William T. Racine, CPA 1 Front Street Bath, ME 04530

July 27, 2023

Burns Family Foundation Inc. Po Box 6 Damariscotta, ME 04543

Dear Jack,

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990-PF RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to my office. I will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form 990-PF has an overpayment of \$4,215. The entire overpayment has been applied to the estimated tax payments.

No amount is due on Form 990-PF.

Please note that the Form 990-PF return contains excess distribution carryover of \$1,090,750. This may be applied to tax year 2023 and subsequent years.

I transmitted an electronic copy of your tax return to the Office of Maine's Attorney General.

A copy of the return is enclosed for your files. I suggest that you retain this copy indefinitely.

Very truly yours,

William Racine

Form E	879-TE		IRS e	ə-fil for	le Signature / r a Tax Exem	Authorizatic pt Entity	on	F	OMB	No. 1545-0047
		For calendar y	ear 2022, or fiscal		ginning JUL 1 ,		1 30,	20 2 3	2	022
Departm	ent of the Treasury				t send to the IRS. Keep	-		_	2	.022
Internal F	Revenue Service		Go to w	ww.ir	rs.gov/Form8879TE for	the latest information	on.	EIN or SSN		
Name c		E AMTT V			N TNO			46-56	710/	1.4
Nama	nd title of officer or pe		FOUNDAT		MACFARLAND			40-50	/104	± 4
Name a			TRUS							
Part	I Type of	Return and	d Return In							
Check					orm 8879-TE and enter 1	the applicable amount	. if any, fro	om the return	. Form	8038-CP and
Form 5 or 10a whiche	5330 filers may enter below, and the am	er dollars and o ount on that li	cents. For all on ne for the retu	other f Irn be	forms, enter whole dolla eing filed with this form v entered -0- on the return	rs only. If you check tl vas blank, then leave l	he box on ine 1b, 2b	line 1a, 2a, 3 , 3b, 4b, 5b, (a, 4a, (6b, 7b,	5a, 6a, 7a, 8a, 9a 8b, 9b, or 10b,
1a	Form 990 check h	nere	b To	tal rev	venue, if any (Form 990	, Part VIII, column (A),	line 12)		1b	
2a	Form 990-EZ che	eck here	b To	tal rev	venue, if any (Form 990	-EZ, line 9)			2b	
3a	Form 1120-POL	check here	b To	tal tax	x (Form 1120-POL, line 2	22)			3b	
4a	Form 990-PF che		X b Ta	x bas	x (Form 1120-POL, line 2 ed on investment inco	me (Form 990-PF, Par	t V, line 5)		4b	3,884.
5a	Form 8868 check				e due (Form 8868, line 3					
6a	Form 990-T chec				x (Form 990-T, Part III, li				-	
7a	Form 4720 check				x (Form 4720, Part III, lir		-			
8a	Form 5227 check				assets at end of tax ye)			
9a	Form 5330 check				e (Form 5330, Part II, line	-			9b	
10a Part	Form 8038-CP ct				t of credit payment req prization of Officer				10b	
					er of the above entity or					
					er of the above entity of , (-			
acknow of any entry t financi later th payme persor PIN: c	wledgement of rece refund. If applicable o the financial instit al institution to deb an 2 business days ont of taxes to receival identification nur heck one box only	ipt or reason t e, I authorize t ution account it the entry to s prior to the p ve confidentia nber (PIN) as	for rejection of the U.S. Treas t indicated in this account. ayment (settle I information r my signature	f the t ury ar he tay To rev ement necess for the	urn originator (ERO) to s transmission, (b) the rea nd its designated Finano x preparation software f voke a payment, I must t) date. I also authorize t sary to answer inquiries e electronic return and,	son for any delay in pricial Agent to initiate ar or payment of the fedu contact the U.S. Trea the financial institution and resolve issues re	rocessing electronic eral taxes sury Finan is involved lated to th	the return or c funds withc owed on this cial Agent at I in the proce e payment. I	refund rawal (return, 1-888- ssing c have s	, and (c) the date direct debit) , and the 353-4537 no of the electronic elected a
	X I authorize WI	LLIAM 7	C. RACIN	NE,	CPA		to	enter my Pll	N	92056
					ERO firm name					five numbers, but ot enter all zeros
	with a state age on the return's o As an officer or return. If I have	ncy(ies) regulation disclosure cor person subject indicated with	ating charities nsent screen. ct to tax with r nin this return	as pa espec that a	ally filed return. If I have i art of the IRS Fed/State ct to the entity, I will ent a copy of the return is be	program, I also autho er my PIN as my signa sing filed with a state a	rize the afo ature on th	e tax year 20	d ERO 1 022 elec	ctronically filed
	IRS Fed/State p	orogram, I will	enter my PIN	on the	e return's disclosure cor	isent screen.				
	e of officer or person subje							Date		
Part			Authenticat							
	EFIN/PIN. Enter your (EFIN) followed by	-	-			010332 Do not ente				
submi		-			ny signature on the 2022 s of Pub. 4163, Moderniz	•				
ERO's s	signature					Date	_07/	27/23		
					Retain This Form			S o		
LHA I	For Privacy Act and				Form to the IRS L tice, see instructions.	niess requeste		30	Form 8	3879-TE (2022)
	12-16-22				,					· · · ·

	BURN 990-W rksheet)	Income (and	Tax e foi on Inv	ON INC. on Unrelate Tax-Exemp estment Income for F ords. Do not send to f	ot Organizat	i ons Form 990-pf	⁴⁴ 2023	
1	Unrelated business taxal	ble income expected in the tax y	ear			1		
2	Tax on the amount on li	2						
3	Alternative minimum tax	for trusts						
4	Total. Add lines 2 and 3					4		
5	Estimated tax credits					<u>5</u>		
6	Subtract line 5 from line	4				6		
7	Other taxes					7		
8	Total. Add lines 6 and 7							
9	Credit for federal tax paid	d on fuels						
b	10a Subtract line 9 from line 8. Note: If less than \$500, the organization does not need to make estimated tax payments 10a b Enter the tax shown on the 2022 return. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c 10b c 2023 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount							
		;		•			4,215.	
11	Installment due dates		11	11/15/23	12/15/23	03/15/24	06/17/24	
12	Installments. Enter 25% columns (a) through (d)	o of line 10c in	12	1,054.	1,054.	1,054	. 1,053.	
13	2022 Overpayment		13	1,054.	1,054.	1,054	. 1,053.	
14	Payment due (Subtract	line 13 from line 12)	14				Form 990-W	

ESTIMATED TAX	4,215.
OVERPAYMENT APPLIED	4,215.
AMOUNT DUE	0.

223801 02-09-23

Schedule A Installments Using the Annualized Income Installment Method and/or the Adjusted Seasonal Installment Method Under Section 6655(e)

Note: An organization that expects its income to vary during the year may want to complete Schedule A to determine whether it may be able to lower the amount of one or more required installments.

