

Return of Organization Exempt From Income Tax

Form 990

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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning APR 1, 2024 and ending MAR 31, 2025

B Check if applicable: C Name of organization BURTON FAMILY FOUNDATION
D Employer identification number 47-3900987
E Telephone number 602-381-1400
G Gross receipts \$ 3,908,718.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.BURTONFAMILYFOUNDATION.ORG
K Form of organization:
L Year of formation: 2015
M State of legal domicile: AZ

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer GLENN WIKE, PRESIDENT & CEO
Paid: Preparer's name LAUREN A. HAVERLOCK, signature LAUREN A. HAVERLOCK, Date 02/10/26, PTIN P00545829
Preparer Use Only: Firm's name BAKER TILLY ADVISORY GROUP, LP, Firm's EIN 39-0859910, Firm's address 6320 CANOGA AVENUE, 17TH FLOOR WOODLAND HILLS, CA 91367, Phone no. 818-577-1900

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

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 10,915,931. including grants of \$ 10,701,066.) (Revenue \$ _____)
GRANTS TO CHARITABLE ORGANIZATIONS IN SUPPORT OF THE PURPOSES OF THE ARIZONA COMMUNITY FOUNDATION, INC.

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

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

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

4e Total program service expenses 10,915,931.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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>		X
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>		X
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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>	X	
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
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>		X
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>		X
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		X
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>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

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

Form 990 (2024)

47-3900987 Page 4

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>	22	X
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>	23	X
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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	X
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>	25b	X
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>	26	X
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>	27	X
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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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>	32	X
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>	33	X
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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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>	35b	
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>	36	X
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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		3
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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.		X
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.		X
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.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

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

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Form 990 (2024)

47-3900987 Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,000.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			3,000.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,490,598.			3490598.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	415,120.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	415,120.				
d Net gain or (loss)			415,120.		415,120.		
8 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			3,908,718.	0.	0.	3905718.	

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Form 990 (2024)

47-3900987 Page **10**

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 ...	10,701,066.	10,701,066.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	265,678.	139,087.	126,591.	
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	11,137.	5,830.	5,307.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,580.	7,290.	7,290.	
9 Other employee benefits	9,126.	4,778.	4,348.	
10 Payroll taxes	15,702.	7,851.	7,851.	
11 Fees for services (nonemployees):				
a Management	300,000.		300,000.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	174,333.		174,333.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	31,285.	30,000.	1,285.	
12 Advertising and promotion	68.	34.	34.	
13 Office expenses	10,810.	10,342.	468.	
14 Information technology	3,138.	1,578.	1,560.	
15 Royalties				
16 Occupancy				
17 Travel	790.	790.		
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 on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES, SUBSCRIPTIONS & P	4,936.		4,936.	
b COMMUNITY OUTREACH	4,931.	4,576.	355.	
c _____				
d _____				
e All other expenses _____	2,709.	2,709.		
25 Total functional expenses. Add lines 1 through 24e	11,550,289.	10,915,931.	634,358.	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. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Form 990 (2024)

47-3900987 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	19,450.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		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		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	130,811,191.	11	129,523,037.
	12 Investments - other securities. See Part IV, line 11	3,269,183.	12	3,320,443.
	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)	134,080,374.	16	132,862,930.	
Liabilities	17 Accounts payable and accrued expenses	15,446.	17	21,199.
	18 Grants payable	5,531,000.	18	4,807,750.
	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	5,546,446.	26	4,828,949.
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	128,533,928.	27	128,033,981.
	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	128,533,928.	32	128,033,981.
	33 Total liabilities and net assets/fund balances	134,080,374.	33	132,862,930.

Form **990** (2024)

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	3,908,718.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,550,289.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,641,571.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	128,533,928.
5	Net unrealized gains (losses) on investments	5	7,141,624.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	128,033,981.

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		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

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

2024

Open to Public Inspection

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

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

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

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

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
ARIZONA COMMUNITY FOUNDATION	86-0348306	7	X		639,500.	
Total					639,500.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
b 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>		
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>		
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>		X
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>		
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>		
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>		X
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>	X	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
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>		X
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>		X
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
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>		X
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>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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):		
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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	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).		

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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.)

PART IV, SECTION A, LINE 6:

THE FILING ORGANIZATION PROVIDED GRANTS TO ORGANIZATIONS TO SUPPORT THE MISSION OF ITS SUPPORTED ORGANIZATION, ARIZONA COMMUNITY FOUNDATION.

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

BURTON FAMILY FOUNDATION

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment

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

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

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

BURTON FAMILY FOUNDATION

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

BURTON FAMILY FOUNDATION

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TEACH FOR AMERICA 4747 N 32ND ST STE 130 PHOENIX, AZ 85018-3306	13-3541913	501(C)(3)	1,060,000.	0.			DESIGNATED SUPPORT FOR TEACH FOR AMERICA PHOENIX
LOCAL FIRST ARIZONA FOUNDATION 407 E ROOSEVELT ST PHOENIX, AZ 85004-1918	26-1657951	501(C)(3)	685,000.	0.			DESIGNATED SUPPORT FOR THE ECONOMIC RESOURCE CENTER
VALLEYWISE HEALTH FOUNDATION 2601 E. ROOSEVELT ST PHOENIX, AZ 85008	86-0777567	501(C)(3)	600,000.	0.			DESIGNATED SUPPORT FOR REFUGEE HEALTH SERVICES
THE ASPEN INSTITUTE 2300 N ST NW STE 700 WASHINGTON, DC 20037-1122	84-0399006	501(C)(3)	405,000.	0.			DESIGNATED SUPPORT FOR THE LEADERSHIP COUNCIL PROGRAMS AND ASPEN SOCIETY
THE WELCOME TO AMERICA PROJECT 1711 W UNIVERSITY DR STE 158 TEMPE, AZ 85281-3251	80-0038343	501(C)(3)	400,000.	0.			GENERAL SUPPORT
SOCIETY FOR SCIENCE & THE PUBLIC 1719 N ST NW WASHINGTON, DC 20036-2801	53-0196483	501(C)(3)	381,250.	0.			DESIGNATED SUPPORT FOR THE RURAL ARIZONA STEM AMBASSADORS/FELLOWS PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 148.

