Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052 2017

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

▶ Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2017 or tax year beginning , 2017, and ending 20 A Employer identification number Name of foundation 86-0836442 The Norton Foundation Number and street (or P.O box number if mail is not delivered to street address) Room/surte B Telephone number (see instructions) 115 (602)954-88124835 E. Cactus Road City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ Scottsdale AZ 85254 ☐ Initial return Initial return of a former public charity G Check all that apply: D 1. Foreign organizations, check here □ Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, □ Name change □ Address change check here and attach computation E If private foundation status was terminated under H Check type of organization:

✓ Section 501(c)(3) exempt private foundation ▶ □ section 507(b)(1)(A), check here . Section 4947(a)(1) nonexempt charitable trust

Other taxable private foundation J Accounting method: ☑ Cash ☐ Accrual Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col. (c), under section 507(b)(1)(B), check here ☐ Other (specify) line 16) ▶ \$ (Part I, column (d) must be on cash basis.) 3,745,949. (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes books (cash basis only) the amounts in column (a) (see instructions)) 250,000 1 Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ ☐ If the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments 4 39,199. 39,199 Dividends and interest from securities 5a Gross rents Net rental income or (loss) b Net gain or (loss) from sale of assets not on line 10 25,679. Operating and Administrative Expenses B31 G3NNV3Revenue L-6a Stmt Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . . . Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) 64,878. Total. Add lines 1 through 11 . . . 314,878. RECIEVED Compensation of officers, directors, trustees, etc. 13 Other employee salaries and wages NOV 2 1 7018 15 Pension plans, employee benefits 16a Legal fees (attach schedule) . . Accounting fees (attach schedule) L-1.6b. Stmt. OGDEN UT 2,174. 2,174. Other professional fees (attach schedule) L-16c Stmt. 11,764. 11,764. 17 Taxes (attach schedule) (see instructions) See. Stmt. 1,019. Depreciation (attach schedule) and depletion . . . 21 Travel, conferences, and meetings Printing and publications Other expenses (attach schedule) See .Stmt. . 23 297,868. 10. Total operating and administrative expenses. Add lines 13 through 23 10. 312,825. 13,938 165,800. 25 Contributions, gifts, grants paid 165,800 165,810 26 Total expenses and disbursements. Add lines 24 and 25 478,625 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -163,747 50,940 **Net investment income** (if negative, enter -0-) . Adjusted net income (if negative, enter -0-) .

(4)

3 Accounts receivable ► 6, 243.	
2 Savings and temporary cash investments 3 Accounts receivable ► 6,243. Less: allowance for doubtful accounts ► 7,263. 6,243. 6. 4 Plédges receivable ► 2 Less: allowance for doubtful accounts ► 7,263. 6,243. 6. 4 Plédges receivable ► 2 Less: allowance for doubtful accounts ► 7,263. 6,243. 6. 5 Grants receivable ► 2 Less: allowance for doubtful accounts ► 7 Cother notes and loans receivable (attach schedule) (see instructions) 7 Cother notes and loans receivable (attach schedule) ► 2 Less: allowance for doubtful accounts ► 7 Investing a single of the si	/alue
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Instructions. Also, see page 1, item I)	<u>349.</u>
17 Accounts payable and accrued expenses	
18 Grants payable	<u>)49.</u>
19 Deferred revenue	
22 Other liabilities (describe ►) 23 Total liabilities (add lines 17 through 22)	
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Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted	
and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted	
24 Unrestricted	
25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds.	
Foundations that do not follow SFAS 117, check here And complete lines 27 through 31. Capital stock, trust principal, or current funds	
Foundations that do not follow SFAS 117, check here And complete lines 27 through 31. Capital stock, trust principal, or current funds	
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29 Retained earnings, accumulated income, endowment, or other funds 3, 375, 747. 3, 212, 000.	
Retained earnings, accumulated income, endowment, or other funds 3,375,747. 3,212,000. Total net assets or fund balances (see instructions) 3,375,747. 3,212,000.	
30 Total net assets or fund balances (see instructions) 3,375,747. 3,212,000.	
instructions)	
Part III Analysis of Changes in Net Assets or Fund Balances	ASTRONOMICS OF
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with	
end-of-year figure reported on prior year's return)	47.
2 Enter amount from Part I, line 27a	
	<u>- ′ · -</u>
4 Add lines 1, 2, and 3	00.
5 Decreases not included in line 2 (itemize)	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 3, 212, 0	00.