	Complete each column of this schedule in its entirety before going to the next column. $FORM$ 990–PF								
Par	t I - Annualized Income Installment Method		(a)	(b)	(C)	(d)			
1	Annualization period.	1	First <u>2</u> months	First <u>4</u> months	First <u>7</u> months	First 10 months			
2	Enter taxable income for each annualization period.	2	<u> </u>	2 00000		1 000000			
3	Annualization amounts.	3	6.000000	3.000000	1.714290	1.200000			
_4 a	Annualized taxable income. Multiply line 2 by line 3.	4a							
b	Extraordinary items.	4b							
C	Add lines 4a and 4b.	4c							
5	Figure the tax on the amount in each column on line 4c in the same manner as you figured Form 990-W, line 2.	5							
6	Enter alternative minimum tax and other taxes for each annualization period.	6							
7	Total tax. Add lines 5 and 6.	7							
8	For each period, enter the same type of credits as allowed on Form 990-W, lines 5 and 9.	8							
9	Total tax after credits. Subtract line 8 from line 7. If zero or less, enter -0	9							
10	Applicable percentage.	10	25%	50%	75%	100%			
11	Multiply line 9 by line 10.	11							
12	Total of all preceding columns of line 40.	12							
13	Annualized income installments. Subtract line 12 from line 11. If zero or less, enter -0	13							

Part II - Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%.

		(a)	(b)	(C)	(d)
4 Enter taxable income for the following periods.		First 3* months	First 5 months	First 8 months	First 11 months
a Tax year beginning in 2020	14a				
b Tax year beginning in 2021	14b				
c Tax year beginning in 2022	14c				
15 Enter taxable income for each period for the tax year beginning in 2023.	15				
		First 4** months	First 6 months	First 9 months	Entire yea
6 Enter taxable income for the following periods.					
a Tax year beginning in 2020	16a				
b Tax year beginning in 2021	16b				
	16c				

*First 4 months for private foundations **First 5 months for private foundations

ANNUALIZED INCOME INSTALLMENT METHOD USING OPTION 1

223811 02-09-23

Form **990-W**

46-5671844

orm 9	90-W (Worksheet) BURNS FAMILY FOU	NDA	TION INC.		46-5671844			
			(a)	(b)	(C)	(d)		
	FORM 990-PF		First 4 months	First 6 months	First 9 months	Entire year		
7	Divide the amount in each column on line 14a by the amount	17						
8	on line 16a, column (d). Divide the amount in each column on line 14b by the amount	17						
0	on line 16b, column (d).	18						
9	Divide the amount in each column on line 14c by the amount							
	on line 16c, column (d).	19						
20	Add lines 17 through 19.	20						
	0							
1	Divide line 20 by 3.0.	21						
22 a	Divide line 15 by line 21.	22a						
	Extraordinary items.	22b						
	Add lines 22a and 22b.	22c						
23	Figure the tax on the amount on line 22c in the same manner as							
	figured on Form 990-W, line 2.	23						
24	Divide the amount on line 16a, columns (a) through (c) by the							
_	amount on line 16a, column (d).	24						
25	Divide the amount on line 16b, columns (a) through (c) by the							
	amount on line 16b, column (d).	25						
26	Divide the amount on line 16c, columns (a) through (c) by the	26						
	amount on line 16c, column (d).	20						
27	Add lines 24 through 26.	27						
28	Divide line 27 by 3.0.	28						
29	Multiply line 23, columns (a) through (c) by line 28, columns							
	(a) through (c). In column (d), enter the amount from							
	line 23, column (d).	29						
30	Enter any alternative minimum tax and other taxes for each							
	payment period.	30						
	T							
31	Total tax. Add lines 29 and 30.	31						
32	For each period, enter the same type of credits as allowed on	20						
0	Form 990-W, lines 5 and 9. Total tax after credits. Subtract line 32 from line 31. If zero	32						
3		20						
	or less, enter -0	33						
4	Total of all preceding columns of line 40.	34						
35	Adjusted seasonal installments. Subtract line 34 from line 33.							
-	If zero or less, enter -0	35						

Form **990-W**

223821 02-09-23

Form 990-W (Worksheet)

BURNS FAMILY FOUNDATION INC.

га	rt III - Installments		(a)	(b)	(C)	(d)
			1st installment	2nd installment	3rd installment	4th installment
36	If only one of the earlier parts was completed, enter the amounts in each column from line 13 or line 35. If both parts were completed, enter the smaller of the amounts in each column from line 13 or line 35.	36				
		30				
37	Divide the amount on Form 990-W, line 10c, by 4.0 and enter the result in each column.	37	1,054.	1,054.	1,054.	1,054
38	Subtract line 40 of the preceding column from line 39 of the preceding column and enter here.	38		1,054.	2,108.	3,162.
39	Add lines 37 and 38.	39	1,054.	2,108.	3,162.	4,216.
40	Installments. Enter the smaller of line 36 or line					
	39 here and on Form 990-W, line 12.	40				

223822 02-09-23

Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

For	aler	ndar year 2022 or tax year beginning JUL	1, 2022	, and ending	JUN 30, 2023	
Nar	ne of	f foundation			A Employer identification	n number
ъ	סדד	NS FAMILY FOUNDATION IN	Ċ		46-5671844	
		and street (or P.O. box number if mail is not delivered to street		Room/suite	B Telephone number	
		BOX 6	,		207-563-17	00
City	or to	own, state or province, country, and ZIP or foreign p ARISCOTTA , ME 04543	ostal code		C If exemption application is p	ending, check here
-		(all that apply:	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test,
нс	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		E If private foundation sta	tus was terminated
			Other taxable private founda	ation	under section 507(b)(1)(A), check here 📖 🗌
		arket value of all assets at end of year J Accounti		Accrual	F If the foundation is in a	
(fr			her (specify)	ic)	under section 507(b)(1)(B), check here
De	\$	9,982,525. (Part I, colun Analysis of Revenue and Expenses				(d) Disbursements
Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	
	2	Check I if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	34.	34.		STATEMENT 1
	4	Dividends and interest from securities	205,269.	205,269.		STATEMENT 2
		Gross rents				
		Net rental income or (loss)	115,288.			
ne	ба	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,146,565.	115,200.			
Revenue	7	assets on line 6a Image: Capital gain net income (from Part IV, line 2)		115,288.		
Be	, 8	Net short-term capital gain		115,200.		
	9	Income modifications				
	10a	Gross sales less returns and allowances				
		D Less: Cost of goods sold				
	c	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	320,591.	320,591.		
	13	Compensation of officers, directors, trustees, etc.	20,000.	4,000.		16,000.
	14	Other employee salaries and wages				
ŝ	15	Pension plans, employee benefits	38,000.	0.		38,000.
) Suse	юа	Legal fees STMT 3 Accounting fees STMT 4	2,540.	0.		2,540.
ap X p	U C	Other professional fees STMT 5	35,682.	35,682.		0.
е			5570021	5570020		
ativ	18	Interest Taxes STMT 6	6,954.	311.		1,245.
nistr	19	Depreciation and depletion				
<u>a</u> i	20	Оссирапсу				
Ad	21	Travel, conferences, and meetings				
and	22	Printing and publications Other expenses STMT 7				
Operating and Administrative Expense	23	Other expenses STMT 7	3,762.	1,190.		1,225.
srati	24	Total operating and administrative	100 000	11 100		E0 010
ď	05	expenses. Add lines 13 through 23	106,938. 704,476.	41,183.		59,010. 704,476.
-		Contributions, gifts, grants paid	/04,4/0.			/04,4/0.
	26	Total expenses and disbursements. Add lines 24 and 25	811,414.	41,183.		763,486.
	27	Subtract line 26 from line 12:	····	==,103.		,00,100.
		Excess of revenue over expenses and disbursements	-490,823.			
		Net investment income (if negative, enter -0-)		279,408.		
		Adjusted net income (if negative enter -0-)		•	N/A	