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARROW NEUROLOGICAL FOUNDATION 2910 N 3RD AVE # 450 PHOENIX, AZ 85013-4434	86-0174371	501(C)(3)	375,000.	0.			DESIGNATED SUPPORT FOR THE BARROW WOMEN'S BOARD: THURSTON INNOVATION CENTER
ARIZONA COMMUNITY FOUNDATION 2201 E CAMELBACK RD STE 405B PHOENIX, AZ 85016	86-0348306	501(C)(3)	339,500.	0.			GENERAL SUPPORT
CENTER FOR THE FUTURE OF ARIZONA 455 NORTH 3RD STREET PHOENIX, AZ 85004	82-0538372	501(C)(3)	300,000.	0.			DESIGNATED SUPPORT FOR THE BEAT THE ODDS SCHOOL LEADERSHIP ACADEMY
DONORSCHOOSE.ORG MAIL CODE 6656, P.O. BOX 7247 PHILADELPHIA, PA 19170-6656	13-4129457	501(C)(3)	300,000.	0.			GENERAL SUPPORT
ARIZONA STATE UNIVERSITY FOUNDATION - PO BOX 2260 - TEMPE, AZ 85280-2260	86-6051042	501(C)(3)	285,000.	0.			GENERAL SUPPORT
ARIZONA JEWISH HISTORICAL SOCIETY 122 E CULVER ST PHOENIX, AZ 85004-1720	86-0410245	501(C)(3)	250,000.	0.			DESIGNATED SUPPORT TOWARDS THE HILTON FAMILY HOLOCAUST EDUCATION CENTER
CRANE ELEMENTARY SCHOOL DISTRICT 4250 W 16TH ST YUMA, AZ 85364-4031	62-1450229	YUMA	250,000.	0.			DESIGNATED SUPPORT FOR THE GOWAN SCIENCE ACADEMY INNOVATION LAB
READ BETTER BE BETTER PO BOX 46464 PHOENIX, AZ 85063-6464	47-4003520	501(C)(3)	220,000.	0.			GENERAL SUPPORT
ROSIE'S HOUSE: A MUSIC ACADEMY FOR CHILDREN - PO BOX 13446 - PHOENIX, AZ 85002-3446	86-0650451	501(C)(3)	215,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEP STUDENT EXPEDITION PROGRAM 5021 N 20TH ST # 10782 PHOENIX, AZ 85016-4166	22-3879050	501(C)(3)	195,000.	0.			GENERAL SUPPORT
AZ IMPACT FOR GOOD 326 E CORONADO RD, #206 PHOENIX, AZ 85004	20-2529887	501(C)(3)	166,356.	0.			DESIGNATED SUPPORT FOR THE AZ GIVES NONPROFIT PRIZE POOL SPONSORSHIP
PHOENIX PUBLIC LIBRARY FOUNDATION PO BOX 3735 PHOENIX, AZ 85030-3735	86-0835463	501(C)(3)	125,000.	0.			DESIGNATED SUPPORT FOR THE COLLEGE DEPOT
ARIZONA SCIENCE CENTER 600 E WASHINGTON ST PHOENIX, AZ 85004-2303	86-0390558	501(C)(3)	121,500.	0.			DESIGNATED SUPPORT FOR THE ARIZONA SCIENCE AND ENGINEERING FAIR
FLORENCE IMMIGRANT & REFUGEE RIGHTS PROJECT - PO BOX 86299 - TUCSON, AZ 85754-6299	86-0658103	501(C)(3)	100,000.	0.			DESIGNATED SUPPORT FOR LEGAL AND SOCIAL SERVICES
NAVIGATED ARIZONA 2307 S RURAL RD TEMPE, AZ 85282	93-3028656	501(C)(3)	100,000.	0.			GENERAL SUPPORT
SANDRA DAY O'CONNOR INSTITUTE PO BOX 66422 PHOENIX, AZ 85082-6422	26-3521510	501(C)(3)	100,000.	0.			DESIGNATED SUPPORT FOR THE 2024 ANNUAL HISTORY DINNER
BOYS & GIRLS CLUB OF GREATER SCOTTSDALE - 10533 E LAKEVIEW DR - SCOTTSDALE, AZ 85258-4965	86-0133718	501(C)(3)	98,000.	0.			DESIGNATED SUPPORT FOR THE PEACH SPRINGS CLUB MINIBUS
CHILDSPLAY, INC. 900 S MITCHELL DR TEMPE, AZ 85281-5592	86-0336473	501(C)(3)	96,678.	0.			DESIGNATED SUPPORT FOR THE PRODUCTION OF THE DIARY OF ANNE FRANK

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PICOR CHARITABLE FOUNDATION 5151 E BROADWAY BLVD STE 115 TUCSON, AZ 85711-3780	86-0786838	501(C)(3)	94,816.	0.			GENERAL SUPPORT FOR TUCSON AREA NONPROFITS
CAMP CATANESE FOUNDATION 3200 N. CENTRAL AVE., SUITE 1125 PHOENIX, AZ 85012	81-3263828	501(C)(3)	85,000.	0.			DESIGNATED SUPPORT FOR THE EMERGENCY NEEDS FUND
NEW PATHWAYS FOR YOUTH 901 E JEFFERSON ST # 148 PHOENIX, AZ 85034-2219	86-0615007	501(C)(3)	80,000.	0.			DESIGNATED SUPPORT FOR THE STORIES OF TRANSFORMATION BREAKFAST
OLD TOWN MISSION 116 E PINAL ST COTTONWOOD, AZ 86326-3657	86-0667052	501(C)(3)	79,531.	0.			DESIGNATED SUPPORT FOR RESOURCE CENTER PROGRAMS AND SERVICES
MARICOPA COMMUNITY COLLEGES FOUNDATION - 2419 W 14TH ST - TEMPE, AZ 85281-6919	86-0327449	501(C)(3)	78,000.	0.			DESIGNATED SUPPORT FOR THE ARIZONA COMMUNITY COLLEGE WORKFORCE STIPENDS
BOURGADE CATHOLIC HIGH SCHOOL 4602 N 31ST AVE PHOENIX, AZ 85017-3407	26-2785451	501(C)(3)	76,721.	0.			DESIGNATED SUPPORT FOR THE WEST-MEC PARTNERSHIP TO SUPPORT STUDENT TUITION AND FEES
AMERICAN INDIAN VETERANS MEMORIAL ORGANIZATION - 4835 E. ORCHID LANE - PARADISE VALLEY, AZ 85253	86-0884233	501(C)(3)	75,000.	0.			DESIGNATED FOR THE CONSTRUCTION OF A MEMORIAL AT STEELE INDIAN SCHOOL PARK
BE A LEADER FOUNDATION 300 W. CLARENDON AVE. SUITE 460 PHOENIX, AZ 85013	55-0850279	501(C)(3)	75,000.	0.			DESIGNATED SUPPORT FOR THE PIPELINE PROGRAMS & 2024 TAKING STEPS SUMMIT
COMMON SENSE INSTITUTE 5050 N 40TH ST STE 240 PHOENIX, AZ 85018	27-4253618	501(C)(3)	75,000.	0.			DESIGNATED SUPPORT FOR HOUSING, HOMELESSNESS, AND EDUCATION RESEARCH

