

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 04-01-2022, and ending 03-31-2023

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

C Name of organization
BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2201 E CAMELBACK RD 405B
City or town, state or province, country, and ZIP or foreign postal code
PHOENIX, AZ 85016

D Employer identification number
47-3900987
E Telephone number
(602) 381-1400
G Gross receipts \$ 2,928,705

F Name and address of principal officer:
CHRISTINE BURTON
2201 E CAMELBACK RD 405B
PHOENIX, AZ 85016

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

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

J Website: N/A

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 2015 **M** State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF THE ARIZONA COMMUNITY FOUNDATION, AN AZ NONPROFIT CORPORATION, SO LONG AS THE ARIZONA COMMUNITY FOUNDATION, INC. REMAINS A QUALIFIED ORGANIZATION.

2 Check this box <input type="checkbox"/>	
3 Number of voting members of the governing body (Part VI, line 1a)	6
4 Number of independent voting members of the governing body (Part VI, line 1b)	3
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	3
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	137,604,053
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-11,267,969	2,925,733
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,134,504	2,972
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	129,470,588	2,928,705

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,452,627	5,829,614
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	250	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25)	0	0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	319,675	466,145
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,772,552	6,295,759
19 Revenue less expenses. Subtract line 18 from line 12	121,698,036	-3,367,054

	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	142,839,047
21 Total liabilities (Part X, line 26)	2,724,000	2,679,000
22 Net assets or fund balances. Subtract line 21 from line 20	140,115,047	131,416,286

Part II Signature Block

Part IV Checklist of Required Schedules

	Yes	No
1 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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.		No
3 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>		No
4 Section 501(c)(3) organizations. 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>		No
5 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>		No
6 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>		No
7 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>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 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>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 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.		
a 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>		No
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>		No
c 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>		No
d 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>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f 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>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
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>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
15 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>		No
16 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>		No
17 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.		No
18 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>		No
19 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>		No

20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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>	21	Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	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>	Yes	
23	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>	Yes	
24a	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>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>		No
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>		No
26	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>		No
27	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>		No
28	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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	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>		No
33	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>		No
34	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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	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>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers must file a complete Schedule O.	Yes	

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

Table with 3 columns: Question (1a, 1b, 1c), Yes, No. 1a: 8, 1b: 0, 1c: []

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

Main table with 3 columns: Question (2a-12a), Yes, No. Includes questions about employees, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 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	No
16 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	No
17 Section 501(c)(21) organizations. 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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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

		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 in Schedule O.	1a	6	
b Enter the number of voting members included in line 1a, above, who are independent	1b	3	
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	Yes	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
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	Yes	
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	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

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?	10a	No
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	Yes
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	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
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	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes

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** No

b Other officers or key employees of the organization **15b** No

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

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** No

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 ▶ _____

18 Section 6104 requires an organization to make its Form 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 in Schedule O)

19 Describe in 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 2201 E CAMELBACK RD 405B PHOENIX, AZ 85016 (602) 381-1400

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, or 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 dotted 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) HOWARD KESSELMAN DIRECTOR	1.00	X						0	0	0
(2) DARYL BURTON VICE CHAIR	1.00	X		X				0	0	0
(3) CHRISTINE BURTON CHAIR	1.00	X		X				0	0	0
(4) STEVEN G SELEZNOW PRESIDENT (THRU 2/3/23)	1.00 45.00 1.00	X		X				0	658,433	53,309

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
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 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>	Yes	
5 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>		No

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	344,690

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

Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Contributions, Gifts, Grants, and Membership dues				
1c Other Amt Similar Fundraising events				
1d Related organizations				
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above				
1g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f ▶				