223501 12-06-22 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2022)

16150727 803048 BUR1844

2022.04010 BURNS FAMILY FOUNDATION INC BUR18441

1

Form 990-PF (2022) BURNS FAMILY FOUNDATION			INC.	5671844 Page 2	
	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	
P	art	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	18,258.	19,559.	
	2	Savings and temporary cash investments	569,966.	605,183.	605,183.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ş		Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
◄		Investments - U.S. and state government obligations STMT 8	126,183.	50,474.	
	b	Investments - corporate stock STMT 9	4,023,966.	3,783,628.	7,013,165.
	c	Investments - corporate bonds STMT 10	2,086,094.	1,675,975.	1,557,687.
		Investments - land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 11	554,714.	754,714.	737,029.
	14	Land, buildings, and equipment: basis			
		Less: accumulated depreciation			
	15	Other assets (describe STATEMENT 12)	10,659.	9,312.	0.
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	7,389,840.	6,898,845.	9,982,525.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ŝ		Deferred revenue			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons			
abi	21	Mortgages and other notes payable			
Ξ		Other liabilities (describe STATEMENT 13)	1,522.	1,350.	
	23	Total liabilities (add lines 17 through 22)	1,522.	1,350.	
		Foundations that follow FASB ASC 958, check here			
ŝ		and complete lines 24, 25, 29, and 30.			
ло,	24	Net assets without donor restrictions			
ala	25	Net assets with donor restrictions			
Fund Balances		Foundations that do not follow FASB ASC 958, check here X			
'n		and complete lines 26 through 30.			
ŗ	26	Capital stock, trust principal, or current funds	0.	0.	
	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
SSG	28	Retained earnings, accumulated income, endowment, or other funds	7,388,318.	6,897,495.	
Net Assets	29	Total net assets or fund balances	7,388,318.	6,897,495.	
ž					
	30	Total liabilities and net assets/fund balances	7,389,840.	6,898,845.	
	art	Analysis of Changes in Net Assets or Fund B	alances		
P	art		alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line a	29		
	(mus	t agree with end-of-year figure reported on prior year's return)			7,388,318.
2		amount from Part I, line 27a			-490,823.
3	Othe	riperagage pot included in line Q (itemize)			0.
4	Add	ines 1, 2, and 3			6,897,495.
		eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 29		6,897,495.

6,897,495. Form **990-PF** (2022)

223511 12-06-22

16150727 803048 BUR1844

	NS FAMILY FOUNDA						46	-567	1844	Page 3
Part IV Capital Gains	and Losses for Tax on In	vestment Inc	ome							
	e the kind(s) of property sold (for exar arehouse; or common stock, 200 shs			(b) P D	How ac ' - Purcl) - Dona	quired hase ation	(c) Date ac (mo., day		(d) Date (mo., da	
1a										
b SEE ATTACHED) STATEMENTS									
C										
d										
e					-					
(e) Gross sales price	(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (or allowable) plus expense of sale						(h) Gair ((e) plus (1	n or (loss) f) minus (
a										
b										
C										
<u>d</u>										
e 1,146,565.			31,2	77.						,288.
Complete only for assets showing	ng gain in column (h) and owned by t	1) Gains (Col.			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess o over col. (j				COL	. (k), but not Losses (fr	om col. (I	1-0-) or 1))	
a										
b										
C										
d										
e									115	,288.
2 Capital gain net income or (net c	apital loss)	in Part I, line 7 - in Part I, line 7		}	2				115	,288.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) an									
If gain, also enter in Part I, line 8	, column (c). See instructions. If (loss			}						
		<u> </u>	10/)	<u> </u>	3		<u> </u>	N/A		
	sed on Investment Incon						- see ins	structio	ons)	
1a Exempt operating foundations	described in section 4940(d)(2), che	ck here 🛄 a	nd enter	"N/A" oi	n line 1					
Date of ruling or determination		tach copy of letter if		ry - see	e instru	ctions)	1		3	,884.
	s enter 1.39% (0.0139) of line 27b. E>									
enter 4% (0.04) of Part I, line	12, col. (b)									
2 Tax under section 511 (domes	stic section 4947(a)(1) trusts and taxa	able foundations onl	/; others,	enter -	0-)					0.
							. 3		3	,884.
	stic section 4947(a)(1) trusts and tax			enter -	-0-)					0.
5 Tax based on investment inco	ome. Subtract line 4 from line 3. If zer	ro or less, enter -0-					. 5		3	,884.
6 Credits/Payments:										
	and 2021 overpayment credited to 20		1			<u>8,099</u>	·			
b Exempt foreign organizations -	- tax withheld at source		-			0	-			
c Tax paid with application for extension of time to file (Form 8868)					0	-				
	sly withheld					0	•			
	dd lines 6a through 6d								8	,099.
	yment of estimated tax. Check here 🗌	if Form 2220 i	s attached	I			. 8			0.
	and 8 is more than 7, enter amount of									
	e than the total of lines 5 and 8, enter	the amount overpa					. 10		4	,215.
						Refunded	1 11			0.