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDEPENDENT SECTOR 1602 L STREET NW, SUITE 900 WASHINGTON, DC 20036	52-1081024	501(C)(3)	75,000.	0.			DESIGNATED TO SUPPORT THE INITIATIVE FOR THE STRATEGIC VOLUNTEER ENGAGEMENT ARIZONA PILOT
HARMONY PROJECT PHOENIX 2 N CENTRAL AVE STE 1800 PHOENIX, AZ 85004-2139	85-3131216	501(C)(3)	65,000.	0.			DESIGNATED SUPPORT FOR THE TEACHING ARTIST IN RESIDENCE PROGRAM
LUTHERAN SOCIAL SERVICES OF THE SOUTHWEST - 2502 E UNIVERSITY DR STE 125 - PHOENIX, AZ 85034-6931	86-0252302	501(C)(3)	62,248.	0.			DESIGNATED SUPPORT FOR SUMMER PROGRAMMING FOR REFUGEE YOUTH
ARIZONA LOCAL NEWS FOUNDATION 555 N CENTRAL AVE STE 302 PHOENIX, AZ 85004	86-0902412	501(C)(3)	60,000.	0.			DESIGNATED SUPPORT FOR ARIZONA EDUCATION SOLUTIONS COLLABORATIVE GRANT PROGRAM
ARIZONA TECHNOLOGY COUNCIL FOUNDATION - 2800 N CENTRAL AVE #1530 - PHOENIX, AZ 85004	20-1185167	501(C)(3)	60,000.	0.			DESIGNATED SUPPORT FOR THE 2024 RURAL STEM SUMMIT
HARVEST POWER COMMUNITY DEVELOPMENT GROUP - 1748 S ARIZONA AVE - YUMA, AZ 85364	86-1015217	501(C)(3)	60,000.	0.			DESIGNATED SUPPORT FOR STEM PROGRAMMING AND SUPPLIES
GREATER GREEN VALLEY COMMUNITY FOUNDATION - PO BOX 785 - GREEN VALLEY, AZ 85622-0785	86-0250582	501(C)(3)	55,000.	0.			DESIGNATED SUPPORT FOR THE 2024 GRANT CYCLE
STEPS TO RECOVERY HOMES 637 N MAIN ST STE 1A COTTONWOOD, AZ 86326-5577	46-3225513	501(C)(3)	55,000.	0.			DESIGNATED SUPPORT FOR THE PURCHASE OF PASSENGER VAN
HABITAT FOR HUMANITY CENTRAL ARIZONA - 2830 W GLENDALE AVE STE 33 - PHOENIX, AZ 85051-8450	74-2401708	501(C)(3)	54,000.	0.			DESIGNATED SUPPORT FOR THE CONSTRUCTION TRAINING PRE-APPRENTICESHIP PROGRAM

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA WESTERN COLLEGE FOUNDATION PO BOX 929 YUMA, AZ 85366-0929	86-6051919	501(C)(3)	50,000.	0.			DESIGNATED SUPPORT FOR THE BURTON GAP HEALTH SCHOLARSHIP
SARSEF: SOUTHERN ARIZONA RESEARCH, SCIENCE AND ENGINEERING FOUNDATION - 5049 E BROADWAY BLVD STE 125 - TUCSON, AZ 85711-3646	86-0946185	501(C)(3)	50,000.	0.			DESIGNATED SUPPORT FOR PILOT ARIZONA STEM AFTERSCHOOL STANDARDS
TGEN FOUNDATION 445 N 5TH ST STE 120 PHOENIX, AZ 85004-2241	33-1092191	501(C)(3)	50,000.	0.			DESIGNATED SUPPORT FOR BIOSCIENCE LEADERSHIP ACADEMY
VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375 PHOENIX, AZ 85018-2328	86-0104419	501(C)(3)	50,000.	0.			DESIGNATED SUPPORT FOR THE GRASSROOTS PARTNERSHIPS PROGRAM
VISTA COLLEGE PREPARATORY 24 W CAMELBACK RD STE A522 PHOENIX, AZ 85013-2529	45-4825961	501(C)(3)	50,000.	0.			DESIGNATED SUPPORT FOR POST-SECONDARY PLANNING AND PREPARATION
UNIVERSITY OF ARIZONA FOUNDATION PO BOX 210109 DONOR SERVICES TUCSON, AZ 85721-0109	86-6050388	501(C)(3)	50,000.	0.			DESIGNATED SUPPORT FOR THE ARIZONA ROAD TRIP PROGRAM
XICO, INC. 829 N 1ST AVE STE 101 PHOENIX, AZ 85003-1401	20-4225234	501(C)(3)	50,000.	0.			DESIGNATED SUPPORT FOR GENERAL SUPPORT AND ANNUAL DINNER AND ART AUCTION SPONSORSHIP
STEPPING STONES AGENCIES 2651 N INDUSTRIAL WAY STE A PRESCOTT VALLEY, AZ 86314-3545	86-0542919	501(C)(3)	41,000.	0.			DESIGNATED TO BE UTILIZED FOR ROOF REPAIR, EXCESS FUNDS MAY BE UTILIZED FOR GENERAL OPERATIONS
HOUSING SOLUTIONS OF NORTHERN ARIZONA, INC. - PO BOX 30134 - FLAGSTAFF, AZ 86003-0134	86-0732457	501(C)(3)	40,000.	0.			DESIGNATED SUPPORT FOR OAK WASH HOMES SUPPORTIVE HOUSING PROGRAMS

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

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ARIZONA LATINO LEADERS IN EDUCATION - 515 E GRANT ST STE 150 - PHOENIX, AZ 85004-2750	85-1652516	501(C)(3)	40,000.	0.			DESIGNATED SUPPORT FOR THE SUSTAINABLE LEADERSHIP INITIATIVE: RISING EDUCATORS PROGRAM
1N10, INC 1101 N CENTRAL AVE STE 202 PHOENIX, AZ 85004-1844	86-0728990	501(C)(3)	36,000.	0.			DESIGNATED SUPPORT FOR LGTBQ YOUTH RURAL SATELLITE PROGRAMS
VALLEY LEADERSHIP CORPORATION 7000 N 16TH ST STE 120-439 PHOENIX, AZ 85020-5512	86-0373283	501(C)(3)	35,000.	0.			DESIGNATED SUPPORT FOR THE SOUTH PHOENIX FUTURE FRAMEWORK
ARIZONA COMMISSION ON THE ARTS 417 W ROOSEVELT ST PHOENIX, AZ 85003-1326	86-6004791	PHOENIX	33,445.	0.			DESIGNATED FOR THE YOUTH ARTS ENGAGEMENT GRANT AWARDS
YUMA COUNTY EDUCATION SERVICE AGENCY - 210 S. 1ST AVE - YUMA, AZ 85364	86-6000632	YUMA	32,500.	0.			DESIGNATED FOR CLASSROOM BOOKS FOR TEACHERS RECOGNIZED BY GOOD THINGS IN EDUCATION PROGRAM
FOUNDATION FOR BLIND CHILDREN 1234 E NORTHERN AVE PHOENIX, AZ 85020-4274	86-0129981	501(C)(3)	30,000.	0.			DESIGNATED SUPPORT FOR THE SPORTS, HABILITATION, ART & RECREATION PROGRAM
PHOENIX ART MUSEUM 1625 N CENTRAL AVE PHOENIX, AZ 85004-1640	86-0072608	501(C)(3)	30,000.	0.			DESIGNATED SUPPORT FOR THE PUBLICATION OF SOUTHWEST ABC CHILDREN'S BOOK
PHOENIX UNION HIGH SCHOOL DISTRICT 4502 N CENTRAL AVE PHOENIX, AZ 85012-1817	86-6000534	PHOENIX	30,000.	0.			DESIGNATED SUPPORT FOR LINDA ABRIL EDUCATIONAL ACADEMY STUDENT CIVIC LEADERSHIP, ENGAGEMENT
VITALYST HEALTH FOUNDATION 2020 N CENTRAL AVE STE 720 PHOENIX, AZ 85004-4582	86-0097240	501(C)(3)	30,000.	0.			DESIGNATED SUPPORT FOR THE FAITH-BASED/SCHOOL ATTAINABLE HOUSING INITIATIVE