2a	Business Code			

Program Service Revenue									
1									
2									
f	All other program service revenue.								
9	Total. Add lines 2a-2f. ▶								
3	Investment income (including dividends, interest, and other similar amounts) ▶		1,485,560						1,485,560
4	Income from investment of tax-exempt bond proceeds ▶								
5	Royalties ▶								
6a	Gross rents	(i) Real	(ii) Personal						
6b	Less: rental expenses								
6c	Rental income or (loss)								
d	Net rental income or (loss) ▶								
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
7b	Less: cost or other basis and sales expenses								
7c	Gain or (loss)								
d	Net gain or (loss) ▶								
a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ▶	8a							
b	Less: direct expenses ▶	8b							
c	Net income or (loss) from fundraising events ▶								
9a	Gross income from gaming activities. See Part IV, line 19 ▶	9a							
b	Less: direct expenses ▶	9b							
c	Net income or (loss) from gaming activities ▶								
10a	Gross sales of inventory, less returns and allowances ▶	10a							
b	Less: cost of goods sold ▶	10b							
c	Net income or (loss) from sales of inventory ▶								
11a	MISCELLANEOUS	Business Code	900099	2,972					2,972
b									
c									
d	All other revenue ▶								
e	Total. Add lines 11a-11d ▶			2,972					
12	Total revenue. See instructions ▶			2,928,705	0	0			2,928,705

Other Revenue

Other Revenue Misc Amt

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,786,614	5,786,614		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	43,000	43,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	344,690		344,690	
b Legal	2,553	2,553		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	98,542		98,542	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	20,350	20,350		
b BUSINESS LICENSE	10		10	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,295,759	5,852,517	443,242	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing		1	
	2 Savings and temporary cash investments	41,307,314	2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	129,504	4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		10c
	b Less: accumulated depreciation	10b		
	11 Investments—publicly traded securities	97,400,062	11	130,063,119
	12 Investments—other securities. See Part IV, line 11	4,002,167	12	4,032,167
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	142,839,047	16	134,095,286	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	2,724,000	18	2,679,000
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	2,724,000	26	2,679,000
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	140,115,047	27	131,416,286
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	140,115,047	32	131,416,286	
33 Total liabilities and net assets/fund balances	142,839,047	33	134,095,286	

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	2,928,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,295,759
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,367,054
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	140,115,047
5	Net unrealized gains (losses) on investments	5	-5,331,707
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 in 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	131,416,286

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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 in Schedule O.	Yes	
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?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2022)

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Form 990, Special Condition Description:

Special Condition Description

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 for instructions and the latest information.

OMB No. 1545-0047

2022

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).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes row for (A) ARIZONA COMMUNITY FOUNDATION and a Total row.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 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) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2021 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2021. 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 stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2022. 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 stop here. 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 10%-facts-and-circumstances test—2021. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2 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						

3	Gross receipts from activities that are not an unrelated trade or business under section 513					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .					
5	The value of services or facilities furnished by a governmental unit to the organization without charge					
6	Total. Add lines 1 through 5					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons					
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.					
c	Add lines 7a and 7b. . .					
8	Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	

- 19a** **33 1/3% support tests-2022.** 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-2021.** 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below		

		3a	No
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>		
		3b	
c	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>		
		3c	
4a	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>		No
		4a	
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>		
		4b	
c	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>		
		4c	
5a	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>		No
		5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
		5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
		5c	
6	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>		No
		6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		No
		7	
8	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>		No
		8	
9a	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>		No
		9a	
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>		No
		9b	
c	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>		No
		9c	
10a	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>		No
		10a	
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>		
		10b	

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
		11a	No
b	A family member of a person described on 11a above?		
		11b	No
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
		1	Yes
2	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? 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.

2		No
----------	--	-----------

Section C. Type II Supporting Organizations

	Yes	No
1 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)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

a The organization satisfied the Activities Test. Complete **line 2** below.

b The organization is the parent of each of its supported organizations. Complete **line 3** below.

c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

a 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? 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.**

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? 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.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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? If "Yes" or "No", provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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	Adjusted Net Income (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):	1	
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	Minimum Asset Amount (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 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	Distributable Amount. 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)		

Schedule A (Form 990) 2022

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	Total annual distributions. 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			

f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and 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...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

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).
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.
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 2(d) 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...

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.
1b 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:
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:

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 are a 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 programs
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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
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.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g 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:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

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

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

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)	

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

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 for the latest information.