Form **990-PF** (2022)

223521 12-06-22

16150727 803048 BUR1844

Form 990-PF (2022) BURNS FAMILY FOUNDATION INC. Part VI-A Statements Regarding Activities

18	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	. 1a		X
ł	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	. 1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
(Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$ 0.			
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. \$ 0.			
0		2		x
2				
•	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			v
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			
	b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	. 4b	<u> </u>	37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		X
	If "Yes," attach the statement required by General Instruction T.			
6	······································			
	 By language in the governing instrument, or 			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	. 6	X	
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 Part XIV	. 7	X	
88	a Enter the states to which the foundation reports or with which it is registered. See instructions.			
	ME			
ł	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	. 8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	. 10		X
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?		1	<u> </u>
	If "Yes," attach statement. See instructions	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	<u> </u>
	Website address N/A	·		<u> </u>
14	The books are in care of JOHN J. LYNCH, JR. Telephone no. 207-5	63-1	700	,
	Located at PO BOX 6, DAMARISCOTTA, ME ZIP+4 0	4543		
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 15	N	[/A	. —
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
		16	1.00	X
	securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	. 10	1	<u> </u>
	foreign country			
		Form 99	0-PF	(2022)
	I I I I I I I I I I I I I I I I I I I			(LOLL)

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Form 990-PF (2022) BURNS FAMILY FOUNDATION INC. 46-567184	4	Page 5
Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required	_	
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Yes	s 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? <u>1a(</u>	I)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		
a disqualified person?1a(2)	2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	4)	X
(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)? 1a(5)	X
(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		
termination of government service, if terminating within 90 days.) 1a(1	6)	X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A 1b		
c Organizations relying on a current notice regarding disaster assistance, check here		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		
before the first day of the tax year beginning in 2022?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		
defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines		
6d and 6e) for tax year(s) beginning before 2022?		Х
If "Yes," list the years,,,,,		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect		
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		
statement - see instructions.) N/A 2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
, , , ,		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
during the year?		X
b If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after		
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,		
Schedule C, to determine if the foundation had excess business holdings in 2022.) ${ m N/A}$ 3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		
had not been removed from jeopardy before the first day of the tax year beginning in 2022? 4b		Х

Form **990-PF** (2022)

Form 990-PF (2022) BURNS FAMILY FOUNDATION INC.

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (conti	nued)			ugo O
5a During the year, did the foundation pay or incur any amount to:			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		5a(1)		Х
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,				
any voter registration drive?		5a(2)		Х
(3) Provide a grant to an individual for travel, study, or other similar purposes?		5a(3)		Х
(4) Provide a grant to an organization other than a charitable, etc., organization described in section				
4945(d)(4)(A)? See instructions		5a(4)		Х
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for				
the prevention of cruelty to children or animals?		5a(5)		Х
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations				
section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b		
c Organizations relying on a current notice regarding disaster assistance, check here				
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained				
expenditure responsibility for the grant?	N/A	5d		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on				
a personal benefit contract?		6a		Х
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b		Х
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		7a		Х
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
excess parachute payment(s) during the year?		8		Х
Part VII Information About Officers, Directors, Trustees, Foundation Managers, High Paid Employees, and Contractors	ly			

1 List all officers, directors, trustees, and foundation managers and their compensation.

			7-0	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ANN C. MCFARLAND	DIRECTOR			
PO BOX 1112	7			
DAMARISCOTTA, ME 04543	1.00	0.	0.	Ο.
ELIZABETH C. GRAVES	DIRECTOR			
5 COOPER WAY				
WALPOLE, ME 04573	1.00	0.	0.	Ο.
JOHN SCHIANCHI	DIRECTOR			
154 LAKE STREET				
SADDLE RIVER, NJ 07458	0.00	0.	0.	0.
JOHN J. LYNCH	EXECUTIVE DIR	ECTOR		
PO BOX 6				
DAMARISCOTTA, ME 04543	10.00	20,000.	0.	0.
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE			componentie	
	-			
	1			
]			
]			
Total number of other employees paid over \$50,000				0

Form 990-PF (2022)

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (c) Compensation (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services 0 Part VIII-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/A 1 2 Part VIII-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount N/A 1 2 All other program-related investments. See instructions. 3 0. Total. Add lines 1 through 3

Form 990-PF (2022)

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	9,386,447.
	Average of monthly cash balances	1b	18,908.
C	Fair market value of all other assets (see instructions)	1c	
	Total (add lines 1a, b, and c)	1d	9,405,355.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,405,355.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	141,080.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	9,264,275.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	463,214.
Ρ	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations	and certai	in
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	463,214.
	Tax on investment income for 2022 from Part V, line 5		
	Income tax for 2022. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	3,884.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	459,330.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	459,330.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	459,330.
Ρ	art XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	763,486.
b	Program-related investments - total from Part VIII-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:		
	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 XII. line 4	4	763,486.

8

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X,				450.000
line 7				459,330.
2 Undistributed income, if any, as of the end of 2022:			0	
a Enter amount for 2021 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2022:		0.		
a From 2017 166,530.				
b From 2018 3,814.				
cFrom 2019 311,497.				
dFrom 2020				
eFrom 2021 465,907.				
f Total of lines 3a through e	953,124.			
4 Qualifying distributions for 2022 from				
Part XI, line 4: \$ 763, 486.			0	
a Applied to 2021, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions) \dots		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			450 220
d Applied to 2022 distributable amount	204 150			459,330.
e Remaining amount distributed out of corpus	304,156.			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,257,280.			
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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2021. Subtract line				
4a from line 2a. Taxable amount - see instr. \ldots			0.	
f Undistributed income for 2022. Subtract				
lines 4d and 5 from line 1. This amount must				0
be distributed in 2023				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2017	166 520			
not applied on line 5 or line 7	166,530.			
9 Excess distributions carryover to 2023.	1,090,750.			
Subtract lines 7 and 8 from line 6a	±,090,730•			
10 Analysis of line 9: a Excess from 2018 3,814.				
a Excess from 2018 3,814. b Excess from 2019 311,497.				
c Excess from 2020 5,376.				
dExcess from 2021 465,907.				
eExcess from 2022 304,156.				

223581 12-06-22

Form **990-PF** (2022)

9

Part XIII	Private Operating Fo	oundations (see in	structions and Part VI	A, question 9)	N/A	
1 a If the fou	ndation has received a ruling or	determination letter that	it is a private operating			
foundatio	on, and the ruling is effective for	2022, enter the date of	he ruling			
b Check bo	ox to indicate whether the found	ation is a private operati	ng foundation described i	n section	4942(j)(3) or 🗌 49	42(j)(5)
2 a Enter the	lesser of the adjusted net	Tax year		Prior 3 years		
income f	rom Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
investme	nt return from Part IX for					
each yea	r listed					
b 85% (0.8	35) of line 2a					
c Qualifyin	g distributions from Part XI,					
line 4, for	r each year listed					
d Amounts	included in line 2c not					
	ectly for active conduct of					
	ctivities					
e Qualifyin	g distributions made directly					
	e conduct of exempt activities.					
Subtract 3 Complete	line 2d from line 2c e 3a, b, or c for the					
alternativ	e test relied upon:					
	alternative test - enter: e of all assets					
Úunde	e of assets qualifying er section 4942(j)(3)(B)(i)					
	nent" alternative test - enter inimum investment return					
	Part IX, line 6, for each year					
listed						
c "Support"	" alternative test - enter:					
	I support other than gross					
	stment income (interest, lends, rents, payments on					
secu	irities loans (section					
	(a)(5)), or royalties)					
(2) Supj	port from general public 5 or more exempt					
orga	inizations as provided in					
	ion 4942(j)(3)(B)(iii)					
() 0	est amount of support from					
	xempt organization					
(4) Gros	s investment income	mation (Comple	to this part crite	if the foundation	had \$5 000 ar ma	re in coorte
Part XIV	Supplementary Info at any time during t			if the foundation	nad \$5,000 or mo	ore in assets
	a any une uunig t	ne year-see mist	นษณบทอ.)			