Part	IV Capital Gains and	Losses for Tax on Investm	ent Income	· · · · · · · · · · · · · · · · · · ·		
	(a) List and describe the kir	nd(s) of property sold (for example, real esse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	Schedule 2 - Charle	11/21/2014	12/18/2017			
b		-				
c						
d	<u>.</u>					- -
<u>е</u>				<u> </u>		
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale 136, 350.						Gain or (loss) is (f) minus (g))
<u>a</u>	136,350.		25,679.			
<u>b</u>						
c			· · · · · · · · · · · · · · · · · · ·		-	14. 507
е						
	Complete only for assets sho	wing gain in column (h) and owned l	ov the foundation	on 12/31/69.	(I) Gains ((Col (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i)	col. (k), but	not less than -0-) or s (from col (h))
a				· - -		25,679.
b						
С						
d						
е						
2	Capital gain net income or		also enter in Pa enter -0- in Pa		2	25,679.
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instruc	ctions. If (loss)), enter -0- in }	3	
Part		er Section 4940(e) for Redu				
		vate foundations subject to the				<u> </u>
Was t		e this part blank. section 4942 tax on the distribut jualify under section 4940(e). Do			base period?	☐ Yes 🗷 No
1	Enter the appropriate amo	ount in each column for each yea	ar; see the instru	uctions before m	aking any entrie	s.
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value o	(c) If noncharitable-use a		(d) Distribution ratio b) divided by col (c))
	2016	171,4	51.	3,278,4	54.	0.052296
	2015	168,9		3,435,7		0.049180
	2014	. 150,9		3,527,3		0.042800
	2013	- 149,30		3,073,5		0.048596
	2012	129,5		3,064,3	359.	0.042285
2	Total of line 1, column (d)					0.235157
3	Average distribution ratio the number of years the fo		0.047031			
4	4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5					3,543,165.
5	Multiply line 4 by line 3				. 5	166,639.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	509.
7	Add lines 5 and 6				. 7	167,148.
8	Enter qualifying distribution If line 8 is equal to or great	ns from Part XII, line 4	 Part VI, line 1b	o, and complete	. 8 that part using a	165,810. 1% tax rate. See the
	Part VI instructions.					

и,

Part		48—	see ir	ıstrı	ıctio	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			N/	A			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		1,0	<u> 19.</u>			
	here ► ☐ and enter 1% of Part I, line 27b							
. C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			0.			
3	Add lines 1 and 2	3		1,0	19.			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			0.			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5		1,0	19.			
6	Credits/Payments:					22		
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 7, 262.							
b	Exempt foreign organizations—tax withheld at source 6b							
¢	Tax paid with application for extension of time to file (Form 8868) . 6c							
ď	Backup withholding erroneously withheld 6d							
7	Total credits and payments. Add lines 6a through 6d	7		7,2	62.			
8	Enter any penalty for underpayment of estimated tax. Check here 🗌 If Form 2220 is attached	8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9_						
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid •	10		6,2	43.			
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ 6, 243. Refunded ▶	11						
Part	VII-A Statements Regarding Activities							
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation		d it ₫		Yes	No		
	participate or intervene in any political campaign?		.	1a		<u>×</u>		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition							
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any published or distributed by the foundation in connection with the activities.	mater	ials					
C	Did the foundation file Form 1120-POL for this year?		. [1c		X		
q	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$		250000					
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax if on foundation managers. ▶ \$	npose	ed E					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . If "Yes," attach a detailed description of the activities.			2		×		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	article:	s of	3		×		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		.	4a		×		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		.	4b	$\neg \neg$			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		. [5		×		
	If "Yes," attach the statement required by General Instruction T.		₹. 98					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		17 18 18 18 18 18 18 18 18 18 18 18 18 18					
	By language in the governing instrument, or		100 A					
	• By state legislation that effectively amends the governing instrument so that no mandatory direct	ions t	hat 🖁					
	conflict with the state law remain in the governing instrument?		. [6	_×			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and	d Part	XV [7	×			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ► AZ		2014,2405					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (or designate) of each state as required by General Instruction G? If "No," attach explanation	Gene	146	8b	×			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 49 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV.		172					
4.5	complete Part XIV		٠.	9		×		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lis names and addresses	ting th	neir	10	×			