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ARCS FOUNDATION PO BOX 240 ARTESIA, CA 907020240	23-7373079	501(C)(3)	42,000	0			TO SUPPORT THE 2022 ALL MEMBERS MEETING AND 2023 SCHOLAR AWARDS
(2) ARIZONA SCIENCE CENTER 600 E WASHINGTON ST PHOENIX, AZ 850042303	86-0390558	501(C)(3)	85,000	0			AZSET 2023 SPONSORSHIP
(3) ARIZONA STATE UNIVERSITY FOUNDATION PO BOX 2260 TEMPE, AZ 852802260	86-6051042	501(C)(3)	245,698	0			FOR THE ASU WOMEN AND PHILANTHROPY CAMPAIGN, FOR THE DATA SCIENCE LANDSCAPE EXPLORATION IN PRE-SERVICE TEATCH EDUCATION PATHWAYS PROGRAM, FOR THE COLLEGE ASSISTANCE MIGRANT PROGRAM, FOR THE AZ DATA SCIENCE SUMMIT, FOR THE SEDONA FORUM, AND FOR DEFEATING DISINFORMATION ATTACKS ON U.S. DEMOCRACY WORK
(4) BARROW NEUROLOGICAL FOUNDATION 124 W THOMAS RD STE 250 PHOENIX, AZ 850134415	86-0174371	501(C)(3)	75,000	0			FOR THE WOMEN'S BOARD TO SUPPORT BARROW ANEURYSM AND AVM RESEARCH CENTER
(5) BE A LEADER FOUNDATION 1717 W NORTHERN AVE STE 116 PHOENIX, AZ 850215470	55-0850279	501(C)(3)	30,000	0			FOR THE TAKING STEPS TOWARD COLLEGE SUCCESS 2022 EVENT
(6) BOURGADE CATHOLIC HIGH SCHOOL 4602 N 31ST AVE PHOENIX, AZ 850173407	26-2785451		175,000	0			FOR THE "ALL ARE WELCOME SCHOLARSHIP" PROGRAM
(7) CAMP CATANESE FOUNDATION 1 W CAMPBELL AVE APT 2110 PHOENIX, AZ 850134917	81-3263828	501(C)(3)	250,000	0			TO FUND PROGRAM EXPANSION
(8) DONORSCHOOSEORG 134 W 37TH ST FL 11 NEW YORK, NY 100186938	13-4129457	501(C)(3)	175,000	0			FOR PROJECTS SUBMITTED BY ARIZONA TEACHERS
(9) NEW PATHWAYS FOR YOUTH 901 E JEFFERSON ST PHOENIX, AZ 850342219	86-0615007	501(C)(3)	60,000	0			FOR MATCHING GIFT AND FOR GENERAL OPERATING EXPENSES
(10) PICOR CHARITABLE FOUNDATION 5151 E BROADWAY BLVD STE 115 TUCSON, AZ 857113780	86-0786838	501(C)(3)	73,561	0			TO MATCH THE FUNDS RAISED FOR TUCSON AREA NONPROFITS
(11) PORTABLE PRACTICAL EDUCATION PREPARATION 802 E 46TH ST TUCSON, AZ 857135006	23-7232227	501(C)(3)	150,000	0			CONSTRUCTION OF THE AMADO YOUTH CENTER
(12) ROSIE'S HOUSE A MUSIC ACADEMY FOR CHILDREN PO BOX 13446 PHOENIX, AZ 850023446	86-0650451	501(C)(3)	7,000	0			TO OFFSET THE COSTS OF THE GRAND OPENING CELEBRATION DINNER
(13) SANDRA DAY O'CONNOR INSTITUTE PO BOX 66422 PHOENIX, AZ 850826422	26-3521510	501(C)(3)	315,000	0			FOR THE DINNER WITH BEN FRANKLIN EVENT, FOR THE CAPACITY BUILDING EFFORTS OF THE INSTITUTE'S CIVICS FOR LIFE INITIATIVES, AND FOR THE LEGACY LUNCHEON .
(14) SOCIETY FOR SCIENCE & THE PUBLIC 1719 N ST NW WASHINGTON, DC 200362801	53-0196483	501(C)(3)	300,000	0			FOR THE MANIFOLD FUND TO SUPPORT THE RESEARCH AND DEVELOPMENT COSTS OF "SCIENCE NEWS EXPLORES"
(15) STEP STUDENT EXPEDITION PROGRAM 6336 N ORACLE RD 326-326 TUCSON, AZ 857045480	22-3879050	501(C)(3)	173,000	0			FOR THE SENIOR CELEBRATION DINNER AND TO GENERAL SUPPORT