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

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ALIENTO EDUCATION FUND 4747 N 32ND ST PHOENIX, AZ 85018-3306	84-4749451	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR CULTIVA PROGRAMS
AMERICAN JOURNALISM PROJECT INC 6218 GEORGIA AVENUE NW, SUITE 1-#59 WASHINGTON, DC 20011	83-1772542	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR THE ARIZONA LOCAL NEWS INITIATIVE
ARIZONA THEATRE COMPANY PO BOX 61893 PHOENIX, AZ 85082	86-0211777	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR THE STUDENT MATINEE PROGRAM
AUDUBON SOUTHWEST 3131 S CENTRAL AVE PHOENIX, AZ 85040-1026	13-1624102	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR EDUCATION PROGRAMMING
BORDERLANDS RESTORATION NETWORK P.O. BOX 121 PATAGONIA, AZ 85624	47-2581032	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR EDUCATION PROGRAMMING
CAMPEÑINOS SIN FRONTERAS PO BOX 423 SOMERTON, AZ 85350-0423	86-0944114	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR RADIO SIN FRONTERAS
CHILDREN'S MUSEUM OF PHOENIX 215 N 7TH ST PHOENIX, AZ 85034-1012	86-0934323	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR THE EVERY CHILD PROGRAM
CHILDREN'S MUSEUM OF YUMA COUNTY, INC - 200 S MAIN STREET YUMA, AZ - YUMA, AZ 85364	46-2286334	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR THE SENSORY FRIENDLY STEM WALL
COCONINO COMMUNITY COLLEGE FOUNDATION - 2800 S LONE TREE RD - FLAGSTAFF, AZ 86005-2701	86-0717956	501(C)(3)	25,000.	0.			COCONINO COMMUNITY COLLEGE NURSING EXPANSION AND INNOVATION

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

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DESERT BOTANICAL GARDEN 1201 N GALVIN PKWY PHOENIX, AZ 85008-3437	86-0136925	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR DINNER ON THE DESERT
DSQUARED HOMES FOR THE HOMELESS 90 S KYRENE RD STE 4 CHANDLER, AZ 85226-4687	83-3777018	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR THE GAP (GUIDANCE, ACCESS, AND PREVENTION) PROGRAM
EARN TO LEARN 6336 N ORACLE ROAD, STE 326, #106 TUCSON, AZ 85704	26-1151754	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR COMPREHENSIVE STUDENT WRAP-AROUND SERVICES
ELAINE, INC. 1075 W JACKSON ST PHOENIX, AZ 85007-3102	81-1989463	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR THE FEE FOR SERVICE PROGRAM DEVELOPMENT AND IMPLEMENTATION
FRESH START WOMEN'S FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 85006-2611	86-0762610	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR THE FRESH START GALA SPONSORSHIP IN HONOR OF KATIE MULLER
GIRL SCOUTS-ARIZONA CACTUS-PINE COUNCIL, INC. - 119 E CORONADO RD - PHOENIX, AZ 85004-1512	86-0133397	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR THE NAVAJO NATION STEM CAMP
INTEGRATIVE TOUCH FOR KIDS 7493 N ORACLE ROAD TUCSON, AZ 85704	74-3145036	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR COMPASSION CAMPS
LEADERSHIP CONSORTIUM 1325 E MILADA DR PHOENIX, AZ 85042-7953	73-1628275	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR STUDENT PARTICIPATION IN 53RD CONGRESSIONAL BLACK CAUCUS ANNUAL LEGISLATIVE
MAKE WAY FOR BOOKS 700 N STONE AVE TUCSON, AZ 85705-8351	31-1583036	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR THE STORY PROJECT

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

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MULLIGAN'S MANOR 4701 S. LAKESHORE #1 TEMPE, AZ 85282	26-4089175	501(C)(3)	25,000.	0.			TO PROVIDE WEEKLY LEARNING IN AN EXPERIENTIAL ENVIRONMENT FOSTERS SELF-AWARENESS
PHOENIX CHILDREN'S CHORUS 6060 N 7TH AVE PHOENIX, AZ 85013	90-0470136	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR CHORISTER SUPPORT AND PROFESSIONAL DEVELOPMENT
STAND FOR CHILDREN LEADERSHIP CENTER - 2121 SW BROADWAY, SUITE 130 - PORTLAND, OR 97201	52-1957214	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR THE NINTH GRADE ONTRACK PROGRAM FOR ARIZONA HIGH SCHOOLS
THE CENTER FOR THE RIGHTS OF ABUSED CHILDREN - 3900 E CAMELBACK RD STE 300 - PHOENIX, AZ 85018-2615	82-2604035	501(C)(3)	25,000.	0.			GENERAL SUPPORT
ST. JOSEPH THE WORKER PO BOX 13503 PHOENIX, AZ 85002-3503	86-0600437	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR EMPLOYMENT WITHOUT BARRIERS (EWB) PROGRAM
SWIFT YOUTH FOUNDATION 16099 N 82ND ST STE B2A SCOTTSDALE, AZ 85260-1828	86-0793061	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR ROOTS OF SUCCESS GALA
TUCSON CHILDREN'S MUSEUM 200 S 6TH AVE TUCSON, AZ 85701-2109	86-0676237	501(C)(3)	25,000.	0.			DESIGNATED SUPPORT FOR ADVENTURE LEARNING TOURS AND OUTREACH (ALTO) PROGRAM
THE COCOPAH INDIAN TRIBE 14515 VETERANS AVE. SOMERTON, AZ 85350	86-0255690	TRIBAL	25,000.	0.			DESIGNATED SUPPORT FOR WEST RESERVATION PARK LIGHTING PROJECT
CATHOLIC CHARITIES COMMUNITY SERVICES, INC. - 5151 N 19TH AVE - PHOENIX, AZ 85015-3224	86-0223999	501(C)(3)	20,000.	0.			DESIGNATED SUPPORT FOR THE TEEN'S CLOSET AND PEER ASSISTANCE LEADERSHIP TRAINING

