efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491204002278

OMB No 1545-0052

2017

Form 990-PF Department of the Treasury

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

Open to Public

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

								Inspection	
or	caler	ıdar year 2017, or tax year begini	ning 01-01-20)17 , ;	and e	nding 12-31-	2017		
	ne of fou HE FRAN	ndation CES W BURTON FOUNDATION				A Employer ide	entification numbe	er	
%	FIRST V	VESTERN ADVISORS				20-4214804			
		street (or P O box number if mail is not delivere T MILLROCK DRIVE Suite 340	d to street address)	Room/suite		· '	mber (see instructio	ns)	
		, state or province, country, and ZIP or foreign po	ostal code			(801) 269-1818			_
IOL	LADAY,	UT 84121				C If exemption	application is pendin	ig, check here ▶	_
Cł	neck all	Final return	Initial return of a Amended return Name change	former public charit	У	2 Foreign or	ganizations, check ho ganizations meeting k here and attach co	the 85%	_
C	neck ty	pe of organization Section 501(c)(3)		foundation			indation status was n 507(b)(1)(A), chec		_
<u></u>	Section	4947(a)(1) nonexempt charitable trust	Other taxable	e private foundation					
of	year <i>(f</i>	rom Part II, col (c), \$ 4.570.620 □ 0	ther (specify) _	□ Cash ☑ Acco	rual		ition is in a 60-mont n 507(b)(1)(B), chec		_
Pa	rt I	Analysis of Revenue and Expens of amounts in columns (b), (c), and (d) may no equal the amounts in column (a) (see instruction	ot necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only	:
	1	Contributions, gifts, grants, etc , received schedule)	l (attach	47,52	22				
	2	Check ► ☐ If the foundation is not requ	red to attach						
	3	Interest on savings and temporary cash i	nvestments						
	4	Dividends and interest from securities		78,97	75	78,975			_
	5a	Gross rents							_
e U	b	Net rental income or (loss)	line 10	20.74	: c				_
Keverkie	6a b	Net gain or (loss) from sale of assets not Gross sales price for all assets on line 6a		-20,76	00				_
Ş6 <	7	Capital gain net income (from Part IV, line				0			_
_	8	Net short-term capital gain							_
	9	Income modifications							
	10a	Gross sales less returns and allowances							
	b	Less Cost of goods sold							_
	С								_
	11	,							_
	12			105,73		78,975			_
	13	Compensation of officers, directors, trusto Other employee salaries and wages .	•		0				_
^	14 15	Pension plans, employee benefits			_				_
Stidine Expenses	16a	Legal fees (attach schedule)		9 1,59	95	798	(79	9
3	ь	Accounting fees (attach schedule)		3,72	25	1,863	(1,80	6
_	c	Other professional fees (attach schedule)		35,67	79	35,679			-
2	17	Interest			70	570			-
5	18	Taxes (attach schedule) (see instructions)	9 5,5!	53	4,095			-
	19	Depreciation (attach schedule) and deplet	•						-
	20	Occupancy							-
	21	Travel, conferences, and meetings							_
5	22	Printing and publications							_
	23	Other expenses (attach schedule)		9 40)5	405			_
ו מרווול <i>ן</i>	24	Total operating and administrative ex	rpenses.						
<u> </u>		Add lines 13 through 23		47,52	27	43,410	(· '	
ر	25	Contributions, gifts, grants paid		306,47	77			306,4	7
	26	Total expenses and disbursements. A 25	dd lines 24 and	354,00	04	43,410	(309,1	3
	27	Subtract line 26 from line 12		33 7,00		13,110		305,1.	_
	a	Excess of revenue over expenses and	l	-248,27	73				
	Ь	disbursements Net investment income (if negative, er	iter -0-)		+	35,565			_
	c	Adjusted net income(if negative, enter	•		+			1	_
	i .	· -		I	- 1			1	