(16) TEACH FOR AMERICA PO BOX 398615 SAN FRANCISCO, CA 941398615	13-3541913	501(C)(3)	200,000	0		FOR THE SUMMER TRAINING PROGRAM AND PRE-SERVICES FOR INCOMING CORPS MEMBERS AND FOR THE ANNUAL CELEBRATION DINNER
(17) YOUTH WORLD EDUCATION PROJECT PO BOX 6808 CHANDLER, AZ 852466808	26-3453073	501(C)(3)	250,000	0		FOR THE YWEP'S PROGRAMS
(18) ACT ONE 910 E OSBORN RD STE B1 PHOENIX, AZ 850145325	45-3560706	501(C)(3)	125,000	0		FOR EXPANSION IN ARIZONA AND FOR "GET ON THE BUS" CAMPAIGN
(19) MARICOPA COMMUNITY COLLEGES FOUNDATION 2419 W 14TH ST TEMPE, AZ 852816919	86-0327449	501(C)(3)	25,000	0		FOR SCHOLARSHIPS FOR SINGLE MOTHERS
(20) PHOENIX UNION HIGH SCHOOL DISTRICT 4502 N CENTRAL AVE PHOENIX, AZ 850121817	86-6000534		149,768	0		TO START AND CONTINUE INITIATIVES AND PROGRAMS INCLUDING ACT TEST PREP, ONBOARDING, PBIS, STUDENT ACHIEVEMENT AND RECOGNITION, CAMPUS LUNCHEONS, AND MULTI-CULTURAL INTIATIVES; ALSO TO FUND THE ACT TEST BOOT CAMP, COLLEGE CAREER READINESS SESSION, AND THE SPRING OUT-OF-STATE COLLEGE TRIP
(21) THE ASPEN INSTITUTE - COLORADO 1000 N 3RD ST ASPEN, CO 816111330	84-0399006	501(C)(3)	25,000	0		TO SUPPORT THE SOCIETY OF FELLOWS
(22) THE LAUNCH PAD TEEN CENTER 424 6TH ST PRESCOTT, AZ 86301	46-5601468	501(C)(3)	80,000	0		FOR THE ACADEMIC MENTORSHIP PROGRAM; FOR THE MOON CAFE APPRENTICESHIP PROGRAM; FOR THE WOMEN'S EMPOWERMENT CONFERENCE
(23) UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210109 TUCSON, AZ 857210109	86-6050388	501(C)(3)	32,000	0		FOR THE \$1,000 STIPENDS FOR THE DATA SCIENCE FELLOWS
(24) FAMILY INVOLVEMENT CENTER 1430 E INDIAN SCHOOL RD STE 110 PHOENIX, AZ 850144977	71-0890534	501(C)(3)	55,000	0		FOR THE PURCHASE OF AN 8 PASSENGER VAN TO TRANSPORT CHILDREN/YOUTH FROM THEIR HOMES TO APPOINTMENTS AND DESTINATIONS AS NEEDED
(25) FRESH START WOMEN'S FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 850062611	86-0762610	501(C)(3)	25,000	0		GENERAL SUPPORT
(26) GREATER GREEN VALLEY COMMUNITY FOUNDATION PO BOX 785 GREEN VALLEY, AZ 856220785	86-0250582	501(C)(3)	20,000	0		TO SUPPLEMENT GGVCFS 2023 GRANT MAKING
(27) A FOR ARIZONA 2801 E CAMELBACK RD STE 200 PHOENIX, AZ 850164363	85-1341587	501(C)(3)	20,000	0		SUPPORT FOR 2022 TUBAC LEADER'S RETREAT
(28) ACCEL 10251 N 35TH AVE PHOENIX, AZ 850511305	95-3497070	501(C)(3)	275,000	0		SUPPORT TOWARDS INITIAL PROGRAM DEVELOPMENT OF THE TUCSON BISTA CLINIC
(29) AMERICAN BUSINESS IMMIGRATION COALITION 1805 S ASHLAND AVE CHICAGO, IL 606082805	84-4206259	501(C)(3)	50,000	0		SUPPORT FOR RESEARCH, POLLING, MESSAGE TESTING, AND ISSUE EDUCATION RELATED TO ARIZONA PROPOSITION 308
(30) ARIZONA'S CHILDRENS ASSOCIATION 3636 N CENTRAL AVE STE 200 PHOENIX, AZ 850121930	86-0096772	501(C)(3)	10,000	0		SUPPORT FOR AZCA YOUNG ADULT SERVICES - EMERGENCY ASSISTANCE AND SUPPORT
(31) AYUDA SMILES INC DBA SMILES FOR VETERANS PO BOX 1174 GREEN VALLEY, AZ 856221174	47-3619166	501(C)(3)	10,000	0		SUPPORT TOWARDS CLEARING THE EXISTING WAITLIST OF OVER 100 ARIZONA VETERANS IN NEED OF CRITICAL DENTAL CARE
(32) AZ MILKWEEDS FOR MONARCHS 75 DEERFIELD RD SEDONA, AZ 863517576	85-1160701	501(C)(3)	6,000	0		SUPPORT FOR THE VOC MONARCH BUTTERFLY HABITAT GARDEN
(33) BRIGHTER BITES PO BOX 25456 HOUSTON, TX 772655456	47-4070026	501(C)(3)	75,000	0		GENERAL SUPPORT
(34) CHARLES HUMPHREY KEATING IV FOUNDATION PO BOX 181679	82-2075362	501(C)(3)	10,000	0		GENERAL SUPPORT