Form **990-PF** (2017)

Par	t VII-A Statements Regarding Activities (continued)				
			N Y	es	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity with meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	<u> </u>		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqu				
40	person had advisory privileges? If "Yes," attach statement. See instructions				_ <u>×</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applic	ation? 13	<u>- </u>	×	
14	Website address ► N/A The backs are a core of ► Region I. Sharpen as Telephone as	(602) 054	_ 0 0	1 2	- -
,,	The books are in care of ▶ Roger L. Stevenson Located at ▶ 4835 E. Cactus Road Suite 115 Scottsdale AZ ZIP+4 ▶ 8		_00	12	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here.				▶ [
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 1				_
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other aut	hority	Y	es	No
	over a bank, securities, or other financial account in a foreign country?				X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the n	ame of			
	the foreign country ►				
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	187631	hari 🔭		N
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	2250	Y	es Esses	No
1a	During the year, did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	△ NO			
		⊠ No			
		⊠ No			
		⊠ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for				
	the benefit or use of a disqualified person)?	⊠ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the				
	foundation agreed to make a grant to or to employ the official for a period after				
h		X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Reguls section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions				
	Organizations relying on a current notice regarding disaster assistance, check here			75E	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts				
	were not corrected before the first day of the tax year beginning in 2017?	3674734		200	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a p	rivate		德	が記れ
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):				
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	_			
		X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20				
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)				
	all years listed, answer "No" and attach statement—see instructions.)	· 2b			
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	134 - 153			
•	► 20 , 20 , 20 , 20				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any time during the year?	X No			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundati	on or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by	y the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lap				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine	Jane 1944			
4-	foundation had excess business holdings in 2017.)	· 3b	+-	_	
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purportion the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize		A 222	2781 F3	×
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2				

Page	6
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Part	VII-B	Statements Regarding Activities	s for V	Vhich Form	4720	May Be R	equire	ed (contii	nued)		
5a	During th	e year, did the foundation pay or incur			-	-				發語 Yes I	No
		on propaganda, or otherwise attempt t		-				☐ Yes	⊠ No		
		nce the outcome of any specific publi ly or indirectly, any voter registration dr		on (see secti	on 495	ob); or to ca	arry on	, □Yes	⊠ No		
		de a grant to an individual for travel, stu		other sımılar ı	 ourpos	es?		☐ Yes	⊠ No		
	(4) Provid	de a grant to an organization other thai	•					_			
								Yes	⊠ No		
		de for any purpose other than religious uses, or for the prevention of cruelty to c				ary, or educ			⊠ No		
b		swer is "Yes" to 5a(1)-(5), did any of the								1 20 20 C 1 C 20 2 C 20 1 2 C	
		ns section 53.4945 or in a current notice								5b	2.25120
	-	tions relying on a current notice regardi	_						▶ □		
С		swer is "Yes" to question 5a(4), does t it maintained expenditure responsibility				-		: □Yes	□No		
		attach the statement required by Regula		-			•	∐ Tes			
6a		oundation, during the year, receive any					emiums	;			
	•	onal benefit contract?						Yes	⊠ No	Active at Santatach and	
b		oundation, during the year, pay premiund 66. file Form 8870.	ns, dire	ctly or indired	ctly, on	a personal	benefi	t contract	?.	6b	×
7a		e during the tax year, was the foundation	a party	to a prohibited	tax sh	elter transac	tion?	☐ Yes	⊠ No		
	If "Yes," o	did the foundation receive any proceed	s or hav	ve any net ind	come a	ttributable	to the t			7b	
Part		Information About Officers, Direc	tors, 1	Γrustees, F	ounda	tion Man	agers,	Highly F	Paid E	mployees,	
		and Contractors fficers, directors, trustees, and found	lation r	nanagers an	d their	compens	ation. S	See instru	ctions		
<u> </u>			(b) Title	e, and average	(c) Co	mpensation	(d)	Contribution	s to	(e) Expense accor	unt.
		(a) Name and address		rs per week ed to position		not paid, iter -0-)		oyee benefit erred compe		other allowance	
	s S. N		Dir.	/ Sec.					_		_
		Road Suite 115 Scottsdale AZ 85254	Dire	1.00		0.	_		0.		0.
		Norton Road Suite 115 Scottsdale AZ 85254	DITE	1.00		0.			0.		0.
	P. No:		Dire								—
		039 Incline Village NV 89450		1.00		0.	_		0.		0.
See	Statem	<u>ent</u>		4 00		•			0		^
2	Compen	sation of five highest-paid employee	es (oth	4.00	e incl	0.	ne 1 –	see instr	0. uction		0. Iter
-	"NONE."	sation of five ingress paid employed	-5 (011)	or than tho		ducu on n		٠		5 ,,	
				(b) Title, and a	verage			(d) Contribu		(e) Expense accou	unt
(a) Name and	address of each employee paid more than \$50,00	10	hours per w	/eek	(c) Comper	sation	plans and c	deferred	other allowance	S.
None											
-MOITE							_				
								-			
						<u> </u>					
							-				
									_		
						,					
Total r	number of	other employees paid over \$50,000 .							. ▶	0	
, 1			· ·		 -			•		Form 990-PF (2)	017)