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

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ELEVATEMED 20701 N SCOTTSDALE RD # 107-462 SCOTTSDALE, AZ 85255-6413	83-3557457	501(C)(3)	20,000.	0.			DESIGNATED SUPPORT TOWARDS THE ELEVATEMED SCHOLARS PROGRAM
COTTONWOOD-OAK CREEK SCHOOL DISTRICT #6 - 1 N WILLARD ST - COTTONWOOD, AZ 86326-3651	86-6000563	COTTONWOOD	16,000.	0.			DESIGNATED SUPPORT FOR THE VERDE TECH HIGH SCHOOL AUTOMOTIVE PROGRAM EQUIPMENT
ARIZONA WOMEN'S BOARD 5921 E INDIAN BEND RD PARADISE VALLEY, AZ 85253-3436	27-1895934	501(C)(3)	15,000.	0.			DESIGNATED SUPPORT FOR THE AUTHORS LUNCHEON SPONSORSHIP
FLAGSTAFF FAMILY FOOD CENTER: FOOD BANK AND KITCHEN - 3805 E HUNTINGTON DR - FLAGSTAFF, AZ 86004-9450	86-0754044	501(C)(3)	15,000.	0.			GENERAL SUPPORT
THE GARMENT LEAGUE 815 N 1ST AVENUE PHOENIX, AZ 85003	82-3167630	501(C)(3)	15,000.	0.			DESIGNATED SUPPORT FOR THE FASHION INDUSTRY YOUTH INITIATIVE
FLAGSTAFF UNIFIED SCHOOL DISTRICT #1 - 3285 E SPARROW AVE - FLAGSTAFF, AZ 86004-7794	86-0593041	FLAGSTAFF	14,000.	0.			GENERAL SUPPORT
VERDE VALLEY SANCTUARY, INC. PO BOX 595 SEDONA, AZ 86339-0595	86-0741314	501(C)(3)	13,000.	0.			GENERAL SUPPORT
CIVITAN FOUNDATION, INC. 12635 N. 42ND STREET PHOENIX, AZ 85032	23-7036797	501(C)(3)	12,500.	0.			DESIGNATED SUPPORT FOR CAMP CIVITAN
GLOBAL TIES ARIZONA 3110 NORTH CENTRAL AVE SUITE D-160 PHOENIX, AZ 85012	23-7003229	501(C)(3)	12,500.	0.			DESIGNATED SUPPORT FOR THE YOUNG DIPLOMATS PROGRAM

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

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SOCIETY OF ST. VINCENT DE PAUL, ST FRANCIS OF ASSISI, YUMA CONFERENCE - 1815 S 8TH AVE # 121 - YUMA, AZ 85364-5547	80-0609649	501(C)(3)	12,500.	0.			DESIGNATED FOR THE RENTAL AND UTILITY ASSISTANCE PROGRAM
ASPIRING YOUTH ACADEMY 4400 N SCOTTSDALE RD STE 9818 SCOTTSDALE, AZ 85251-3331	81-2270726	501(C)(3)	12,000.	0.			DESIGNATED SUPPORT FOR THE SPRING BREAK INNOVATION CAMP
HIGH COUNTRY LACTATION CARE, INC 2717 N STEVES BLVD STE 11 FLAGSTAFF, AZ 86004-3959	84-2569291	501(C)(3)	12,000.	0.			GENERAL SUPPORT
ANOTHER JOURNEY INC. 223 WHITE SPAR RD PRESCOTT, AZ 86303-4235	81-2426324	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ARIZONA BURN FOUNDATION 1432 N 7TH ST PHOENIX, AZ 85006-2504	86-0207519	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR CAMP COURAGE
ARIZONA RECREATION CENTER FOR THE HANDICAPPED - 1550 W COLTER ST - PHOENIX, AZ 85015-3005	86-0310253	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR SUMMER CAMP
BI-NATIONAL ARTS INSTITUTE P.O. BOX 686 NACO, AZ 85620	45-3554409	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR THE EL CENTRO COMMUNITY CENTER BI-NATIONAL YOUTH MUSIC PROGRAM
BOYS HOPE GIRLS HOPE OF ARIZONA 3443 N CENTRAL AVE ARCADE 7 PHOENIX, AZ 85012-2204	43-1209928	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR SUMMER ACADEMY
FLAGSTAFF SHELTER SERVICES, INC. 4185 E. HUNTINGTON DR FLAGSTAFF, AZ 86004	20-4921369	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

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FRIENDS OF THE VERDE RIVER PO BOX 2535 COTTONWOOD, AZ 86326-2535	45-2927355	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR VERDE VALLEY BIOBLITZ
FUTURE STARS, INC PO BOX 21062 PHOENIX, AZ 85036-1062	26-1502209	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR THE HANDS ON STEM FAIR
HOPE'S CROSSING PO BOX 16781 PHOENIX, AZ 85011	27-2351200	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HOPIVEWAT P.O. BOX 152 KYKOTSMOVI, AZ 86039	35-2610063	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR LEARNING CENTER CAPACITY BUILDING
LATINO PRIDE ALLIANCE 6850 W INDIAN SCHOOL RD. #G1 PHOENIX, AZ 85033	82-3136052	501(C)(3)	10,000.	0.			GENERAL SUPPORT
LIONS CAMP TATIYEE, INC. 5283 W WHITE MOUNTAIN BLVD LAKESIDE, AZ 85929-6000	86-6052371	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR YOUTH CAMP EXPERIENCES
LITERACY VOLUNTEERS OF COCONINO COUNTY - 2500 N ROSE ST STE 102 - FLAGSTAFF, AZ 86004-3749	86-0716673	501(C)(3)	10,000.	0.			GENERAL SUPPORT
MIDWEST FOOD BANK 725 E BASELINE RD GILBERT, AZ 85233-1203	41-2120170	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR COCHISE COUNTY FOOD PANTRY SUPPLEMENTAL FOOD SUPPORT
MILLION DOLLAR TEACHER PROJECT 2201 E CAMELBACK RD STE 403 PHOENIX, AZ 85016-3476	81-3050329	501(C)(3)	10,000.	0.			DESIGNATED FOR THE READING ALLIANCE IN SUPPORT OF THE LUMINARY LEADER APPRENTICESHIP