CORONADO, CA 921781679								GENERAL SUPPORT AND FOR EXPANSION OF CSI'S WORK IN ARIZONA
(35) COMMON SENSE INSTITUTE 6295 GREENWOOD PLAZA BLVD STE 100 GREENWOOD VILLAGE, AZ 801114978	27-4253618	501(C)(3)	75,000	0				
(36) HAPI C/O ROY PAPP ASSOCIATES2201 E CAMELBACK RD STE 227 PHOENIX, AZ 850169028	36-4836616	501(C)(3)	300,000	0				GENERAL SUPPORT
(37) HOPE WOMEN'S CENTER PO BOX 3758 CAMP VERDE, AZ 863223758	47-4710502	501(C)(3)	10,000	0				SUPPORT FOR HOPE GROW CAMP VERDE - RENOVATION TO EXPAND HOPE WOMEN'S CENTER
(38) ARIZONA COMMUNITY FOUNDATION 2202 E CAMELBACK 405B PHOENIX, AZ 85016	86-0348306	501(C)(3)	125,000	0				GENERAL SUPPORT
(39) LATINO PRIDE ALLIANCE PO BOX 36005 PHOENIX, AZ 850676005	82-3136052	501(C)(3)	10,000	0				SUPPORT FOR FAMILY ACCEPTANCE AND LEADERSHIP DEVELOPMENT
(40) LEAGUE FOR INNOVATION IN THE COMMUNITY COLLEGE 2040 S ALMA SCHOOL RD 1-500 CHANDLER, AZ 852867075	95-2577300	501(C)(3)	150,000	0				SUPPORT FOR THE FALL EXECUTIVE LEADERSHIP INSTITUTE PROGRAM
(41) LOCAL FIRST ARIZONA FOUNDATION 407 E ROOSEVELT ST PHOENIX, AZ 850041918	26-1657951	501(C)(3)	600,000	0				SUPPORT FOR LOCAL FIRST ARIZONA'S ECONOMIC RECOVERY CENTER FOR ARIZONA'S RURAL AND TRIBAL COMMUNITIES
(42) MANZANITA OUTREACH PO BOX 371 COTTONWOOD, AZ 863260371	27-4446452	501(C)(3)	10,000	0				SUPPORT FOR CHILDHOOD FOOD SECURITY
(43) MARICOPA COUNTY REGIONAL SCHOOL DISTRICT 4041 N CENTRAL AVE STE 1200 PHOENIX, AZ 850123312	86-0830701	501(C)(3)	15,000	0				SUPPORT FOR THE HOPE ELECTIVES PROGRAM
(44) NATIONAL KIDNEY FOUNDATION OF ARIZONA 360 E CORONADO RD STE 180 PHOENIX, AZ 850041584	86-6052343	501(C)(3)	25,000	0				GENERAL SUPPORT
(45) NEXUS EMPOWERMENT FOUNDATION 10457B W GRANADA RD AVONDALE, AZ 853924745	83-1961748	501(C)(3)	22,387	0				SUPPORT FOR THE DEVELOPMENT OF THE HYBRID MOBILE COLLEGE APPLICATION
