHOLARSHIPS, AND ENABLE PROGRAM

EVALUATION AS OUTLINED IN YWEPs 2023 2024 VISION PROPOSAL AND TO SUPPORT

STAFF AND BOARD PROFESSIONAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: BARROW NEUROLOGICAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OF THE DEPARTMENT OF ENT

SKULL BASE SURGERY: HEARING HEALTH SCIENCE PROGRAM (2024 WOMENS BOARD

PROJECT), THE IVY BRAIN TUMOR CENTER AND THE THURSTON INNOVATION CENTER

NAME OF ORGANIZATION OR GOVERNMENT: ACT ONE

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR STUDENT TRANSPORTATION FOR

**ABRAHAM LINCOLN AND FREDERICK DOUGLASS: A WALK TO RESPECT THEATER PERFORMANCE**

**NAME OF ORGANIZATION OR GOVERNMENT: PHOENIX UNION HIGH SCHOOL DISTRICT**  
**(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE LINDA ABRIL EDUCATIONAL ACADEMY TO START AND CONTINUE INITIATIVES AND PROGRAMS INCLUDING ACT TEST PREP, ONBOARDING, PBIS, STUDENT ACHIEVEMENT AND RECOGNITION, CAMPUS LUNCHEONS, AND MULTI-CULTURAL INITIATIVES INCLUD**

**NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF THE PHOENIX PUBLIC LIBRARY**  
**(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT LEASING AND MAINTENANCE OF VEHICLES USED TO COLLECT AND DISTRIBUTE BOOKS AND OTHER MEDIA**

**NAME OF ORGANIZATION OR GOVERNMENT: PHOENIX PUBLIC LIBRARY FOUNDATION**  
**(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOWARDS COLLEGE DEPOT TO SUPPLY MEALS FOR STUDENTS PARTICIPATING IN IN-DEPTH COLLEGE PLANNING WORKSHOPS FOR PHOENIX UNION HIGH SCHOOL DISTRICT STUDENTS**

**NAME OF ORGANIZATION OR GOVERNMENT: CENTER FOR THE FUTURE OF ARIZONA**  
**(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE CFA'S MILESTONE 20TH ANNIVERSARY CELEBRATION AND THE SOUTHERN ARIZONA WORKFORCE LEADERSHIP**

**NAME OF ORGANIZATION OR GOVERNMENT: SOCIETY FOR SCIENCE & THE PUBLIC**  
**(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOWARDS THE SCIENCE NEWS LEARNING PILOT PROJECT, INCLUDING INCENTIVIZED EDUCATOR RESPONSES TO A PILOT EVALUATION SURVEY FOR USERS OF SCIENCE NEWS EXPLORES FOR THE REMAINDER OF THE 2023-2024 SCHOOL YEAR**



NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN ARIZONA UNIVERSITY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE ARIZONA TEACHER RESIDENCY PROGRAM TO PROVIDE RESIDENT SUPPORT THROUGH LIVING STIPENDS, HEALTHCARE, CHILDCARE, AND EMERGENCY FUNDS, AS NEEDED

NAME OF ORGANIZATION OR GOVERNMENT: PAZ DE CRISTO COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOWARDS THE PURCHASE OF A MOBILE SHOWER TRAILER AND INSTALLATION OF RELATED INFRASTRUCTURE UPGRADES AT THE PAZ DE CRISTO CAMPUS AND TO MODIFY PERIMETER FENCING TO ENHANCE CAMPUS SECURITY

NAME OF ORGANIZATION OR GOVERNMENT: EL RIO HEALTH CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOWARDS EL RIO HEALTHS REFUGEE PROGRAM TO ASSIST WITH DENTAL CARE FOR REFUGEES, SUPPORT FOR COORDINATING VISITS, AND TRANSLATION SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: STRADA COLLABORATIVE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR EDUCATION AT WORK; TO SUSTAIN, STRENGTHEN, AND EXPAND ITS STUDENT ENGAGEMENT AT BOTH ITS MARICOPA COUNTY SITE AND AT OTHER ASU REGIONAL SITES, INCLUDING THE TUCSON AND YUMA AREAS

NAME OF ORGANIZATION OR GOVERNMENT:

CONTINENTAL SCHOOL DISTRICT EDUCATIONAL FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR PHASE III OF THE OUTDOOR MUSICAL CLASSROOM PROJECT AND TO UPKEEP AND MAINTAIN THE OUTDOOR MUSICAL CLASSROOM

NAME OF ORGANIZATION OR GOVERNMENT:

GOODWILL OF CENTRAL AND NORTHERN ARIZONA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TO PROVIDE CURRICULUM AND SUPPLIES FOR CREDIT BEARING COURSES AS WELL AS RESOURCES FOR ELECTIVE CLASSES FOR THE ADDITION OF A HIGH SCHOOL MICROSCHOOL AT ONE-N-TEN'S DOWNTOWN PHOENIX SITE

NAME OF ORGANIZATION OR GOVERNMENT: 1N10, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOWARDS PROGRAM EXPENSES INCLUDING SUPPLIES AND STAFF TIME FOR ACTIVITIES AT THE YUMA SATELLITE

NAME OF ORGANIZATION OR GOVERNMENT:

PHILLIP ENGLAND CENTER FOR THE PERFORMING ARTS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AUDIO AND RELATED TECHNOLOGY UPGRADES, STUDENT PERFORMANCES, AND ARTS AND CULTURE PRODUCTIONS

NAME OF ORGANIZATION OR GOVERNMENT: VERDE VALLEY HABITAT FOR HUMANITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, VETERANS, AND UNDER-SERVED FAMILIES WITH CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: VERDE VALLEY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE NEIGHBORHOOD FOOD PROJECT TO PROVIDE WEEKEND FOOD BACKPACKS TO CHILDREN IDENTIFIED AS FOOD INSECURE

NAME OF ORGANIZATION OR GOVERNMENT:

ODAIKO SONORA AND RHYTHM INDUSTRY PERFORMANCE FACTORY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ASIAN AMERICAN WOMENS  
GIVING CIRCLE MATCH IN SUPPORT OF THE SAVE OUR HIDES PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: DELTAS OF SOUTHERN ARIZONA INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOWARDS PATHWAYS TO  
EDUCATIONAL AND ECONOMIC OPPORTUNITY FOR HIGH SCHOOL AND COLLEGE  
GRADUATES

NAME OF ORGANIZATION OR GOVERNMENT:

ASIAN CORPORATE AND ENTREPRENEUR LEADERS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ASIAN AMERICAN WOMENS  
GIVING CIRCLE MATCH IN SUPPORT OF THE ACELERATE WOMEN PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: ASIAN PACIFIC COMMUNITY IN ACTION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ASIAN AMERICAN WOMENS  
GIVING CIRCLE MATCH IN SUPPORT OF REPRODUCTIVE JUSTICE FOR ASIAN AMERICAN  
AND PACIFIC ISLANDER WOMEN AND GIRLS

NAME OF ORGANIZATION OR GOVERNMENT:

ORGANIZATION OF CHINESE AMERICANS INC. GREATER PHOENIX CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR ASIAN AMERICAN WOMENS  
GIVING CIRCLE MATCH IN SUPPORT OF THE EMPOWERING WOMEN  
SYMPOSIUM

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION** Employer identification number **47-3900987**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |  |
|---|--|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2023

BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

47-3900987

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANNA MARIA CHAVEZ PRESIDENT (THRU 2/24)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	460,577.	12,501.	0.	0.	924.	474,002.	0.
(2) KYLA QUINTERO SECRETARY & TREASURER (THRU 12/23)	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	323,663.	51,238.	0.	19,420.	10,190.	404,511.	0.
(3) GLENN WIKE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	279,299.	31,238.	0.	13,158.	8,821.	332,516.	0.
(4) KIMBERLY KUR DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	232,968.	34,260.	0.	27,956.	1,008.	296,192.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PUBLIC

**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	BURTON FAMILY FOUNDATION C/O ARIZONA COMMUNITY FOUNDATION	Employer identification number	47-3900987
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FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 WORKING DILIGENTLY TO ELIMINATE DISPARITIES AND CREATE A PATHWAY TO  
 SHARED PROSPERITY.