	2	Savings and temporary cash investments	750,833	81,899	81,900
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts ▶			
•	8	Inventories for sale or use			
)	9	Prepaid expenses and deferred charges			
Ì	10a	Investments—U S and state government obligations (attach schedule)			
	ь	Investments—corporate stock (attach schedule)	3,861,028	3,972,300	4,488,720
	C	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	4,611,861	4,054,199	4,570,620
	17	Accounts payable and accrued expenses			
_	18	Grants payable			
)	19	Deferred revenue			

	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	4,611,861	4,054,199	4,570,62
	17	Accounts payable and accrued expenses			
	18	Grants payable			
les	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
lat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
ses		and complete lines 24 through 26 and lines 30 and 31.			
Balance	24	Unrestricted	4,611,861	4,054,199	
Bal	25	Temporarily restricted			

Permanently restricted . Foundations that do not follow SFAS 117, check here ▶ and complete lines 27 through 31. Capital stock, trust principal, or current funds

Net Assets or Fund Balances 26 27 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) . 4,611,861 4,054,199 Total liabilities and net assets/fund balances (see instructions) . 4,611,861 4,054,199 31

Analysis of Changes in Net Assets or Fund Balances

2

3

4

5

6

-248,273

4,363,588

4,054,199 Form **990-PF** (2017)

309,389

Part III Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with endof-year figure reported on prior year's return) 4,611,861 1

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Other increases not included in line 2 (itemize)

Decreases not included in line 2 (itemize) ▶

2

3 4

5

Page **3**

- Capital Callis	una 200000 101 142 011 2111 051				
	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED SECU	RITIES				
b PUBLICLY TRADED SECU	RITIES				
c CAPITAL GAIN DIVIDENI	DS .		Р		
d					
e					
	(f)		(g)	(h)
(e) Gross sales price	Depreciation allowed		other basis		r (loss)
Gross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f) minus (g)
a 61	.9,088		633,193		-14,105
b 39	98,931		434,481		-33,760
c					27,099
d					
e					
	s showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	I)
complete only for asset	(i)	i	(k)		יי) h) gain minus
(i)	Adjusted basis		of col (i)		less than -0-) or
F M V as of 12/31/69	as of 12/31/69		(j), if any	Losses (fr	om col (h))
a					-14,105
b					-33,760
С					
d					
e					
2 Capital gain net income	e or (net capital loss)	If gain, also enter in P If (loss), enter -0- in F	' ' '	2	-20,766
•	gain or (loss) as defined in sections : irt I, line 8, column (c) (see instructi)- · · · · . }	3	
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net	Investment Inc	come	
	private foundations subject to the sec				
to operation due by dolliestic p	white foundations subject to the set	ction +5+o(a) tax on no	e investment meom	c ,	
if section 4940(d)(2) applies, l	eave this part blank				
	ne section 4942 tax on the distributa ot qualify under section 4940(e) Do			Y-	es 🔽 No
1 Enter the appropriate ar	nount in each column for each year,	see instructions before	making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rat (col (b) divided by c	
2016	272,417		4,116,633	·	0 066175
2015	268,798		7,759,305		0 034642
2014	272,220		6,855,116		0 03971
2013	251,903		6,275,046		0 040144
2012	249,827		4,522,322		0 055243
2 Total of line 1, column (d)		2		0 235914
	o for the 5-year base period—divide ndation has been in existence if less		, or by the 3		0 047183
	ncharitable-use assets for 2017 fron		4		4,259,039
5 Multiply line 4 by line 3			5	<u> </u>	200,954
• • • • •	ent income (1% of Part I, line 27b)		6		356
			7		201,310
	ions from Part XII, line 4				309,136
	eater than line 7, check the box in Pa			g a 1% tax rate Se	<u> </u>