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	=. "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Non	e	
Tota	number of others receiving over \$50,000 for professional services	0
Par	t IX-A Summary of Direct Charitable Activities	
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of janizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1	"None" The Norton Foundation supports organizations exempt under IRC Section 501 (c) (3)	
	dedicated to helping meet charitable, educational and scientific needs of the Phoenix	_
	Area, State of Arizona, Western United States and United States.	0.
2		
_		
3		
4		
•		
Par	IX-B Summary of Program-Related Investments (see instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	None	
_		0.
2		
All	other program-related investments. See instructions	
3	None	
		0.
Tota	. Add lines 1 through 3	0.

Part		ign fol	undations,
	see instructions.)	Tsuchteur.	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	3,515,585.
b	Average of monthly cash balances	1b	81,537.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	3,597,122.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,597,122.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	53,957.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,543,165.
6	Minimum investment return. Enter 5% of line 5	6	177,158.
Part		ounda	
	and certain foreign organizations, check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	177,158.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		•
С	Add lines 2a and 2b	2c	1,019.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	176,139.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	176,139.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	176,139.
Dord			
rait.	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	165,810.
b	Program-related investments—total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		_
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		-
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	165,810.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	165,810.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	her the foundation

Part	Vill Undistributed income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7		•		176,139.
2	Undistributed income, if any, as of the end of 2017:				Í
а	Enter amount for 2016 only	· .		158,330.	
b	Total for prior years: 20,20,20				
3	Excess distributions carryover, if any, to 2017:				
а	From 2012 0.	- "			·
b	From 2013		ļ:	,	,
С	From 2014	•		-	~ · ·
d	From 2015		,	x	
е	From 2016		· ·	•	
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2017 from Part XII,			,	·
	line 4: ► \$ 165,810.				'
а	Applied to 2016, but not more than line 2a .			158,330.	
b	Applied to undistributed income of prior years		}		
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election		- '	•	
	required—see instructions)			·	
d	Applied to 2017 distributable amount		 		7,480.
e	Remaining amount distributed out of corpus	0.	· · · · - ·	· · · · · · · · · · · · · · · · · · ·	
5	Excess distributions carryover applied to 2017	,			
	(If an amount appears in column (d), the same				
_	amount must be shown in column (a).)		_		,
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.	<u> </u>		
b	Prior years' undistributed income. Subtract	-			
	line 4b from line 2b		0.		
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				
ď	Subtract line 6c from line 6b. Taxable		_		, ,
	amount—see instructions		0.		
е	Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount—see instructions				
				0.	
T	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2018			-	168,659.
7					100,009.
•	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).	0.			
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9:				
а	Excess from 2013 0 .	,		-	
b	Excess from 2014 0.	and expenses were the control	r s up man er na um	التسيية السياسية. ا	
С	Excess from 2015 0.		-	<u>,</u>	İ
d	Excess from 20160.		'		- '
_e	Excess from 2017 0.	·			
		DD / 07/25/40 DD 0			Form 990-PF (2017)

unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

The name, address, and telephone number or email address of the person to whom applications should be addressed.

See Supplementary Information Statement

The form in which applications should be submitted and information and materials they should include:

C Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
·	show any relationship to any foundation manager	status of recipient	contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year			0	
Arizona Burn Foundation	N/A	Public	Operating	•
1432 N. 7th Street Phoenix AZ 85006	N/A	Fublic		5,000
All Saints Episcopal Church	ļ		Operating	3,000
6300 N. Central Ave.	N/A	Public	Operating	
Phoenix, AZ 85012	17,71	40110		1,000
Andre House of Arizona			Operating	
P. O. Box 2014	N/A	Public		
Phoenix AZ 85001-2014				25,000
Arizonans For Children, Inc.]	Operating	
2435 E. La Jolla Drive	N/A			
Tempe AZ 85282		Public	1	3,000
Arizona Humane Society		1	Operating	
1521 W. Dobbins Road	N/A	Public		
Phoenix, AZ 85041				5,000
ASU Foundation - Friends of Dance			Endowment	
P. O. Box 872102	N/A	Public		500
Tempe AZ 85287				500.
Barrow Neurological Foundation	1	_ , , , .	Endowment	
350 W. Thomas Road	N/A	Public		5,000
Phoenix, AZ 85013			0	3,000
Boys & Girls Club of Monterey	27/7	Dublia	Operating	
1332 La Salle Ave. Seaside CA 93955	N/A	Public		2,500.
Cancer Support Community AZ.			Operating	2,300.
360 East Palm Lane	N/A	Public	Operating	
Phoenix AZ 85004	N/A	Fublic		3,000
See Statement				
bee beacement				
				115,800.
Tabel		<u> </u>		1.65.000
Total	1	· · · · ·	▶ 3a	165,800
b Approved for future payment				
Andre House	N / 7	Dublic	Operating	
P O Box 2014	N/A	Public		25,000
Phoenix AZ 85001-2014 10-90 Copperstate Foundation			Operating	25,000
6109 N. Palo Cristi Drive	N/A	Public	Operating	1.
Paradise Valley, AZ 85253	N/A			45,000
raradise variey, A2 03233				13,000
				-
				1
Total		· • • •	▶ 3b	70,000.

Pa	art X\	/I-A Analysis of Income-Producing Ac	ctivities				
Ent	er gro	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption function income (See instructions.)
1	Prog	gram service revenue:					(000 111011011011
		None					
	b						
	С				<u> </u>		
	d Ţ					<u>.</u>	
	e						
	Ţ			<u> </u>			
_		Fees and contracts from government agencies					
2		nbership dues and assessments					
3		rest on savings and temporary cash investments					
4		dends and interest from securities	ACTES TO SELECTIONS	MATTER STATE OF STATE OF	14	39,199.	minerally of many property between
5		rental income or (loss) from real estate:	《西北西》				
		Debt-financed property					
6		Not debt-financed property				<u> </u>	
6 7		rental income or (loss) from personal property er investment income					
8		or (loss) from sales of assets other than inventory	-	-	1.0	25,679.	
9		income or (loss) from special events			18_	25,679.	
10		ss profit or (loss) from sales of inventory					
11		er revenue: a					
• •	b						
	c						
	ď						
	e						
12	Sub	total. Add columns (b), (d), and (e)	and the same of			64,878.	
						13	64,878.
		sheet in line 13 instructions to verify calculation					
Pa	rt XV	I-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
Lir	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo poses (other that	orted in column n by providing fun	(e) of Part XVI ds for such purp	-A contributed ir oses). (See instruc	nportantly to the tions.)
		N/A					
			=.				
			···			_	
			<u></u>				
		····					
							