FORM 990, PART VI, SECTION A, LINE 2:  
 CHRISTINE BURTON AND DARYL BURTON HAVE A FAMILY RELATIONSHIP. ANNA MARIA  
 CHAVEZ, KYLA QUINTERO (THROUGH 12/23), GLENN WIKE, AND KIMBERLY KUR HAVE A  
 BUSINESS RELATIONSHIP AS OFFICERS/EMPLOYEES FOR THE SUPPORTING AND  
 SUPPORTED ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 3:  
 THE ORGANIZATION IS MANAGED BY ITS SUPPORTED ORGANIZATION, THE ARIZONA  
 COMMUNITY FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 6:  
 THE ORGANIZATION HAS TWO CLASSES OF MEMBERS; ARIZONA COMMUNITY FOUNDATION  
 (THE SUPPORTED ORGANIZATION) MEMBERS AND DONOR MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:  
 EACH CLASS OF MEMBERS HAS THE RIGHT TO APPOINT DIRECTORS TO THE BOARD;  
 HOWEVER, THE MAJORITY OF DIRECTORS SHALL BE APPOINTED BY THE ARIZONA  
 COMMUNITY FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B:  
 THE AFFIRMATIVE VOTE OF THE ARIZONA COMMUNITY FOUNDATION, AND, IF THERE ARE  
 TWO OR MORE DONOR MEMBERS, THE AFFIRMATIVE VOTE OF AT LEAST ONE DONOR

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization BURTON FAMILY FOUNDATION C/O ARIZONA COMMUNITY FOUNDATION	Employer identification number 47-3900987
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MEMBER AT ANY ANNUAL OR SPECIAL MEETING OF MEMBERS SHALL BE REQUIRED TO ADOPT OR APPROVE THE FOLLOWING ACTIONS:

1. LIQUIDATION OR DISSOLUTION OF THE CORPORATION;
2. MERGER, OR CONSOLIDATION OR TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION;
3. REPEAL, MODIFICATION, AMENDMENT, IN WHOLE OR IN PART, OR ADDITION TO THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION OR ADOPTION OF NEW ARTICLES OF INCORPORATION OR BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

AN OUTSIDE ACCOUNTANT PREPARES THE RETURN AND SENDS A DRAFT TO THE VICE PRESIDENT/CONTROLLER OF THE ARIZONA COMMUNITY FOUNDATION FOR REVIEW. SUGGESTED CHANGES, IF ANY, ARE MADE AS APPROPRIATE TO THE DRAFT BY THE OUTSIDE ACCOUNTANT. THE FINAL DRAFT OF THE 990 IS SENT TO ALL BOARD MEMBERS FOR REVIEW AND DELIBERATION PRIOR TO BEING FILED WITH THE IRS. THE FINAL RETURN IS SUBMITTED TO THE PRESIDENT AND CEO OF THE BURTON FAMILY FOUNDATION FOR APPROVAL AND SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND APPROVED ANNUALLY BY THE BOARD OF DIRECTORS OF THE ORGANIZATION. ALL BOARD MEMBERS SIGN AN ACKNOWLEDGEMENT THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY, AGREE TO ABIDE BY IT AND IDENTIFY ANY POTENTIAL CONFLICTS THEY MAY HAVE. THESE ACKNOWLEDGEMENTS ARE REVIEWED BY THE ACF ADVANCEMENT STAFF. SHOULD ANY GRANTS BE PRESENTED THAT WOULD GIVE RISE TO A CONFLICT ON BEHALF OF ONE OR MORE BOARD MEMBERS; THEY ARE ASKED TO DISCLOSE THE CONFLICT, AND RECUSE THEMSELVES FROM ANY VOTE ON APPROVING THE GRANT. ALL OF THIS IS ALSO NOTED IN THE MINUTES OF THE APPLICABLE BOARD MEETING. THIS PROCEDURE IS FOLLOWED



Name of the organization BURTON FAMILY FOUNDATION C/O ARIZONA COMMUNITY FOUNDATION	Employer identification number 47-3900987
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FOR ANY OTHER TYPES OF CONFLICT AS WELL. THE ACF AUDIT AND COMPLIANCE COMMITTEE HAS AUTHORITY TO INVESTIGATE ANY SITUATION WHERE A CONFLICT OF INTEREST MAY EXIST, BUT IT WAS NOT DISCLOSED TO THE BOARD OR TO ACF. THEY WOULD GATHER ALL MATERIAL FACTS AND ASK THE INDIVIDUAL TO MAKE AN APPEARANCE BEFORE THE COMMITTEE TO DISCUSS THE MATTER. SHOULD THE INVESTIGATION FIND THAT A CONFLICT OF INTEREST EXISTS AND IT WAS NOT DISCLOSED, APPROPRIATE DISCIPLINARY MEASURES WILL BE TAKEN. THE AUDIT AND COMPLIANCE COMMITTEE WILL REPORT THEIR RESULTS TO THIS BOARD AND THE ACF BOARD.