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
				. "NONE "
2 Compensation of five highest-pai	d employees (other than t	hose included on line 1		ne, enter "NONE."
(a)	Title, and average	(-) 6	Contributions to employee benefit	Expense account,
Name and address of each employee pa more than \$50,000	hours per week (b) devoted to position	(c) Compensation	plans and deferred	(e) other allowances
· · ·			(d) compensation	
Total number of other employees paid over				- II
 Five highest-paid independent co (a) Name and address of each persor 			e of service	(c) Compensation
(a) Name and address of each person	r paid more than \$50,000	(b) Typ	e or service	(C) Compensation
		-		
		_		
T. I				
Total number of others receiving over \$50 Part IX-A Summary of Direct O			<u> • </u>	
List the foundation's four largest direct charitable		ude relevant statistical inforn	nation such as the number of	_
organizations and other beneficiaries served, conf	ferences convened, research paper	s produced, etc	additional additional and the manifest of	Expenses
1				
2				
-				
3				
4				_
Part IX-B Summary of Program	n-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
2				
All other program-related investments	See instructions			
3				
Fotal. Add lines 1 through 3 .				

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

2

3a 3h

4

5

309.136

308.780

Form **990-PF** (2017)

356

Form **990-PF** (2017)

_	_	•	_	_	_	_	•	_	١,	_	_	_	_	/	
1	•	Ī		n	ı	Х	П	1	ī		Π		ī	Jne	ī

b Total for prior years

a From 2012.

e From 2016.

b From 2013. . . . c From 2014. . . d From 2015.

-PF (20)17)	
4113	11	1: - 4: h

(2)	017)
П	Undistributed Income (see instructions)

(a)

Corpus

170.090

96.540

266,630

28.580

238,050

(b)

Years prior to 2016

(c)

2016

17)	
Undistributed Income (see instruc	tion

2015 , 2014 , 2013

28.580 57,647

14.362 69,501

57.647

14.362

69.501

96.540

Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . . **b** Excess from 2014. .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

6 Enter the net total of each column as

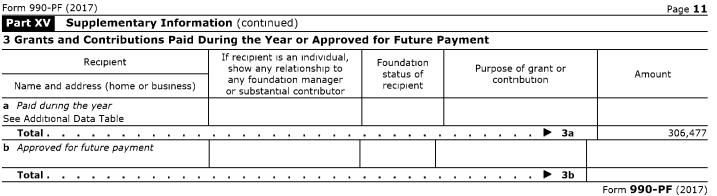
indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

2017	
	212,596

(4)

factors NONE



nter gross	amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt
L Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
f						
2 Membe	and contracts from government agencies rship dues and assessments					
ınvest	st on savings and temporary cash ments					
	ds and interest from securities			14	78,975	
	tal income or (loss) from real estate financed property	+		+		
	ebt-financed property					
	ntal income or (loss) from personal property					
Other II	nvestment income					
	r (loss) from sales of assets other than					
	ory			18	-20,766	
	ome or (loss) from special events profit or (loss) from sales of inventory					
	evenue a					
		<u> </u>				
е						
e 2 Subtota	al Add columns (b), (d), and (e).			13	58,209	
e 2 Subtota 3 Total.	Add columns (b), (d), and (e)			13	58,209	
e Subtota Total. (See wo	al Add columns (b), (d), and (e).	lations)			<u> </u>	
e Subtota Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal Total. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal Total. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtota Total. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal Total. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e Subtotal. (See wo art XVI ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	
e2 Subtota 3 Total. (See wo 2 art XVI	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) brksheet in line 13 instructions to verify calcu B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations) e Accomplish income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ed importantly to	