		1					
		-					
							·

orm 99)-PF`((2017)									Page 13
Part	XVII	Informatio Organizati		ransfers to	and Trans	action	s and Ro	elationship	os With Noncha	ritable E	cempt
	ın s	the organization	directly or indire						nization described ating to political		s No
		nsfers from the re	-	on to a nonch	naritable exen	npt orga	ınızation (of:		1a(1)	×
		Other assets .								1a(2)	+ x
	• •	er transactions:							, , , , , ,		
	(1) 3	Sales of assets to	a noncharitable	exempt orga	anızatıon .					1b(1)	×
	(2) 1	Purchases of asse	ets from a nonch	naritable exer	npt organizati	on				1b(2)	×
		Rental of facilities								1b(3)	×
		Reimbursement a								1b(4)	×
		Loans or loan gua Performance of se								1b(5)	×
		ring of facilities, e		•	-		 Invees			1c	$+\hat{\mathbf{x}}$
									should always sho		
									ation received les		
	valu	e in any transacti	on or sharing an	rangement, s	how in colum	n (d) the			other assets, or s		
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable ex	empt organization	1	(d) Descrip	otion of transfe	rs, transactions, and sh	aring arrange	ments
					•••		_ .	. <u>-</u>			
							_				_
					-	+					
									·		
										. <u> </u>	
							-				
											
			 								
											
	\neg				-		···	_			
		e foundation dire						tax-exemp	ot organizations	-	
		cribed in section s			l(c)(3)) or ın se	ection 5	27?		[☐ Yes 🗵	No
b	If "Y	es," complete the		dule.							
		(a) Name of organ	ization		(b) Type of organ	nization	-		(c) Description of relation	onsnip	
						_					
		•	-							· · · · · · · · · · · · · · · · · · ·	
								-			
									to the best of my knowle	dge and belief	it is true,
Sign	CON	rect and complete Deci	aration of preparer (of	ner than taxpayer)	is based on all into	k	• •	rer nas any knov	May the	IRS discuss th	
lere	7	prof	32	: :	13/2018	·	sident			oreparer shown actions XY e	
	Sig	fature of officer or true Print/Type preparer		Proparor	Date 's signature	Trtle		Date	L	PTIN	
Paid		5 4 9 7	_	reparer	Salvinature .			1 13/2019	Check if self-employed	P0029	a 3ሬዶ
repa			SECORE'	d 41.5 1 2	IALER	eron P.C.		14 (121101)		55811	
Jse C	nly	Firm's name ► Firm's address ►	2800 N.		_	ات. ك. الأمارية		-		279-90	
BAA		1 - mm 3 address	DUA BUCK		MVE JU	<u> </u>	, _			orm 990-P	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Employer identification number

86-0836442 The Norton Foundation Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ≤ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

	<u></u>
Name of organization	Employer identification number
The Norton Foundation	86-0836442

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Norton Family Living Trust (as Amended) dated 2/15/1996 - Decendant's Trust 4835 E. Cactus Road, Suite 115 Scottsdale AZ 85254	\$250,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) . Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

___**(**()

Name of organization

The Norton Foundation

Employer identification number

86-0836442

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	·		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

*

Name of organization

Employer identification number 86-0836442

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.