FORM 990, PART VI, SECTION B, LINE 15A:

IN REVIEWING AND APPROVING COMPENSATION, THE BOARD OF DIRECTORS SHALL RELY UPON COMPARABILITY DATA TO AFFIRMATIVELY DETERMINE THAT THE COMPENSATION OF COMPENSATED INDIVIDUALS IS REASONABLE TO THE ORGANIZATION BASED UPON INFORMATION SUFFICIENT TO DETERMINE WHETHER THE VALUE OF SERVICES IS THE AMOUNT THAT WOULD ORDINARILY BE PAID FOR LIKE SERVICES, BY LIKE ENTERPRISES, UNDER LIKE CIRCUMSTANCES.

RELEVANT INFORMATION MAY INCLUDE COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS; THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA OF THE ORGANIZATION; AND/OR CURRENT COMPENSATION SURVEYS COMPILED BY INDEPENDENT FIRMS.

IF, AFTER REVIEWING RELEVANT COMPARABILITY DATA, THE BOARD OF DIRECTORS DETERMINES THAT REASONABLE COMPENSATION FOR COMPENSATED INDIVIDUALS IS HIGHER OR LOWER THAN THE RANGE OF DATA REVIEWED, THE BOARD WILL DOCUMENT THE BASIS FOR ITS DECISION.

Name of the organization BURTON FAMILY FOUNDATION C/O ARIZONA COMMUNITY FOUNDATION	Employer identification number 47-3900987
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES A PAPER COPY OF THE FINANCIAL STATEMENTS UPON REQUEST. THE ORGANIZATION DOES NOT PROACTIVELY PROVIDE COPIES OF ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY TO THE PUBLIC. HOWEVER, IF THE ORGANIZATION RECEIVES A REQUEST FROM A DONOR OR POTENTIAL DONOR, THE ORGANIZATION WILL CONSIDER THE REQUEST AND THE CIRCUMSTANCES SURROUNDING THE REQUEST IN DETERMINING WHETHER TO PROVIDE THE DOCUMENTS.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION** Employer identification number **47-3900987**

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

(a) 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	(f) Direct controlling entity

**Part II 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 organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ARIZONA COMMUNITY FOUNDATION - 86-0348306 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 7	N/A		X
AFC PUBLIC FOUNDATION - 86-0900277 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
ELLIS CENTER FOR EDUCATIONAL EXCELLENCE - 20-2822602, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
FIRST BAPTIST CHURCH OF PHOENIX FOUNDATION - 86-0950135, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X

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

Schedule R (Form 990) 2023

BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

Schedule R (Form 990)

47-3900987

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SAM & PEGGY GROSSMAN FAMILY FOUNDATION - 86-0939696, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
R.S. HOYT JR. FAMILY FOUNDATION - 86-0958722 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
MOLLY LAWSON FOUNDATION, INC. (THE) - 20-0236832, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
LIPPINCOTT FAMILY FOUNDATION, INC. - 20-0967548, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
RICHARD A ODOM FAMILY FOUNDATION - 86-0898996, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
ODOM FAMILY FOUNDATION (THE) - 86-0790314 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
PAKIS FAMILY FOUNDATION (THE) - 86-0846617 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
PETZNICK STEWART FOUNDATION (THE) - 82-0915718, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
EDWARD J. ROBSON FAMILY FOUNDATION - 86-1012657, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
RODEL CHARITABLE FOUNDATION- AZ - 86-0941890 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
ROSENBLUTH FAMILY CHARITABLE FOUNDATION - 82-2085640, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
SILVERMAN FAMILY FOUNDATION (THE) - 86-0704259, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X