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

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MUSEUM OF NORTHERN ARIZONA 3101 N FORT VALLEY RD FLAGSTAFF, AZ 86001-8348	86-0098920	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NATIONAL COALITION OF 100 BLACK WOMEN PHOENIX METROPOLITAN CHAPTER - PO BOX 91267 - PHOENIX, AZ 85066-1267	47-5387892	501(C)(3)	10,000.	0.			DESIGNATED FOR EDUCATION, CIVIC ENGAGEMENT, AND HEALTH PROGRAMMING
OCJ KIDS 21630 N 9TH AVE STE 103 PHOENIX, AZ 85027-2843	86-1040833	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PATAGONIA REGIONAL TIMES PO BOX 1073 PATAGONIA, AZ 85624-1073	27-2932569	501(C)(3)	10,000.	0.			GENERAL SUPPORT
PATSY REEVE FOUNDATION INC. 337 W EL CAMINITO DR PHOENIX, AZ 85021-5521	82-1059864	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR CAMP PATRICK
PEOPLE WHO CARE PO BOX 12079 PRESCOTT, AZ 86304-2079	86-0707449	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR TRANSPORTATION AND NONMEDICAL SUPPORT SERVICES
PHOENIX PERFORMING ARTS CENTER, INC. - 222 E MONROE ST - PHOENIX, AZ 85004-2335	86-0477969	501(C)(3)	10,000.	0.			DESIGNATED FOR THE HERBERGER THEATER FOR THE WOLF TRAP PROGRAM
PHOENIX LEGAL ACTION NETWORK PO BOX 33364 PHOENIX, AZ 85067	82-0711172	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR THE COMMUNITY ENGAGEMENT PROGRAM
PRESCOTT AREA SHELTER SERVICES 336 N RUSH ST PRESCOTT, AZ 86301-2632	26-4188028	501(C)(3)	10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

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PROJECT RISING HOPE 750 E MINGUS AVE COTTONWOOD, AZ 86326-3745	84-4062558	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR NUTRITION PROGRAMS FOR FOOD INSECURE RESIDENTS OF THE VERDE VALLEY
SEDONA COMMUNITY FOOD BANK PO BOX 3962 SEDONA, AZ 86340-3962	86-0922917	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR PURCHASE REFRIGERATED VEHICLE
SHINING LIGHT FOUNDATION 5220 W DESERT LN LAVEEN, AZ 85339	87-0883102	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR A DAY OF KINDNESS
SIERRA VISTA SYMPHONY ASSOCIATION 21 E WILCOX DR SIERRA VISTA, AZ 85635-2503	86-0768498	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR THE 2025 CHILDREN'S CONCERT
SOUTHWEST KIDS CANCER FOUNDATION INC. - 20235 N CAVE CREEK RD, STE 104 #452 - PHOENIX, AZ 85024	46-2354987	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR ARIZONA CAMP SUNRISE AND SUNRISE SIDEKICKS
THE HOPI FOUNDATION PO BOX 301 KYKOTSMOVI, AZ 86039-0301	74-2488628	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR THE KUYI 25TH ANNIVERSARY CELEBRATION
TONATIERRA COMMUNITY DEVELOPMENT INSTITUTE - 802 N 7TH STREET - PHOENIX, AZ 85006	86-0723874	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR INDIGENOUS FARMWORKERS FOOD BANK AND YOUTH LEADERSHIP
TYNKERTOPIA, INC. 3330 E ELDER DR FLAGSTAFF, AZ 86004-4010	82-3860171	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VERDE VALLEY SENIOR CITIZENS ASSOCIATION, INC. - PO BOX 681 - COTTONWOOD, AZ 86326-0681	86-0328194	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR MEALS ON WHEELS PROGRAM

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLCOX COMMUNITY FOOD PANTRY 200 W DOWNEN ST WILLCOX, AZ 85643-2742	86-0724681	501(C)(3)	10,000.	0.			DESIGNATED SUPPORT FOR THE FAMILY MEALS PROGRAM
YUMA COMMUNITY FOOD BANK 2404 E 24TH ST STE A YUMA, AZ 85365-2617	86-0457836	501(C)(3)	10,000.	0.			DESIGNATED FOR EMERGENCY FOOD BAGS
YUMA COMMUNITY THEATER, INC. PO BOX 5658 YUMA, AZ 85366-2481	94-2833500	501(C)(3)	10,000.	0.			DESIGNATED FOR THE S.T.A.G.E. PROGRAM
PRESCOTT YMCA OF YAVAPAI COUNTY 750 WHIPPLE ST PRESCOTT, AZ 86301-1718	86-0119151	501(C)(3)	8,697.	0.			DESIGNATED SUPPORT FOR SUMMER LEARNING LOSS PREVENTION
THE LAUNCH PAD TEEN CENTER 424 6TH ST. PRESCOTT, AZ 86301	46-5601468	501(C)(3)	8,500.	0.			GENERAL SUPPORT
COPPER CANYON FIRE & MEDICAL DISTRICT - 26 W SALT MINE RD UNIT B - CAMP VERDE, AZ 86322-7171	83-2592313	CAMP VERDE	8,155.	0.			DESIGNATED SUPPORT FOR PARAMEDIC TRAINING
VERDE VALLEY FIRE DISTRICT 2700 E. GODARD ROAD COTTONWOOD, AZ 86326	86-0288864	COTTONWOOD	8,155.	0.			DESIGNATED SUPPORT FOR PARAMEDIC TRAINING
COMMUNITY FOOD BANK OF SOUTHERN ARIZONA - 3003 S COUNTRY CLUB RD - TUCSON, AZ 85713-4082	51-0192519	501(C)(3)	8,000.	0.			DESIGNATED SUPPORT FOR THE AMADO RESOURCE CENTER
LOWELL OBSERVATORY 1400 W MARS HILL RD FLAGSTAFF, AZ 86001-4470	86-0098918	501(C)(3)	7,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule I (Form 990)

47-3900987

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERDE VALLEY IMAGINATION LIBRARY PO BOX 244 COTTONWOOD, AZ 86326-0244	81-5371369	501(C)(3)	7,500.	0.			GENERAL SUPPORT
FRIENDS OF BEAVER CREEK LIBRARY 4810 E BEAVER CREEK ROAD RIMROCK, AZ 86335	30-0637781	501(C)(3)	6,300.	0.			DESIGNATED SUPPORT FOR LIBRARY EQUIPMENT UPGRADES AND REPLACEMENT
ARIZONA CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS - 2600 N CENTRAL AVE STE 1700 - PHOENIX, AZ 85004-3017	86-0917603	501(C)(3)	6,000.	0.			DESIGNATED FOR THE YUMA COUNTY REACH OUT AND READ PROGRAM
CHAMBER MUSIC SEDONA 2030 W STATE ROUTE 89A STE B5 SEDONA, AZ 86336-5407	94-2920643	501(C)(3)	6,000.	0.			DESIGNATED SUPPORT FOR SEDONA COMMUNITY YOUTH (INTERGENERATIONAL) ORCHESTRA (SCYO)
H10 MINISTRIES PO BOX 26758 PRESCOTT VALLEY, AZ 86312	26-4634988	501(C)(3)	6,000.	0.			DESIGNATED SUPPORT FOR HOUSE OF HOPE 316
WILLOW BEND ENVIRONMENTAL EDUCATION CENTER - 703 E SAWMILL RD - FLAGSTAFF, AZ 86001-5853	86-0376501	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ARIZONA CLASSICAL BALLET PERFORMING COMPANY - 1060 W PALMCROFT DR - YUMA, AZ 85364-7935	27-2521931	501(C)(3)	5,500.	0.			DESIGNATED FOR THE PERFORMANCE OF THE NUTCRACKER AND FICTIONAL EDUCATION PRESENTATION