the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 990-PF: Return of Private Foundation Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year			·	
Hospice Giving Foundation	N/A	Public	EndowmentEndowmen	2,500.
80 Garden Court Suite 201 Monterey, CA 93940			t	
Child Crisis Arizona 2334 E. Polk Street Phoenix, AZ 85006	N/A	Public	OperatingOperatin g	10,000.
Copperstate 10-90 Foundation 6109 N. Palo Christi Dr. Paradise Valley, AZ 85253	N/A	Public	EndowmentEndowmen t	15,000.
Eisenhower Dance Ensemble 24901 Northwestern Hwy Suite 312 Southfield, MI 48075	N/A	Public	OperatingOperatin g	500.
Friends of Channel 8 - KAET-TV 555 N. Central Ave., Suite 500 Phoenix , AZ 85004-1252	N/A	Public	OperatingOperatin g	1,000.
Gabriel's Angels, Inc. 727 Bethany Home Road, Suite C-100 Phoenix, AZ 85014	N/A	Public	OperatingOperatin g	1,000.
Grand Canyon Council, Inc BSA 2969 N. Grenfield Road Phoenix,, AZ 85016	N/A	Public	OperatingOperatin g	5,000.
Maricopa County Health Foundation 2901 E. Camelback Road, Suite 100 Phoenix, AZ 85016	N/A	Public	OperatingOperatin g	4,000.
NotMYkid 5230 E. Shea Blvd, Suite 100 Scottsdale, AZ 85254	N/A	Public	EndowmentEndowmen t	3,000.
Phoenix Art Museum 1625 N. Central Ave. Phoenix, AZ 85004-1685	N/A	Public	OperatingOperatin g	5,000.
Phoenix Childrens' Hospital Foundation 2929 E. Camelback Road Suite 122 Phoenix, AZ 85016	N/A	Public	EndowmentEndowmen t	10,000.
Phoenix Theater 100 E. McDowell Road Phoenix, AZ 85004	N/A	Public	OperatingOperatin g	800.
Ronald McDonald House Charities 501 East Roanoke Ave. Phoenix, AZ 85004	N/A	Public	OperatingOperatin g	10,000.
Salinas Circle for Children P. O. Box 2064 Salinas, CA 93902	N/A	Public	OperatingOperatin g	2,500.
St. Mary's/Westside Food Bank 2831 N. 31st Ave. Phoenix, AZ 85009	N/A	Public	OperatingOperatin g	10,000.
TGen Foundation 445 N. Fifth Street Suite 120 Phoenix , AZ 85004	N/A	Public	OperatingOperatin g	7,500.

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
Through Each Others Eyes	N/A	Public	OperatingOperatin	2,500
24 W. Camelback road, #A138			g i	
Phoenix, AZ 85013				-
U-Mom New Day Centers	N/A	Public	OperatingOperatin	7,500.
3333 E. Van Buren Street			g	
Phoenix, AZ 85008				
University of Arizona Foundation	N/A	Public	EndowmentEndowmen	5,000.
P. O. Box 210109			t	
Tucson, AZ 85721-0109				
University of Southern California	N/A	Public	EndowmentEndowmen	6,000.
3502 Watt Way, Ste. 304			t	
Los Angeles, CA 90089		•		
Partners in Action	N/A	Public	OperatingOperatin	2,500.
3233 W. Peoria Ave., Ste. 211			g	
Phoenix, AZ 85029-4620				
beLydia	N/A	Public	OperatingOperatin	3,000.
3801 N Capital of TX Highway, Ste e-240-614			g	
Austin, TX 78746			,	
Irish Cultural & Learning Foundation	N/A	Public	OperatingOperatin	1,500.
1106 N. Central Avenue			g	
Phoenix, AZ 85004				
				115,800.

The Norton Foundation Form 990-PF: Return of Private Foundation

Continuation Statement	Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors
•	FOIL SOUTH OF TIVALE FOUNDATION

Name and address	Title, and average hours per week devoted to position	Compensation	Contributions to employee benefit plans and deferred compensation	Expense account, other allowances	
Melanie M. Norton	Director	0.	0.	· o	
4835 E. Cactus Road Suite 115	1.00				
Scottsdale, AZ 85254					
Roger L. Stevenson	Pres/Trea.	0.	0	0	
4835 E. Cactus Road Suite 115	3.00				
Scottsdale, AZ 85254	,				
			· ·	C	
	•				

The Norton Foundation 860836442

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Taxes

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
	1,019.			
Total	1.019.			

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
Miscellaneous	10.			10.
Life insurance	297,858.			
Total	297,868.			10.