(46) OAK ROSE FUND 2624 S KRAMERIA ST DENVER, CO 850041584	88-1925828	501(C)(3)	40,000	0				SUPPORT FOR THE BLACK PARENT AFTERSCHOOL STUDY IN PHOENIX
(47) OLD TOWN MISSION 116 E PINAL ST COTTONWOOD, AZ 863263657	86-0667052	501(C)(3)	8,000	0				SUPPORT FOR EVENING MEALS, MARKET AND KID'S SHOP
(48) PATAGONIA MUSEUM 320 SCHOOL STREET PATAGONIA, AZ 856240919	20-2244767	501(C)(3)	8,500	0				SUPPORT FOR REPLACE CEILING FANS AND FOR MOUNTAIN TRAIL EMPIRE ASSOCIATION
(49) PATAGONIA REGIONAL AQUATICS CENTER PO BOX 1052 PATAGONIA, AZ 856241052	87-2702064	501(C)(3)	6,000	0				SUPPORT FOR RECRUITING, TRAINING, AND HIRING 20 LIFEGUARDS
(50) PHOENIX PUBLIC LIBRARY FOUNDATION PO BOX 3735 PHOENIX, AZ 850303735	86-0835463	501(C)(3)	25,000	0				SUPPORT FOR THE PHOENIX PUBLIC LIBRARY RAISE THE STACKS EVENT
(51) POLARA HEALTH 3343 N WINDSONG DR PRESCOTT VALLEY, AZ 863141213	86-0206928	501(C)(3)	10,000	0				SUPPORT FOR CORTEZ STREET RESOURCE LIBRARY AND SENSORY ENHANCEMENTS FOR CHILDREN WITH AUTISM
(52) PRESCOTT COLLEGE 220 GROVE AVE PRESCOTT, AZ 863012912	86-0294012	501(C)(3)	9,000	0				SUPPORT FOR ARIZONA SERVES FOR AMERICORPS INTEGRATION INTO THE PRESCOTT CREEKS & WATERSHED PROGRAM
(53) PRESCOTT COMMUNITY CUPBOARD FOOD BANK INC PO BOX 10123 PRESCOTT, AZ 863040123	94-2765898	501(C)(3)	10,000	0				FOR EXPANDING CAPACITY
(54) PRESCOTT UNIFIED SCHOOL DISTRICT #1 300 E GURLEY ST PRESCOTT, AZ 863013823	86-6000562	501(C)(3)	10,000	0				SUPPORT FOR BUILDING SUSTAINABILITY FOR FARM TO SCHOOL EDUCATION AT PUSD
(55) SAHUARITA FOOD BANK 17750 S LA CANADA DR SAHUARITA, AZ 856299122	47-1654162	501(C)(3)	108,000	0				GENERAL SUPPORT
(56) SARSEF SOUTHERN ARIZONA RESEARCH SCIENCE AND ENGINEERING FOUNDATION 5049 E BROADWAY BLVD STE 125	86-0946185	501(C)(3)	25,000	0				SUPPORT FOR PROGRAMMING IN RURAL HIGH SCHOOLS ACROSS ARIZONA