orm 990-PF ((2017)						Pa	ge 13
Part XVII	Information Re Exempt Organiz		nsfers To and Transact	ions and Relatio	onships With Noncha	ritable		
	ganization directly or in	directly engage	in any of the following with a anizations) or in section 527,			1	Yes	No
a Transfers	from the reporting foun	dation to a none	charitable exempt organization	on of				
(1) Cash						1a(1)		No
(2) Othe	rassets					1a(2)		No
b Other tran	nsactions							
(1) Sales	s of assets to a nonchari	table exempt o	rganızatıon			1b(1)		No
(2) Purch	nases of assets from a n	oncharitable ex	empt organization			1b(2)		No
	al of facilities, equipmen	•				1b(3)		No
	bursement arrangemen					1b(4)		No
	-					1b(5)		No
` .		·	indraising solicitations			1b(6)		No
_			er assets, or paid employees ete the following schedule C			L 1c		No
		ngement, show	he reporting foundation If the in column (d) the value of the column that is not the column	he goods, other ass			ngemen	ıts
described	·	Code (other the	(b) Type of organiza	ection 527?		Yes	✓	No
of m whice Sign		, it is true, corre	have examined this return, in ect, and complete Declaratio		r than taxpayer) is based o	the IRS d	rmatio	n of
Here	Signature of officer or ti	rustee	Date	Title	witl	the prepa	_	
I	Print/Type preparer's	name Pr	eparer's Signature	Date	PTIN			
Paid	Joanna Johnston			2018-07-30	Check if self- employed ▶ □	P01075	5079	
Preparer	Firm's name ► BDO	USA LLP		•	Firm's	EIN ▶		

Use Only Firm's address ▶ 299 S MAIN ST 10TH FLOOR Phone no (801) 269-1818 SALT LAKE CITY, UT 84111

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation KIM PLAUTZ TRUSTEE 10 7941 S MAJESTIC RIDGE DRIVE SALT LAKE CITY, UT 84121 BRET GUNDERSON MEMBER 10 146 EAST 1020 NORTH OREM, UT 84121 CARV TERAN MEMBER JOHN S BRADLEY MEMBER 0 111 EAST BROADWAY 11TH FLOOR SALT LAKE CITY, UT 84111

GARY TERAN	MEMBER	l o	l o	'
6440 S MILLROCK DR HOLLADAY, UT 84121	1 0			
ANDREA W BAUER	MEMBER	0	0	C
6720 NORTH SCOTTSDALE ROAD 170 SCOTTSDALE, AZ 85253	1 0			

MEMBER

SCOTT BURTON

DRAPER, UT 84020

1192 E DRAPER PARKWAY STE 472

Form 990PF Part XV Line 3 - Gran	1	1		,
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ADOPT A NATIVE ELDERPO BOX 3401 PARK CITY, UT 84060	NONE	PC	HELP BRIDGE THE GAAP BETWEEN NATIVE AMERICANS AND OTHER CULTURES	6,377
ALASKA AUDUBON SOCIETY 431 WEST AVE SUITE 101 ANCHORAGE, AK 68114	NONE	PC	HELP PROTECT BIRDS AND OTHER WILDLIFE	250
ALASKA PUBLIC MEDIA 3877 UNIVERSITY DRIVE ANCHORAGE, AK 99508	NONE	PC	PROMOTE BROADCASTING IN ALASKA	500
ALOHA MEDICAL MISSION 810 N VINEYARD BLVD HONOLULU, HI 96817	NONE	PC	PROVIDE MEDICAL TREATMENTS FOR SMALLER RURAL TOWNS WHERE POPULATIONS ARE FREQUENTLY UNDERSERVED	20,000
AMERICAN RED CROSS 555 E 300 SOUTH STE 200 SALT LAKE CITY, UT 84102	NONE	PC	HELP THOSE AFFECTED BY DISASTERS	15,000