Schedule I (Form 990)

BURTON FAMILY FOUNDATION

Schedule I (Form 990) (Rev. 12-2024) C/O ARIZONA COMMUNITY FOUNDATION

47-3900987

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ORGANIZATIONS RECEIVING GRANT FUNDING FROM THE FOUNDATION ARE, IN MOST CASES, REQUIRED TO SUBMIT A FINAL REPORT DESCRIBING THE RESULTS OF THEIR FUNDED PROGRAM OR UPDATE THE FOUNDATION ON THEIR PROGRESS TO DATE. THESE FINAL REPORTS OUTLINE THE RETURN ON INVESTMENT FOR THE GRANTEE, THE DONOR, THE FOUNDATION, THE COMMUNITY AND ANY OTHER STAKEHOLDERS INVOLVED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: INDEPENDENT SECTOR

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED TO SUPPORT THE INITIATIVE FOR THE STRATEGIC VOLUNTEER ENGAGEMENT ARIZONA PILOT PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: PHOENIX UNION HIGH SCHOOL DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED SUPPORT FOR LINDA ABRIL EDUCATIONAL ACADEMY STUDENT CIVIC LEADERSHIP, ENGAGEMENT PROGRAM, AND THE HBCU PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP CONSORTIUM

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED SUPPORT FOR STUDENT PARTICIPATION IN 53RD CONGRESSIONAL BLACK CAUCUS ANNUAL LEGISLATIVE CONFERENCE

NAME OF ORGANIZATION OR GOVERNMENT: MULLIGAN'S MANOR

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE WEEKLY LEARNING IN AN EXPERIENTIAL ENVIRONMENT FOSTERS SELF-AWARENESS AND POSITIVE INCLUSIVITY AMONG PEERS

NAME OF ORGANIZATION OR GOVERNMENT: MILLION DOLLAR TEACHER PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR THE READING ALLIANCE IN SUPPORT OF THE LUMINARY LEADER APPRENTICESHIP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: PROJECT RISING HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED SUPPORT FOR NUTRITION PROGRAMS FOR FOOD INSECURE RESIDENTS OF THE VERDE VALLEY REGION

NAME OF ORGANIZATION OR GOVERNMENT: EL RIO HEALTH CENTER FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED FOR DENTAL PROVIDER TRAINING TO ENHANCE SERVICE FOR PATIENTS WITH SPECIAL NEEDS

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR SENIOR LIVING DBA ALLTHRIVE365

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR FLAGSTAFF SENIOR MEADOWS: ADDRESSING HOUSING & FOOD INSECURITY AMONG FLAGSTAFF SENIORS

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN ARIZONA BOOK FESTIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTNER WITH LOCAL ORGANIZATIONS TO PRESENT A RANGE OF LGBTQIA+ YOUTH WORKSHOPS, PERFORMANCES & ART EVENTS

NAME OF ORGANIZATION OR GOVERNMENT:

SCOTTSDALE ARTS/SCOTTSDALE CULTURAL COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED TO SUPPORT A SAFE SPACE FOR QUEER IDENTITY DEVELOPMENT, MENTORING, TRAINING AND PERFORMANCE FOR YOUNG ARTISTS

NAME OF ORGANIZATION OR GOVERNMENT:

SOCIETY OF ST. VINCENT DE PAUL - SEDONA

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED SUPPORT FOR THE ST. JOHN VIANNEY CONFERENCE TO ASSIST WITH RENTAL AND UTILITY ASSISTANCE TO INDIVIDUALS AND FAMILIES IN NEED OF HOUSING ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:

THE JONATHAN BROWN MENTAL HEALTH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: DESIGNATED TO PROVIDE CULTURALLY COMPETENT MENTAL HEALTH SERVICES TO UNDERSERVED BIPOC COMMUNITIES IN ARIZONA

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF NORTHERN ARIZONA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CONVENE LGBTQ+ NORTHERN ARIZONA YOUTH TO IDENTIFY SERVICE GAPS AND NEEDS AND PROVIDE LGBTQ+ TRAINING TO EDUCATORS

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

BURTON FAMILY FOUNDATION

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) KIMBERLY KUR DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	241,098.	35,630.	0.	28,932.	1,008.	306,668.	0.
(2) GLENN WIKE PRESIDENT & CEO	(i)	240,000.	0.	0.	14,400.	8,132.	262,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

BURTON FAMILY FOUNDATION

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Lined area for providing supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

FORM 990, PART VI, SECTION A, LINE 2:
CHRISTINE BURTON AND DARYL BURTON HAVE A FAMILY RELATIONSHIP. GLENN WIKE
AND KIMBERLY KUR HAVE A BUSINESS RELATIONSHIP AS OFFICERS/EMPLOYEES FOR THE
SUPPORTING AND SUPPORTED ORGANIZATIONS.

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

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

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

FORM 990, PART VI, SECTION A, LINE 7B:
THE AFFIRMATIVE VOTE OF THE ARIZONA COMMUNITY FOUNDATION, AND, IF THERE ARE
TWO OR MORE DONOR MEMBERS, THE AFFIRMATIVE VOTE OF AT LEAST ONE DONOR
MEMBER AT ANY ANNUAL OR SPECIAL MEETING OF MEMBERS SHALL BE REQUIRED TO
ADOPT OR APPROVE THE FOLLOWING ACTIONS:
1. LIQUIDATION OR DISSOLUTION OF THE CORPORATION;
2. MERGER, OR CONSOLIDATION OR TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS
OF THE CORPORATION;
3. REPEAL, MODIFICATION, AMENDMENT, IN WHOLE OR IN PART, OR ADDITION TO THE
ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION OR ADOPTION OF NEW
ARTICLES OF INCORPORATION OR BYLAWS.