UCSSON, AZ 857113646							
(57) SOUNDS ACADEMY PO BOX 44497 PHOENIX, AZ 850644497	46-3932746	501(C)(3)	25,000	0			SUPPORT TOWARDS STUDENT SCHOLARSHIPS FOR THE OVERNIGHT SUMMER CAMP AT YAVAPAI COMMUNITY COLLEGE
(58) STEPS TO RECOVERY HOMES 516 RTE AZ 89A 113 COTTONWOOD, AZ 86326	46-3225513	501(C)(3)	15,000	0			SUPPORT FOR INTENSIVE OUTPATIENT SERVICES FOR SUBSTANCE MISUSE RECOVERY
(59) THE CENTER FOR THE RIGHTS OF ABUSED CHILDREN 3900 E CAMELBACK RD STE 300 PHOENIX, AZ 850182615	82-2604035	501(C)(3)	25,000	0			GENERAL SUPPORT
(60) TRELIS 1405 E MCDOWELL RD PHOENIX, AZ 850062938	51-0152395	501(C)(3)	50,000	0			SUPPORT FOR THE PERIWINKLE MOBILE HOME PARK RESIDENT RELOCATION EFFORTS
(61) UBUNTU LIFE FOUNDATION 2200 WILSON BLVD STE 107 ARLINGTON, VA 222013324	84-4185046	501(C)(3)	10,000	0			GENERAL SUPPORT
(62) VELA EDUCATION FUND 2201 WILSON BLVD STE 107 ARLINGTON, VA 222013324	84-4185046	501(C)(3)	350,000	0			GENERAL SUPPORT
(63) VERDE VALLEY FIRE DISTRICT 2700 E GODARD RD COTTONWOOD, AZ 863265140	86-0288864	501(C)(3)	10,000	0			SUPPORT FOR LIFE AND FIRE SAFETY (LAFS) PUBLIC EDUCATION TRAILOR ENHANCEMENTS
(64) YAVAPAI BIG BROTHERS BIG SISTERS 3208 LAKESIDE VLG PRESCOTT, AZ 863017647	86-0278776	501(C)(3)	15,000	0			SUPPORT FOR THE WORKFORCE DEVELOPMENT PROGRAM
(65) YAVAPAI COLLEGE FOUNDATION 1100 E SHELDON ST PMB6904 PRESCOTT, AZ 863013220	23-7232985	501(C)(3)	7,000	0			SUPPORT FOR FILMMAKER BOOT CAMP FOR TEENS
(66) YAVAPAI COUNTY FREE LIBRARY DISTRICT 1971 COMMERCE CENTER CIR STE D PRESCOTT, AZ 863017839	86-6000561	501(C)(3)	25,000	0			SUPPORT FOR THE "BRING ON THE BOOKS" PROGRAM