За

306,477

Form 990PF Part XV Line 3 - Grant	Payment			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
ANCHORAGE GOSPEL RESCUE MISSION 2823 E TUDOR RD ANCHORAGE, AK 99507	NONE	PC	PROVIDES BED'S FOR SIGNLE MEN & WOMEN AS WELL AS HOT MEALS, CLOTHES, ETC	500
BROTHER FRANCIS SHELTER KODIAK 410 THORSHEIM STREET KODIAK, AK 99615	NONE	PC	PROVIDE A SPACE FOR INDIVIDUALS WITHOUT HOMES	500
CATHOLIC RELIEF SERVICES 228 W LEXINGTON STREET BALTIMOR, MD 21201	NONE	PC	ASSIST THE POOR AND VULNERABLE OVERSEAS & CHERISH PRESERVE & UPHOLD THE SACREDNESS AND DIGNITY OF ALL HUMAN LIFE	1,000
CATHLOLIC SOCIAL SERVICES 1600 BAY STREET PO BOX M/SO STATION FALL RIVER, MA 02724	NONE	PC	PROVIDES ASSISTANCE TO INDIVIDUALS WHO FACE VARIOUS FORMS OF OPPRESSION AND INJUSTICE WITHIN SOUTHEASTERN MASSACHUSETTS	2,500
CHOICE HUMANITARIAN 7879 S 1530 W 200 WEST JORDAN, UT 84088	NONE	PC	HELP REDUCE EXTREME POVERTY	10,000
				306,477

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year COMMUNITY NURSING SVS NONE PC PROVIDES CARE WHEN 5,000

2830 S REDWOOD ROAD SUITE A WEST VALLEY CITY, UT 84119			INDIVIDUALS SUFFER SERIOUS INJURY OR ILLNESS	·
COVENANT HOUSE461 EIGHTH AVENUE NEW YORK, NY 10001	NONE	PC	HELPING HOMELESS & CHILDREN	500
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR	NONE	PC	PROVIDE MEDICAL TREATMENT TO INDIVIDUALS ACCROSS THE	1,000

DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 10001	NONE	PC	PROVIDE MEDICAL TREATMENT TO INDIVIDUALS ACCROSS THE GLOBE	1,000
FOOD FOR THE POOR6401 LYONS ROAD COCONUT CREEK, FL 33073	NONE	PC	FEEDING HUNGRY INDIVIDUALS THROUGHOUT USA	1,000
HABITAT FOR HUMANITY PO BOX 682704 PARK CITY, UT 84096	NONE	PC	ENGAGE IN NEIGHBORHOOD REVITALIZATION, SHELTER INNOVATION, DISASTER	10,500

NEW YORK, NY 10001			GLOBE	
FOOD FOR THE POOR6401 LYONS ROAD COCONUT CREEK, FL 33073	NONE	PC	FEEDING HUNGRY INDIVIDUALS THROUGHOUT USA	
HABITAT FOR HUMANITY PO BOX 682704	NONE	PC	ENGAGE IN NEIGHBORHOOD REVITALIZATION, SHELTER	1

FOOD FOR THE POOR6401 LYONS ROAD COCONUT CREEK, FL 33073	NONE	PC	FEEDING HUNGRY INDIVIDUALS THROUGHOUT USA	1,
HABITAT FOR HUMANITY PO BOX 682704 PARK CITY UT 84096	NONE	PC	ENGAGE IN NEIGHBORHOOD REVITALIZATION, SHELTER	10,

IABITAT FOR HUMANITY	NONE	PC	ENGAGE IN NEIGHBORHOOD	10,500
O BOX 682704			REVITALIZATION, SHELTER	
ARK CITY, UT 84096			INNOVATION, DISASTER	
			RESPONSE ETC	1