FORM 990, PART VI, SECTION B, LINE 11B:
AN OUTSIDE ACCOUNTANT PREPARES THE RETURN AND SENDS A DRAFT TO THE VICE
PRESIDENT/CONTROLLER OF THE ARIZONA COMMUNITY FOUNDATION FOR REVIEW.
SUGGESTED CHANGES, IF ANY, ARE MADE AS APPROPRIATE TO THE DRAFT BY THE
OUTSIDE ACCOUNTANT. THE FINAL DRAFT OF THE 990 IS SENT TO ALL BOARD MEMBERS
FOR REVIEW AND DELIBERATION PRIOR TO BEING FILED WITH THE IRS. THE FINAL
RETURN IS SUBMITTED TO THE PRESIDENT AND CEO OF THE BURTON FAMILY
FOUNDATION FOR APPROVAL AND SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS REVIEWED AND APPROVED ANNUALLY BY THE
BOARD OF DIRECTORS OF THE ORGANIZATION. ALL BOARD MEMBERS SIGN AN
ACKNOWLEDGEMENT THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY, AGREE
TO ABIDE BY IT AND IDENTIFY ANY POTENTIAL CONFLICTS THEY MAY HAVE. THESE
ACKNOWLEDGEMENTS ARE REVIEWED BY THE ACF ADVANCEMENT STAFF. SHOULD ANY
GRANTS BE PRESENTED THAT WOULD GIVE RISE TO A CONFLICT ON BEHALF OF ONE OR
MORE BOARD MEMBERS; THEY ARE ASKED TO DISCLOSE THE CONFLICT, AND RECUSE
THEMSELVES FROM ANY VOTE ON APPROVING THE GRANT. ALL OF THIS IS ALSO NOTED

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	BURTON FAMILY FOUNDATION C/O ARIZONA COMMUNITY FOUNDATION	Employer identification number	47-3900987
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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 B, LINE 15A:
 IN REVIEWING AND APPROVING COMPENSATION, THE BOARD OF DIRECTORS SHALL RELY UPON COMPARABILITY DATA TO AFFIRMATIVELY DETERMINE THAT THE COMPENSATION OF COMPENSATED INDIVIDUALS IS REASONABLE TO THE ORGANIZATION BASED UPON INFORMATION SUFFICIENT TO DETERMINE WHETHER THE VALUE OF SERVICES IS THE AMOUNT THAT WOULD ORDINARILY BE PAID FOR LIKE SERVICES, BY LIKE ENTERPRISES, UNDER LIKE CIRCUMSTANCES.

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

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

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION PROVIDES A PAPER COPY OF THE FINANCIAL STATEMENTS UPON REQUEST. THE ORGANIZATION DOES NOT PROACTIVELY PROVIDE COPIES OF ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY TO THE PUBLIC. HOWEVER, IF THE ORGANIZATION RECEIVES A REQUEST FROM A DONOR OR POTENTIAL DONOR, THE ORGANIZATION WILL CONSIDER THE REQUEST AND THE CIRCUMSTANCES SURROUNDING THE REQUEST IN DETERMINING WHETHER TO PROVIDE THE DOCUMENTS.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

**Open to Public
Inspection**

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
ARIZONA COMMUNITY FOUNDATION - 86-0348306 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 7	N/A		X
AFC PUBLIC FOUNDATION - 86-0900277 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
ELLIS CENTER FOR EDUCATIONAL EXCELLENCE - 20-2822602, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
FIRST BAPTIST CHURCH OF PHOENIX FOUNDATION - 86-0950135, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X

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

Schedule R (Form 990) (Rev. 1-2025)

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule R (Form 990)

47-3900987

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SAM & PEGGY GROSSMAN FAMILY FOUNDATION - 86-0939696, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
R.S. HOYT JR. FAMILY FOUNDATION - 86-0958722 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
MOLLY LAWSON FOUNDATION, INC. (THE) - 20-0236832, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
LIPPINCOTT FAMILY FOUNDATION, INC. - 20-0967548, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
ODOM FAMILY FOUNDATION - 86-0790314 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
PAKIS FAMILY FOUNDATION (THE) - 86-0846617 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
PETZNIK STEWART FOUNDATION (THE) - 82-0915718, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
EDWARD J. ROBSON FAMILY FOUNDATION - 86-1012657, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
ROSENBLUTH FAMILY CHARITABLE FOUNDATION - 82-2085640, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
SILVERMAN FAMILY FOUNDATION - 86-0704259 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
JIM TROXELL FOUNDATION - 45-2968884 2201 EAST CAMELBACK ROAD, SUITE 405B PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X
JAMES A. UNRUH FAMILY FOUNDATION - 86-0955776, 2201 EAST CAMELBACK ROAD, SUITE 405B, PHOENIX, AZ 85016	COMMUNITY SUPPORT	ARIZONA	501(C)(3)	LINE 12A, I	ARIZONA COMMUNITY FOUNDATION		X

BURTON FAMILY FOUNDATION
C/O ARIZONA COMMUNITY FOUNDATION

Schedule R (Form 990)

47-3900987

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

BURTON FAMILY FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

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

BURTON FAMILY FOUNDATION

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ARIZONA COMMUNITY FOUNDATION	B	339,500.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning APR 1, 2024, and ending MAR 31, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 132,862,930, D Employer identification number 47-3900987, E Group exemption number, F Check box if an amended return.

G Check organization type: X 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No X

L The books are in care of KARLA JONES Telephone number 602-381-1400

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Line 1: 1,660. Line 11: 660.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Line 1: 139. Line 7: 139.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Line 4: 139.

Part III Tax and Payments <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	139.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		
	Available post-2017 NOL carryover		
	\$		
	\$		
	\$		
	\$		
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LAUREN A. HAVERLOCK	LAUREN A. HAVERLOCK	02/10/26		P00545829
	Firm's name	BAKER TILLY ADVISORY GROUP, LP		Firm's EIN	39-0859910
	Firm's address	6320 CANOGA AVENUE, 17TH FLOOR WOODLAND HILLS, CA 91367		Phone no.	818-577-1900

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2024

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization BURTON FAMILY FOUNDATION C/O ARIZONA COMMUNITY FOUNDATION	B Employer identification number 47-3900987
C Unrelated business activity code (see instructions) 900099	D Sequence: 1 of 1

E Describe the unrelated trade or business **QUALIFYING INVESTMENT ACTIVITIES**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	5 1,660.		1,660.
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 1,660.		1,660.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	1,660.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	1,660.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)	0.			
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)	0.			

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.
 A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	0.			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	0.			
11 Total dividends-received deductions included in line 10	0.			

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
			0.	0.

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				

		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
		0.		0.

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A B C D checkboxes

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows (2, a) for Gross advertising income.

Table with 4 columns (A, B, C, D) and 2 rows (3, a) for Direct advertising costs by periodical.

Table with 4 columns (A, B, C, D) and 8 rows (4-8, a) for Advertising gain (loss), Readership costs, Circulation income, Excess readership costs, and deduction.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information.

FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
LEGACY VENTURE IX LLC - ORDINARY BUSINESS INCOME (LOSS)	1,492.
LEGACY VENTURE VIII, LLC - ORDINARY BUSINESS INCOME (LOSS)	168.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	1,660.