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

Schedule I (Form 990) 2022 Page 2

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	19	43,000			EDUCATION
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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.

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 for instructions and the latest information.**

OMB No. 1545-0047

2022

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

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 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?	5a	No
b Any related organization?	5b	No
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?	6a	No
b Any related organization?	6b	No
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 in lines 5 and 6? If "Yes," describe in Part III	7	No
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	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			(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 STEVEN G SELEZNOW PRESIDENT (THRU 2/3/23)	(i)	0	0	0	0	0	0	0
	(ii)	495,838	162,595	0	36,600	16,709	711,742	0
2 KYLA QUINTERO SECRETARY/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	289,938	39,750	0	17,396	11,698	358,782	0
3 KIMBERLY KUR DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	216,700	30,000	0	26,004	934	273,638	0

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 990-EZ.

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

OMB No. 1545-0047

2022Open to Public
InspectionName of the organization
BURTON FAMILY FOUNDATION

C/O ARIZONA COMMUNITY FOUNDATION

Employer identification number

47-3900987

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	CHRISTINE BURTON AND DARYL BURTON HAVE A FAMILY RELATIONSHIP. STEVEN SELEZNOW, ANNA MARIA CHAVEZ, KYLA QUINTERO, 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 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 CHIEF FINANCIAL OFFICER 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 EITHER THE CEO OR CFO OF THE ARIZONA COMMUNITY 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 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 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.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data**Return to Form****Software ID:****Software Version:**

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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 for instructions and the latest information.**

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
(1) ARIZONA COMMUNITY FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0348306	COM. SUPPORT	AZ	501(C)(3)	LINE 7	N/A		No
(2) AFC PUBLIC FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0900277	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(3) ARIZONA FOUNDATION FOR WOMEN 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0789956	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(4) ELLIS CENTER FOR EDUCATIONAL EXCELLENCE 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 20-2822602	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(5) EVANS CHARITABLE FOUNDATION (THE) 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0914248	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(6) FIRST BAPTIST CHURCH OF PHOENIX FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0950135	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(7) SAM & PEGGY GROSSMAN FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0939696	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(8) RS HOYT JR FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0958722	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(9) MOLLY LAWSON FOUNDATION INC (THE) 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 20-0236832	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(10) LIPPINCOTT FAMILY FOUNDATION INC 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 20-0967548	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(11) LODESTAR CHARITABLE FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0965287	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(12) RICHARD A ODOM FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0898996	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(13) ODOM FAMILY FOUNDATION (THE) 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0790314	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(14) PAKIS FAMILY FOUNDATION (THE) 2201 EAST CAMELBACK ROAD SUITE 405B PHOENIX, AZ 85016 86-0846617	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
(15) PRETZNICK STEWART FOUNDATION (THE)	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No

PHOENIX, AZ 85016 82-0915718 (16) EDWARD J ROBSON FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
PHOENIX, AZ 85016 86-1012657 (17) RODEL CHARITABLE FOUNDATION- AZ 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
PHOENIX, AZ 85016 86-0941890 (18) ROSENBLUTH FAMILY CHARITABLE FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
PHOENIX, AZ 85016 82-2085640 (19) SILVERMAN FAMILY FOUNDATION (THE) 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
PHOENIX, AZ 85016 86-0704259 (20) JIM TROXELL FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
PHOENIX, AZ 85016 45-2968884 (21) JAMES A UNRUH FAMILY FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
PHOENIX, AZ 85016 86-0955776 (22) VOGEL CHARITABLE FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
PHOENIX, AZ 85016 68-0544541 (23) WAZE FOUNDATION 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
PHOENIX, AZ 85016 20-1234655 (24) WELLIK FOUNDATION (THE) 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
PHOENIX, AZ 85016 86-0938555 (25) ROBERT J WICK FAMILY FOUNDATION (THE) 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No
PHOENIX, AZ 85016 86-0782796 (26) WALTER M WICK FAMILY FOUNDATION (THE) 2201 EAST CAMELBACK ROAD SUITE 405B	COM. SUPPORT	AZ	501(C)(3)	LINE 12A, I	AZ COMM FDN		No

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

Cat. No. 50135Y

Schedule R (Form 990) 2022

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	
(1) CASSIDY CHARITABLE LP 6390 NORTH CATTLE TRACK ROAD SCOTTSDALE, AZ 85250 86-0899100	INVESTMENT	AZ	N/A	EXCLUDED		24,300		No			No	99.000 %
(2) LIBERTY INV LLLP 20660 N 40TH STREET UNIT 2147 PHOENIX, AZ 85050 86-1001790	INVESTMENT	AZ	N/A	EXCLUDED	-78,275	598,644		No			No	97.000 %
(3) FTP HOLDINGS LLC PO BOX 50342 MESA, AZ 85208 86-0950521	INVESTMENT	AZ	N/A	EXCLUDED		234,701		No			No	95.000 %
(4) A&C LAKESIDE INV 8433 N BLACK CANYON HWY PHOENIX, AZ 85021 86-1048713	INVESTMENT	AZ	N/A	EXCLUDED		489,000		No			No	97.000 %

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
(1) CHARITABLE REMAINDER TRUST (21)	INVESTMENT	AZ							No