PO BOX 682704 PARK CITY, UT 84096		REVITALIZATION, SHELTER INNOVATION, DISASTER RESPONSE ETC	

PARK CITY, UT 84096	INNOVATION, DISASTER RESPONSE ETC	
Total	 	306,477

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE HAPPY FACTORY896 N 1275 W CEDAR CITY, UT 84721	NONE	PC	GIVE AWAY TOYS TO CHILDREN IN NEED	5,000
HOLY SPIRIT CENTER ANCHORAGE 10980 HILLSIDE DRIVE ANCHORAGE, AK 99507	NONE	PC	PROVIDE SPIRITUAL GUIDANCE TO THOSE IN NEED	250
MILLIES'S PRINCESS FOUNDATION 2873 EAST ETINNE WAY SANDY, UT 84093	NONE	PC	RAISES MONEY FOR CANCER RESEARCH	12,500
NATIONAL ABILITY CENTER PO BOX 682799 PARK CITY, UT 84068	NONE	PC	EMPOWERS INDIVIDUALS TO BUILD SELF ESTEEM, CONFIDENCE, AND LIFETIME SKILLS THROUGH SPORTS, RECREATIONG, AND EDUCATION	10,000
NATIONAL MULTIPLE SCLEROSIS 101A 1ST AVE WALTHAM, MA 02451	NONE	PC	PROVIDES FUNDING FOR MS	20,000
Total				306,477

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
NORTHERN UTAH AUTISM PROGRAM 1100 ORCHARD AVE OGDEN, UT 84404	NONE	PC	A PROGRAM FOR EARLY INTERVENTION FOR CHILDREN DIAGNOSED WITH AUTISM OR PERVASIVE DEVELOPMENT DISORDER	2,500	
PRIMARY CHILDREN'S MEDICAL CENTER 100 NORTH MARIO CAPECCHI SALT LAKE CITY, UT 84113	NONE	PC	PROVIDES CHILDREN IN NEED WITH MEDICAL CARE	17,150	
SAVANNAH'S SONG FOR ST JUDE PO BOX 1577 DRAPER, UT 84020	NONE	PC	CHILDREN'S RESEARCH HOSPITAL	28,000	
SAVE OUR CANYONS 824 SOUTH 400 WEST B115 SALT LAKE CITY, UT 84101	NONE	PC	STRIVES TO PROTECT AND SAVE THE WILDNESS & BEAUTY OF THE WASATCH MOUNTAINS, CANYONS, AND FOOTHILLS	12,500	
SHELTER BOX USA 7359 MERCHANT COURT	NONE	PC	PROVIDES DISASTER RELIEF	500	

SAVE OUR CANYONS 824 SOUTH 400 WEST B115 SALT LAKE CITY, UT 84101	NONE	PC	STRIVES TO PROTECT AND SAVE THE WILDNESS & BEAUTY OF THE WASATCH MOUNTAINS, CANYONS, AND FOOTHILLS	12,500
PO BOX 1577 DRAPER, UT 84020	THO NE		HOSPITAL	20,000

SARASOTA, FL 34240

Total . 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SONS OF BASEBALL NONE PC BRING CHILDREN LIVING WITH 5.000 3165 MILLROCK DRIVE SUITE DISABILITIES OR BATTLING LIFE SALT LAKE CITY, UT 84121 THREATENING MEDICAL CONDITIONS TOGETHER WITH THE BASEBALL COMMUNITY TO CREATE POSITIVE AND LASTING **BASEBALL EXPERIENCES** NONE PC. PROVIDE RELIGIOUS SERVICES 2,000 ST PATRICKS PARISH1058 W 400 S SALT LAKE CITY, UT 84104 AND OTHER AID TO PEOPLE IN NEED NONE PC 5,000 UNITED WAY (ANCHORAGE) FOCUSED ON CREATING 701 W 8TH AVE 230 COMMUNITY-BASED AND ANCHORAGE, AK 99501 COMMUNITY-LED SOLUTIONS ,500 BENEFIT AND BRING HEALING TO PEOPLE AND THE EARTH

			THAT STRENGTHEN THE CORNERSTONES FOR A GOOD QUALITY OF LIFE EDUCATION, FINANCIAL STABILITY, AND HEALTH	
UTAH DINE BIKEYAH 352 S DENVER ST 315 SALT LAKE CITY, UT 84111	NONE	PC	PRESERVE AND PROTECT THE CULTURAL AND NATURAL RESOURCES OF ANCESTRAL NATIVE AMERICAN LANDS TO	12,5

PC

Feeding the hungry and

homeless

3,000

306,477

NONE

BEAN'S CAFE1020 E 4th Ave

Anchorage, AK 99501 Total . .