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

Form 990-PF (2022)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept 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.

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

SEE STATEMENT 14

b 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:

223601 12-06-22

Form 990-PF (2022)

46-5671844

Page 10

16150727 803048 BUR1844

46-5671844 Page 11

3 Grants and Contributions Paid During the	e Year or Approved for Future	Payment		
Recipient	If recipient is an individual,		Durpoos of grant or	
Name and address (home or business)	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				
CARING FOR KIDS IN BRISTOL	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
PO BOX 412				
NEW HARBOR, ME 04554				5,000
CENTRAL LINCOLN COUNTY ADULT &	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
COMMUNITY EDUCATION				
767 MAIN STREET DAMARISCOTTA, ME 04543				25,000
CENTRAL LINCOLN COUNTY AMBULANCE SERVICE	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
PO BOX 373				
DAMARISCOTTA, ME 04543				50,000
CHIP INC	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
PO BOX 6				40.000
NEW HARBOR, ME 04554				10,000
COASTAL KIDS PRESCHOOL	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
12 JACKIE'S TRAIL DAMARISCOTTA, ME 04543				20,000
	ONTINUATION SHEE	T T(S)	3a	704,476
b Approved for future payment				
NONE				
NONE				
Total		•		C

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded b	by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a	couc				
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	34.	
4 Dividends and interest from securities			14	205,269.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	115,288.	
9 Net income or (loss) from special events				- ,	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
C					
4 					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		320,591.	0.
13 Total. Add line 12, columns (b), (d), and (e)					320,591.
(See worksheet in line 13 instructions to verify calculations.)					,
Part XV-B Relationship of Activities t	o the Acces	nnlichmont of E	vomnt D	urposos	
			xempt P	ulposes	
Line No. Explain below how each activity for which inco			contributed	importantly to the accomp	lishment of
the foundation's exempt purposes (other than	by providing fund	ls for such purposes).			

Form 990-PF ((2022)
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Part	XVI	Information Re Exempt Organ		sfers to a	nd T	ransactions a	nd Relations	nips With Noncha	ritable		
1 Did	the or	ganization directly or indi		of the followin	a with	any other organizatio	on described in sect	ion 501(c)		'es	No
					-				-	03	NO
(other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of:											
	 a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 								1a(1)		Х
										_	X
	(2) Other assetsb Other transactions:								. 1a(2)	_	<u></u>
				tion					46(4)		v
(1)	Sales	of assets to a noncharita	ble exempt organiza						. 1b(1)		X X
											X
											X
(4)	Reimi	oursement arrangements							. 1b(4)		
(5)	Loans	s or loan guarantees							1b(5)		X
											X
											X
ors	services	-	oundation. If the fou	ndation receiv		• •	-	narket value of the goods, or sharing arrangement,		s,	
(a)Line n		(b) Amount involved		f noncharitable	e exemp	t organization	(d) Description	of transfers, transactions, and	d sharing arrar	aemen	its
. ,	+	· · · · · · · · · · · · · · · · · · ·	(1),	N/A	P	<u> </u>	(, 2000	,, anoaonono, ano		5	-
2 lo t	ho four	dation directly or indirect	the offiliated with or	rolated to one	or mor	a tay ayampt argani	izationa daearibad				
		Idation directly or indirect						Г	Yes	X	
								[11] NO
DII	res, co	mplete the following sch (a) Name of org			(h) T	pe of organization	1	(c) Description of relation	chin		
		N/A	Janization			pc of organization			Sillb		
		N/A									
	Unde	r penalties of perjury, I declare	e that I have examined t	his return includ	ing acco	mpanying schedules an	d statements and to th	e best of my knowledge			
Sign		belief, it is true, correct, and co						er has any knowledge. M	ay the IRS dis turn with the p	cuss th repare	iis r
Here							TRUSTEE	sh	nown below? S	See inst	tr.
	Sign	ature of officer or trustee	1			Date	Title	L	X Yes		No
	Olgi	Print/Type preparer's na		Preparer's s			Date	Check X if PTIN			
		i i iliti i ype preparet s lid	1110	T TEPATET 5 5	iynatun	5	Date	self- employed			
Paid			TNE	WTTTT	мъ	λατΝΕ	07/27/22			17	
Prepa		WILLIAM RAC		WILLIA		ACTNE	07/27/23		00558		
Use (Firm's name WILL	IAM T. RA	ACINE,	CPA			Firm's EIN $01-04$	23202		
036 (Jiny	Firm's address 1 F		יסיי							
			RONT STRE						10 57	10	
	BATH, ME 04530							Phone no. 207-4	-42-2/	то	

Form	990-	PF	(2022)

Part IV Capital Gains and Los	sses for Tax on Investment Income	10 00	
	describe the kind(s) of property sole ick warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation (c) Date acquired (mo., day, yr.) (mo., day, yr.)
1a WELLS FARGO 3.4	P 02/20/1502/13/2		
b SALLIE MAE BANN	P 04/12/1804/18/2		
C POINT PLEASANT			P 08/05/1307/15/2
d NUCOR CORP 4.12			P 07/01/1508/15/2
e UBS BANK 3.35%			P 10/28/1810/28/2
f AFLAC 3.25%			P 03/10/1510/14/2
g WELLPOINT 3.3%			P 05/21/1501/17/2
h UNIVERSITY OF M	MAINE 4.0%		P 03/20/2006/23/2
i WATSCO			P 01/26/1702/21/2
i ALPHABET			P 10/25/1602/21/2
k STRYKER CORP			P 11/22/1602/21/2
APPLE COMPUTER			P 12/22/1402/21/2
m APPLE COMPUTER			P 12/22/1404/27/2
n WATSCO			P 01/26/1704/27/2
0 ALPHABET			P 12/20/1604/27/2
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 100,000.		102,500.	-2,500
b 50,000.		50,000.	0
c 50,000.		49,654.	346
d 100,000.		104,507.	-4,507
e 50,000.		50,000.	0
f 100,000.		101,462.	-1,462
g 100,000.		101,650.	-1,650
h 25,000.		26,055.	-1,055
i 23,027.		11,640.	11,387
18,412.		8,288.	10,124
k 26,080.		11,063.	15,017
22,279.		4,221.	18,058
m 58,310.		9,848.	48,462
n 26,030.		11,640.	14,390
0 26,905.		10,174.	16,731
Complete only for assets showin	g gain in column (h) and owned by t	he foundation on 12/31/69	(I) Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-2,500
b			0
С			346
d			-4,507
е			0
f			-1,462
g			-1,650 -1,055
h			-1,055
i			11,387
j			10,124
k			15,017
			18,058
m			48,462
n			14,390
0			16,731
2 Capital gain net income or (net cap	pital loss) {	in Part I, line 7 -" in Part I, line 7	2
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8, o	s) as defined in sections 1222(5) an column (c).	d (6):	
If (loss), enter "-0-" in Part I, line 8		ر	3