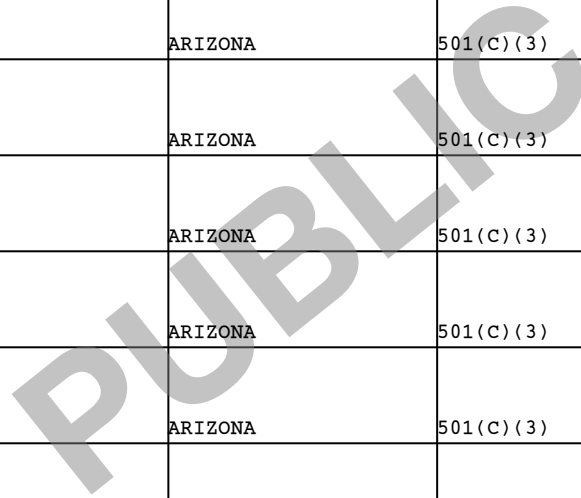
BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

Schedule R (Form 990)

47-3900987

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
JIM TROXELL FOUNDATION - 45-2968884 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
JAMES A. UNRUH FAMILY FOUNDATION - 86-0955776, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
WAZE FOUNDATION - 20-1234655 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
WELLIK FOUNDATION (THE) - 86-0938555 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
ROBERT J. WICK FAMILY FOUNDATION (THE) - 86-0782796, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
WALTER M. WICK FAMILY FOUNDATION (THE) - 86-0782797, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	AZ COMM FDN		X
ISAACS FAMILY FOUNDATION - 92-1930846 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COM. SUPPORT	ARIZONA	501(C)(3)		AZ COMM FDN		X



BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

**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.

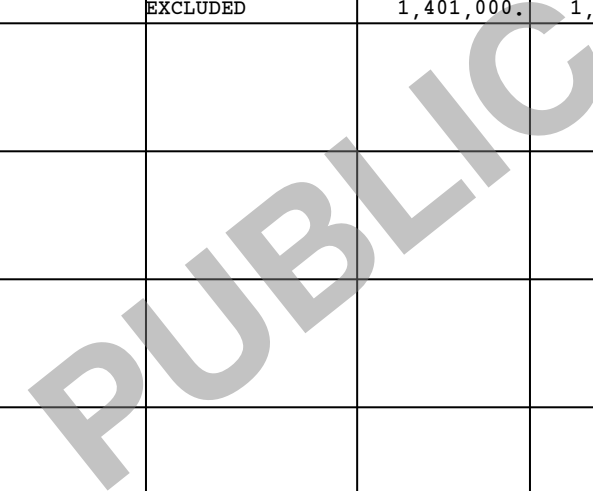
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CASSIDY CHARITABLE, LP - 86-0899100, 6390 NORTH CATTLE TRACK ROAD, SCOTTSDALE, AZ 85250	INVESTMENT	AZ	N/A	EXCLUDED	0.	24,300.		X	N/A		X	99.00%
LIBERTY INV., LLLP - 86-1001790, 20660 N. 40TH STREET UNIT 2147, PHOENIX, AZ 85050	INVESTMENT	AZ	N/A	EXCLUDED	79,905.	678,550.		X	N/A		X	97.00%
FTP HOLDINGS, LLC - 86-0950521, P.O. BOX 50342, MESA, AZ 85208	INVESTMENT	AZ	N/A	EXCLUDED	0.	234,701.		X	N/A		X	95.00%
A&C LAKESIDE INV. - 86-1048713, 8433 N. BLACK CANYON HWY, PHOENIX, AZ 85021	INVESTMENT	AZ	N/A	EXCLUDED	0.	489,000.		X	N/A		X	97.00%

**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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CHARITABLE REMAINDER TRUST (21)	INVESTMENT	AZ							X
CHARITABLE LEAD TRUST (2)	INVESTMENT	AZ							X

**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PEDERSON POSSE, LLC. SERIES A - 92-1448683, 5650 N. 208TH LANE, BUCKEYE, AZ 85396	INVESTMENT	AZ	N/A	EXCLUDED	596,000.	596,000.		<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>	98.00%
PEDERSON POSSE, LLC. SERIES B - 92-1448683, 5650 N. 208TH LANE, BUCKEYE, AZ 85396	INVESTMENT	AZ	N/A	EXCLUDED	1,401,000.	1,401,000.		<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>	98.00%



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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



BURTON FAMILY FOUNDATION  
C/O ARIZONA COMMUNITY FOUNDATION

**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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

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

Lined area for supplemental information with a large diagonal watermark reading 'PUBLIC'.