За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year					
NATURE CONSERVANCY OF ALASKA 715 L St 100 Anchorage, AK 99501	NONE	PC	Protecting nature, conserving life	1,500	
ALASKA CHAMBER SINGERS P O Box 102055 Anchorage, AK 99510	NONE	PC	Enhancing cultural life in Anchorage	750	
ALASKA SUDAN MEDICAL330 E 4th Ave Anchorage, AK 99501	NONE	PC	Saving lives through health, clean water, & agriculture in South Sudan	500	
EQUAL JUSTICE INITIATIVE 122 Commerce Street Montgomery, AL 36104	NONE	PC	The Equal Justice Initiative is committed to ending mass incarceration and excessive punishment in the United States, to challenging racial and economic injustice, and to protecting basic human rights for the most vulnerable people in American society	500	
OCEANS CONSERVANCY 1300 19th Street NW 8th Floor	NONE	PC	Ocean protection, investing in research, leadership and advocacy that advances science-	500	

Washington DC, DC 20036 based solutions that work

Total . . За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	any foundation manager or substantial contributor	recipient			
a Paid during the year		<u> </u>			
HEART & HANDS FOR HUMANITY 520 North Main Street Suite 305 HEBER, UT 84032	NONE	PC	A non-profit solution passionate about eliminating poverty and empowering the global fight against contaminated drinking water	2,500	
CHILDREN'S HOSPITAL AND MEDICAL CENTER 8200 Dodge St Omaha, NE 68114	NONE	PC	CHILDREN'S MEDICAL RESEARCH HOSPITAL	15,800	
OMAHA ROTARY OPERATION 4205 N 101st St Omaha, NE 68134	NONE	PC	bring together business and professional leaders in order to provide humanitarian services, encourage high ethical standards in all vocations, and to advance goodwill and peace around the world	7,900	
NOBLE HORSE SANCTUARY 4835 South Viewmont Street Holladay, UT 84117	NONE	PC	Noble Horse Sanctuary is focused on reducing the cruelty and suffering of horses	2,500	
NEIGHBORHOOD HOUSE1050 W 500 S Salt Lake City, UT 84104	NONE	PC	Neighborhood House helps low- income families succeed by providing quality, affordable day care and support services to children and adults	38,000	
Total				306,477	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a raid during the year				
HOPE ARISING3760 E Leah Ln Gilbert, AZ 85234	NONE	PC	empowering families to perpetual self-reliance	7,500
OMAHA CHILDREN'S HOSPITAL	NONE	PC	CHILDREN'S MEDICAL	18,000

<u>'</u>				
OMAHA CHILDREN'S HOSPITAL	NONE	PC	CHILDREN'S MEDICAL	18
8200 Dodge St			RESEARCH	
Omaha, NE 68114				

Total			_	,
8200 Dodge St Omaha, NE 68114			RESEARCH	
OFFAFIA CHIEDREN S HOSHITAL	NONE	10	CHILDRENS HEDICAL	

a Paid during the year

3a

efile GRAPHIC print - DO NOT PI	ROCESS As Fi	iled Data -		DI	LN: 93491204002278	
TY 2017 Accounting Fe	es Schedule	е			_	
Name: THE FRANCES W BURTON FOUNDATION						
	EIN : 20-4	1214804				
Accounting Fees Schedule						
Category	Amount	Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

1,862

3,725

ACCOUNTING

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491204002278 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2017 Depreciation Schedule

Name: THE FRANCES W BURTON FOUNDATION EIN: 20-4214804

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491204002278
TY 2017 Investments Corporat	e Stock Sche	dule

Name: THE FRANCES W BURTON FOUNDATION **EIN:** 20-4214804

	Name of Stock	End of Year Book Value	End of Year Fair Market Value
		Value	Plarket Value
EQUITIES		3,972,300	4,488,720