BURNS FAMILY FOU			671844	Pž	AGE	2	OF
Part IV Capital Gains and Los	sses for Tax on Investment Income						
(a) List and 2-story br	l describe the kind(s) of property sol rick warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) Ho P - F D - [w acquired Purchase Donation	(c) Date acqu (mo., day, y	iired ′r.)	(d) Date sold (mo., day, yr.)
1a EQUINIX				P [12/18/	200)3/22/2
b EDWARDS LIFESC	IENCES			Р	06/22/	200)1/11/2
C TJK COS INC				Р	06/28/	220	2/21/2
d CAPITAL GAINS	DIVIDENDS						
е							
f							
g							
h							
<u>i</u>							
j							
k							
<u>n</u>							
0	(f) Depresention allowed	(a) Cost or other basis		(h)	Coin or (looo	<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			Gain or (loss us (f) minus ((g)	
a 167,998.		184,679				-	-16,681
b 178,238.		179,083	•				-845
c 19,668.		14,813	•				4,855
d 4,618.							4,618
e f							
<u>g</u>							
h i							
- <u>-</u>							
k							
<u> </u>							
m							
n							
0							
	ng gain in column (h) and owned by	the foundation on 12/31/69		(I) Loss	ses (from col.	(h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gain	s (excess of but no	f col. (h) gain ot less than "-(over (0-")	col. (k),
<u> </u>							-16,681
a b							-845
C							4,855
d							4,618
e							-
f							
g							
h							
i							
j							
k							
m							
n							
0							
2 Capital gain net income or (net ca	pital loss) { If gain, also enter If (loss), enter "-(r in Part I, line 7)-" in Part I, line 7	2			1	15,288
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,		nd (6):					
If (loss), enter "-0-" in Part I, line 8		J	3		N/A		

CONTINUATION FOR 990-PF, PART IV

223591 04-01-22

16150727 803048 BUR1844

46-5671844

Part XIV Supplementary Information 3 Grants and Contributions Paid During the Y				
	If recipient is an individual,	1		
Recipient Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
COASTAL RIVERS CONSERVATION TRUST	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
3 ROUND TOP LANE				
DAMARISCOTTA, ME 04543				20,00
COMMUNITY ENERGY FUND OF LINCOLN	NONE	PUBLIC CHARITY	HEATING OIL AND ENERGY	
COUNTY			ASSISTANCE	
PO BOX 40				
BRISTOL, ME 04539				35,000
ELDER CARE NETWORK OF LINCOLN COUNTY PO BOX 652	NONE	PUBLIC CHARITY	GENERAL OPERATIONS SUPPORT	
DAMARISCOTTA, ME 04543			DULIONI	20,000
FOWA ANIMAL RESCUE INC	NONE	PUBLIC CHARITY	SUPPORT OF VETERINARY	
PO BOX 3701			PROGRAM	
WAYNE, NJ 07470				30,000
HEALTHY KIDS	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
15 BELVEDERE RD				
DAMARISCOTTA, ME 04543				9,476
LINCOLN ACADEMY	NONE	PUBLIC CHARITY	GENERAL OPERATIONS	
81 ACADEMY HILL			SUPPORT	100.000
NEWCASTLE, ME 04553				100,000
LINCOLN COUNTY HISTORICAL ASSOCIATION PO BOX 61	NONE	PUBLIC CHARITY	EDUCATIONAL OUTREACH	
WISCASSET, ME 04578				10,000
LINCOLN HEALTH	NONE	PUBLIC CHARITY	SUPPORT OF THE	
35 MILES STREET			HOSPITAL	
DAMARISCOTTA, ME 04543				25,000
MIDCOAST HUMANE SOCIETY	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
30 RANGE ROAD BRUNSWICK, ME 04011				20,000
				20,000
MOBIUS INC	NONE	DIIBLTC CHADIMY	SUPPORT OF OPERATIONS	
319 MAIN STREET		LODDIC CHARITY	SULINAL OF OFERALLONS	
DAMARISCOTTA, ME 04543				30,000
Total from continuation sheets				594,476

46-5671844

Part XIV Supplementary Information 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual,			
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEW HOPE WOMEN'S SHELTER	NONE	RELIGIOUS	SUPPORT OF NEW HOPE	
111 NORTH MAIN STREET			WOMEN'S SHELTER	10.00
SOLON, ME 04979				10,00
OLYMPIA SNOWE WOMEN'S LEADERSHIP	NONE	PUBLIC CHARITY	PROGRAMS IN LINOLN	
INSTITUTE			COUNTY SCHOOLS	
ONE CANAL PLAZA, STE 501				
PORTLAND, ME 04101				50,00
RUTHERFORD LIBRARY ASSOCIATION	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
PO BOX 145 SOUTH BRISTOL, ME 04568				5 0(
SOUTH BRISTOL, ME 04566				5,00
SKIDOMPHA LIBRARY ASSOCIATION	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
PO BOX 70 DAMARISCOTTA, ME 04543				25,00
				20,00
THE LINCOLN HOME 22 RIVER ROAD	NONE	PUBLIC CHARITY	RESIDENTS FINANCIAL ASSISTANCE FUND	
NEWCASTLE, ME 04553			ADDIDIANCE FOND	10,00
				,
TOWN OF SOUTH BRISTOL, MAINE	NONE	GOVERNMENTAL	ELEMENTARY SCHOOL	
2024 STATE ROUTE 129	NONE	ORGANIZATION	ELEMENTARY SCHOOL ENRICHMENT PROGRAMS	
SOUTH BRISTOL, ME 04568				110,00
A LIFE LINE	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
71 SMYRNA CENTER ROAD				
SMYRNA CENTER, ME 04578				25,00
CARPENTER'S BOAT SHOP	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
440 OLD COUNTY ROAD				
PEMAQUID, ME 04558				15,00
GOOD SHEPARD FOOD BANK	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
PO BOX 1807				
AUBURN, ME 04211				10,00
SERVICE DOG STRONG	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
10 STACY'S WAY				AF 0/
DENMARK, ME 04022 Total from continuation sheets				25,00