Form 990-PF: Return of Private Foundation

Managers Contributed More than 2%

Continuation Statement

Lis	t
Roger L. Stevenson, Managing Co-Trustee of the date 2/15/1996 - Decendants Trust	Norton Family Living Trust (as Amended)
4835 E. Cactus Road, Suite 115 Scottsdale, AZ.	85254

Name The Norton Foundation		Employer Identification No 86-0836442
Asset Information:		
Description of Property		
Business Code Exclus	ion Code	
	How Acquired	
Check Box, if Buyer is a Business.	Name of Buyer .	
_		raciation)
Sales Frice	Cost or other basis (do not reduce by dep	reciation)
Tatal Corp (Lace)	Valuation Method	
December of Branch	Accumulated Depreciation	
Description of Property	ion Codo	
business codeExclus	on code	
Date Acquired .	How Acquired	
	Name of Buyer	
Check Box, if Buyer is a Business .		
Sales Price	Cost or other basis (do not reduce by depi	reciation)
Sales Expense	_ Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Description of Property		
Business Code Exclus	on Code	
Date Acquired .	How Acquired	
Date Sold	Name of Buyer .	
Check Box, if Buyer is a Business .		
Sales Price	Cost or other basis (do not reduce by depr	reciation)
	Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Description of Property		
Business Code Exclus	on Code	
	How Acquired .	
Date Sold	Name of Buyer .	
Check Box, if Buyer is a Business .		
	Cost or other basis (do not reduce by depr	reciation)
	Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	
Description of Property	7.00difficiated Depresidation	
Business Code Exclus		
Date Acquired	How Acquired	
	How Acquired	
Check Box, if Buyer is a Business .	Name of Buyer .	
•		mintinu
Sales Frice	Cost or other basis (do not reduce by depr	eciation)
Sales Expense	Valuation Method	
Total Gain (Loss)	Accumulated Depreciation	· · · · · · · · · · · · · · · · · · ·
T.4.1.		
Totals:		
Total Gain (Loss) of all assets		
Gross Sales Price of all assets		
Unrelated Business Income	Business Code	
Excluded by section 512, 513, 514	Exclusion Code	
Related/Exempt Function Income		
QuickZoom here to Form 990-PF, Pag	e 12	

Legal and Professional Fees

2017

Name	Employer Identification No
The Norton Foundation	86-0836442

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
^					
otal to Form 990-Pl	otal to Form 990-PF, Part I, Line 16a				

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Secore & Nied	990 PF	2,174.	2,174.		
Total to Form 990-	PF, Part I, Line 16b	2,174.	2,174.		

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Rowland Carmi	Investment Man	11,764.	11,764.		
		-			
Total to Form 990-	PF, Part I, Line 16c	11,764.	11,764.		

Investments

Name The Norton Foundation				Employer Identification No 86-0836442		
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	Er US Governme Obligations Book Value	Obligations		
Tot to Fm 990-PF, Pt II, Ln 10a						
Line 10b - Investments - Corporate Stock:			En Book Value	d of Year Fair Market Value		
Rowland Carmichael		2,247,91	3. 2,842,974.			
Totals to Form 990-PF, Part II, L	2,247,91	3. 2,842,974.				
Line 10c - Investments - Corporate Bonds:			En Book Value	d of Year Fair Market Value		
Totals to Form 990-PF, Part II, L	ine 10c					
Line 12 - Investments - Mortgage Ioans:			En Book Value	d of Year Fair Market Value		
Totals to Form 990-PF, Part II, L	ine 12					
Line 13 - Investments - Other:			En Book Value	d of Year Fair Market Value		
Totals to Form 990-PF, Part II, L	ine 13					

Other Assets and Liabilities

2017

Name The Norton Foundation				Employer Identification No 86-0836442	
Line 15 - Other Assets:	Beginning Year Book Value	Bool Valu			
CSV Life Insurance Legal Retainer	962,251.		135.	850,349. 1,500.	
Totals to Form 990-PF, Part II, line 15	963,751.	916,	635.	851,849.	
Line 22 - Other Liabilities:	,	Beginning Year Book Value		Ending Year Book Value	
Totals to Form 990-PF, Part II, line 22					