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	-	DLI	N: 93491204002278	
TY 2017 Legal Fees Schedu	ile				
Nam	ne: THE FRANCE	S W BURTON FOL	INDATION		
EIN : 20-4214804					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
LEGAL	1,595	798		797	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491204002278			
TY 2017 Other Decreases Schedule						
Name:	THE FRANCES	W BURTON FOUNDATION				
EIN:	20-4214804					
De	escription		Amount			
PRIOR PERIOD ADJUSTMENT			309,389			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	: 93491204002278			
TY 2017 Other Expenses Schedule							
Name:	THE FRANCES V	N BURTON FOUNI	DATION				
EIN:	: 20-4214804						
Other Expenses Schedule							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FEES	405	405					

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491204002278 TY 2017 Other Professional Fees Schedule							
Name: THE FRANCES W BURTON FOUNDATION EIN: 20-4214804							
Category		Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MANAGEMENT FEES	35,679	35,679		

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349120				N: 93491204002278		
TY 2017 Taxes Schedule						
Na	ame: THE FRANCE	S W BURTON FOL	NOTTON			
			MUNITOR			
EIN: 20-4214804						
Category	Amount	Net Investment	Adjusted Net	Disbursements		
I		Income	Income	for Charitable		
				Purposes		
FOREIGN TAXES	4,095	4,095				
FOUNDATION TAXES	1,458					

efile GRAPHIC print - D	O NOT PROCESS	As Filed Data -				DLN: 93491204002278		
Schedule B		Schedu	ule of Contributo	ors		OMB No 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF Teasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at							
Name of the organization					Employer id	dentification number		
Organization type (che					20-4214804			
Organization type (one	ck one)							
Filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)()	(enter number) o	organization					
	4947(a)(1)	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	☐ 527 politic	al organization						
Form 990-PF	✓ 501(c)(3) €	✓ 501(c)(3) exempt private foundation						
	4947(a)(1)	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	☐ 501(c)(3) t	501(c)(3) taxable private foundation						
			PF that received, during to complete Parts I and II S					
Special Rules								
under sections 5 received from an	09(a)(1) and 170(b)(1	1)(A)(vi), that che ring the year, tota	g Form 990 or 990-EZ th cked Schedule A (Form al contributions of the gre plete Parts I and II	990 or 990-EZ), P	art II, line 13,	16a, or 16b, and that		
during the year, t	total contributions of	more than \$1,000	or (10) filing Form 990 of the control of the contr	, charitable, scien				
during the year, of if this box is check purpose Don't co	contributions <i>exclusiv</i> cked, enter here the t omplete any of the pa	vely for religious, total contributions arts unless the G o	or (10) filing Form 990 of charitable, etc., purpose is that were received during eneral Rule applies to the or more during the year	s, but no such con ng the year for an ns organization be	ntributions tota exclusively re ecause it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>		
990-EZ, or 990-PF), but	ıt must answer "No"	on Part IV, line 2	ile and/or the Special Ru t, of its Form 990, or che at it doesn't meet the filing	ck the box on line	H of its			
For Paperwork Reduction A for Form 990, 990-EZ, or 990		uctions	Cat No 30613X	Schedu	ıle B (Form 990), 990-EZ, or 990-PF) (2017)		

Name of organization Employer identification number THE FRANCES W BURTON FOUNDATION 20-4214804 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (a) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person ROBERT BRYNER **Payroll** 144 E 300 N \$ 18,000 Noncash LOGAN, UT84321 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person R DIRK NOYES Payroll 376 N CRESTLINE CIRCLE \$ 10,000 Noncash SALT LAKE CITY, UT84103 (Complete Part II for noncash contributions) (b) (a) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person KONRAD KALTENBORN MARY C SCHUMACH **Payroll** 6640 LAWLOR CIRCLE \$ 19,522 Noncash ANCHORAGE, AK99502 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions) Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)