46-5671844

34 WING FARM PARKWAY CAMPAIGN 5,0 BATH, ME 04530 NONE PUBLIC CHARITY SUPPORT OF OPERATIONS CENTRAL LINCOLN COUNTY YMCA NONE PUBLIC CHARITY SUPPORT OF OPERATIONS	3 Grants and Contributions Paid During the	Year (Continuation)			
UNITED WAY OF MIDCOAST MAINE NONE PUBLIC CHARITY GENERAL SUPPORT OF CAMPAIGN 5,0 34 WING FARM PARKWAY BATH, ME 04530 5,0 CENTRAL LINCOLN COUNTY YMCA NONE PUBLIC CHARITY SUPPORT OF OPERATIONS PO BOX 787		If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
34 WING FARM PARKWAY CAMPAIGN 5,0 BATH, ME 04530 NONE PUBLIC CHARITY SUPPORT OF OPERATIONS CENTRAL LINCOLN COUNTY YMCA NONE PUBLIC CHARITY SUPPORT OF OPERATIONS	Name and address (nome of busiless)	or substantial contributor	recipient		
34 WING FARM PARKWAY CAMPAIGN 5,0 BATH, ME 04530 NONE PUBLIC CHARITY SUPPORT OF OPERATIONS CENTRAL LINCOLN COUNTY YMCA NONE PUBLIC CHARITY SUPPORT OF OPERATIONS					
34 WING FARM PARKWAY CAMPAIGN 5,0 BATH, ME 04530 NONE PUBLIC CHARITY SUPPORT OF OPERATIONS CENTRAL LINCOLN COUNTY YMCA NONE PUBLIC CHARITY SUPPORT OF OPERATIONS	INTER WAY OF MIDCOASE MAINE	NONE	DIBLTC CHARTTY	GENERAL SURDORT OF	
BATH, ME 04530 5,0 CENTRAL LINCOLN COUNTY YMCA NONE PUBLIC CHARITY SUPPORT OF OPERATIONS PO BOX 787		NONE	FUBLIC CHARIII		
CENTRAL LINCOLN COUNTY YMCA NONE PUBLIC CHARITY SUPPORT OF OPERATIONS PO BOX 787				CAMPAIGN	5 000
PO BOX 787	BAIN, ME 04550				5,000
PO BOX 787					
PO BOX 787 DAMARISCOTTA, NE 04543 5,0 5,0 5,0 5,0 5,0 5,0 5,0 5,0 5,0 5,0	CENTRAL LINCOLN COUNTY YMCA	NONE	PUBLIC CHARITY	SUPPORT OF OPERATIONS	
DAMARISCOTTA, NE 14543 5, 0	PO BOX 787				
	DAMARISCOTTA, ME 04543				5,000
Total from continuation sheets					

FORM 990-PF INTERE	EST ON SAVI	NGS AND TEM	PORARY CA	SH IN	VESTMENTS	STATEM	ENT	1
SOURCE	(A REVE PER B	NUE NI		(B) VESTMENT COME	(C ADJU: NET I	STED		
BATH SAVINGS INSTIT	TUTION		34.		34.			
TOTAL TO PART I, LI		34.		34.				
FORM 990-PF	DIVIDENI	S AND INTER	EST FROM ;	SECUR	ITIES	STATEM	ENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVE	NUE	(B) NET INVES MENT INCO	ST- AD	(C) JUSTEI INCOM	
CORPORATE BONDS DIVIDENDS MUNICIPAL BONDS	101,720 104,481 3,686	. 4,61	0. 101,720. 8. 99,863. 0. 3,686.		99,86	3.		-
TO PART I, LINE 4 209,887.								
TO PART I, LINE 4	209,887	⁷ . <u>4</u> ,61	8. 205	,269.	205,26	59 .		_
TO PART I, LINE 4 FORM 990-PF	209,887	2. 4,61		,269.	205,26	STATEM	ENT	3
	209,887			 ST-	205,26 (C) ADJUSTED NET INCOM	STATEM	ENT (D) RITABI RPOSES	LE
FORM 990-PF	209,887	LEGAL (A) EXPENSES	FEES (B) NET INVE;	 ST-	(C) ADJUSTED	STATEM O CHAI IE PUI	(D) RITABI	LE S
FORM 990-PF DESCRIPTION		(A) EXPENSES PER BOOKS	FEES (B) NET INVE;	ST- OME	(C) ADJUSTED	STATEM O CHAI IE PUI	(D) RITABI RPOSES	LE 5).
FORM 990-PF DESCRIPTION LEGAL		(A) EXPENSES PER BOOKS 38,000.	FEES (B) NET INVE; MENT INCO	ST- OME 0.	(C) ADJUSTED	STATEM O CHAI IE PUI	(D) RITABI RPOSES 38,000 38,000	LE 5).
FORM 990-PF DESCRIPTION LEGAL TO FM 990-PF, PG 1,		LEGAL (A) EXPENSES PER BOOKS 38,000. 38,000.	FEES (B) NET INVE; MENT INCO	ST- OME 0. 0. ST-	(C) ADJUSTED	STATEM	(D) RITABI RPOSES 38,000 38,000	
FORM 990-PF DESCRIPTION LEGAL TO FM 990-PF, PG 1, FORM 990-PF		LEGAL (A) EXPENSES PER BOOKS 38,000. 38,000. 38,000. ACCOUNTI (A) EXPENSES	FEES (B) NET INVE; MENT INCO NG FEES (B) NET INVE;	ST- OME 0. 0. ST-	(C) ADJUSTED NET INCOM (C) ADJUSTED	STATEM	(D) RITABI RPOSES 38,000 38,000 38,000 ENT (D) RITABI	5 0. 0. 4

FORM 990-PF (OTHER PROFES	SIONAL FEES	STATEMENT 5				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
INVESTMENT ADVISORY FEES	35,682.	35,682.		0.			
- TO FORM 990-PF, PG 1, LN 16C =	35,682.	35,682.		0.			
FORM 990-PF	TAX	ES	S	FATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
PAYROLL TAXES 990-PF CURRENT YEAR	1,556. 5,398.	311. 0.		1,245.			
- TO FORM 990-PF, PG 1, LN 18 =	6,954.	311.		1,245.			
FORM 990-PF	OTHER E	XPENSES	S	ratement 7			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
DIRECTORS & OFFICERS LIABILITY INSURANCE CORPORATE FILING FEE DUES AND PUBLICATIONS AMORTIZATION	750. 35. 1,630. 1,347.	375. 0. 815. 0.		375. 35. 815. 0.			
TO FORM 990-PF, PG 1, LN 23	3,762.	1,190.		1,225.			

= =

FORM 990-PF U.S. AND STATE/CIT	TY GOV	ERNMENT	OBLIGATIONS	STATEMENT
DESCRIPTION	U.S. GOV'T	OTHER GOV ' T	BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED SCHEDULE		X	50,474.	49,902
TOTAL U.S. GOVERNMENT OBLIGATIONS		-		
TOTAL STATE AND MUNICIPAL GOVERNMENT	OBLIG	- ATIONS	50,474.	49,902
TOTAL TO FORM 990-PF, PART II, LINE 2	10A	=	50,474.	49,902
FORM 990-PF CORPO	ORATE	STOCK		STATEMENT 9
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED SCHEDULE		-	3,783,628.	7,013,165
TOTAL TO FORM 990-PF, PART II, LINE 2	10B	=	3,783,628.	7,013,165
FORM 990-PF CORPO	ORATE	BONDS		STATEMENT 1
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
SEE ATTACHED SCHEDULE		-	1,675,975.	1,557,687
TOTAL TO FORM 990-PF, PART II, LINE 2	10C	=	1,675,975.	1,557,687
FORM 990-PF OTHER	INVES	TMENTS		STATEMENT 1
DESCRIPTION	VALU MET	ATION HOD	BOOK VALUE	FAIR MARKET VALUE
NEGOTIABLE CERTIFICATES OF DEPOSIT	CO	 ST	754,714.	737,029
TOTAL TO FORM 990-PF, PART II, LINE 2	1 2	-	754,714.	737,029

46-5671844

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FORM 990-PF	OTHER ASSETS		STATEMENT	12	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE		
ORGANIZATION COSTS, NET	10,659.	9,312.		0.	
TO FORM 990-PF, PART II, LINE 15	10,659.	9,312.		0.	
				_	
FORM 990-PF OT	HER LIABILITIES		STATEMENT	13	
FORM 990-PF OT DESCRIPTION	HER LIABILITIES	BOY AMOUNT	STATEMENT EOY AMOUNT	13	
		BOY AMOUNT 1,522. 0.	EOY AMOUNT	0.	

-

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 14 PART XIV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

JOHN J. LYNCH, JR. PO BOX 6 DAMARISCOTTA, ME 04543

TELEPHONE NUMBER

207-563-1700

FORM AND CONTENT OF APPLICATIONS

THE ORGANIZATION REQUIRES ALL POTENTIAL DONEES TO COMPLETE A GRANT APPLICATION FORM AVAILABLE AT THE ORGANIZATION'S ADDRESS OF RECORD. A COPY OF THE APPLICATION IS ATTACHED AND IT OUTLINES ALL OF THE INFORMATION REQUIRED TO BE SUBMITTED.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION MAKES GRANTS FOR CHARITABLE, SCIENTIFIC, LITERARY OR EDUCATIONAL PURPOSES, OR FOR THE PREVENTION OF CRUELTY TO CHILDREN OR ANIMALS, SUPPORT OF HEALTH CARE ORGANIZATIONS AND LIBRARIES, AND OTHER SUCH PURPOSES AS DEFINED WITHIN THE MEANING OF SECTION 501-C-3 OF THE INTERNAL REVENUE CODE.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

	ARE 550-FF FAGE 1 550-FF													
Asset No.	Description	Date Acquired	Method	Life	C Lir n N v	ue Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	ORGANIZATION COSTS	12/01/14		180M	HY43	10,870.				10,870.	5,498.		725.	6,223.
2	ORGANIZATION COSTS	01/01/16		180M	HY43	9,330.				9,330.	4,043.		622.	4,665.
	* TOTAL 990-PF PG 1 DEPR & AMORT					20,200.				20,200.	9,541.		1,347.	10,888.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562
Department of the Treasury Internal Revenue Service
Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990-PF

Attach to your tax return.

2022 Attachment Sequence No. **179**

OMB No. 1545-0172

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return			Busine	ss or activity to whi	ch this form relate	S	Identifying number
BUR	NS FAMILY FOUNDATI	ON INC.		FOR	M 990-P	F PAGE	1	46-5671844
Par			79 Note: If vo					
							1	1,080,000.
	otal cost of section 179 property plac							_,,
	nreshold cost of section 179 property place						····	2,700,000.
	eduction in limitation. Subtract line 3							_,,
	ollar limitation for tax year. Subtract line 4 from line							
6	(a) Description of pr			(b) Cost (busine		(c) Elected		
7 Li	sted property. Enter the amount from	line 29			7			
8 T	otal elected cost of section 179 prope				-			
	entative deduction. Enter the smaller							
	arryover of disallowed deduction from							
	usiness income limitation. Enter the s							
12 S	ection 179 expense deduction. Add I	ines 9 and 10, but	don't enter	more than line	11		12	
13 C	arryover of disallowed deduction to 2	023. Add lines 9 a	nd 10, less l	ine 12	13			
Note:	Don't use Part II or Part III below for	listed property. In:	stead, use F	Part V.				
Par	t II Special Depreciation Allowa	nce and Other De	epreciation	(Don't include	e listed propert	y.)		
14 S	pecial depreciation allowance for qua	lified property (oth	er than liste	d property) pla	aced in service	during		
th	e tax year						14	
15 P	roperty subject to section 168(f)(1) el	ection					15	
							16	
Par	t III MACRS Depreciation (Don't	include listed pro	perty. See ir	structions.)				
			Se	ection A				
17 №	ACRS deductions for assets placed	in service in tax ye	ars beginnir	ng before 2022	2		17	
18 If 1	you are electing to group any assets placed in ser							
	Section B - Assets		-		Jsing the Gen	eral Deprecia	ation Syst	em
	(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
с	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
<u> </u>		/				MM	S/L	
	Section C - Assets I	Placed in Service	During 202	2 Tax Year Us	sing the Altern	ative Depred	iation Sys	stem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
C	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par								
	sted property. Enter amount from line						21	
	otal. Add amounts from line 12, lines	-						<u>^</u>
	nter here and on the appropriate lines				ions - see instr		22	0.
23 F	or assets shown above and placed in	service during the	e current yea	ar, enter the				

23

216251 12-08-22 LHA For Paperwork Reduction Act Notice, see separate instructions. 2022.04010 BURNS FAMILY FOUNDATION INC BUR18441 16150727 803048 BUR1844

portion of the basis attributable to section 263A costs

Part V Listed Property lincuide automobiles, certain aircraft, and property used for microarrant, increasing or amagement). Section A appreciation and Other Information (Automost in Band Section C. I applicible. Section A appreciation and Other Information (Automost in Band Section C. I applicible. Section A appreciation and Other Information (Automost in Band Section C. I applicible. Instance and the information (Automost in Band Section C. I applicible. 29a Depositive weighter to applicible. Band Section C. I applicible. Instance and the information (Automost in Band Section C. I applicible. 29a Depositive weighter to applicible. Band Section C. I applicible. Instance and Section C. I applicible. Instance and Section C. I applicible. 29a Depositive weighter to applicible. Band Section C. I applicible. Instance and Section C. I applicible. Instance and Section C. I applicible. 29a Depositive used more than 50% in a qualified business use: Instance and Section C. I applicible. Instance and Section C. I applicible. Instance and Section C. I applicible. 29 Add amounts in column (h), lines 25 through 27. Entre have and on line 21, page 1. 28 29 Zection Findematic Column Section C. I applicible. 29 Add amounts in column (h), lines 25 through 27. Entre have and on line 21, page 1. 28 29 Zection Findematic Column Section C. I applicible. 29 Add amounts in column (h), lines 25 through 27. Entre h	For	m 4562 (2022)	BUR	NS FAMI	LY F	OUND	ATIO	N IN	IC.				46-	5671	844	Page 2	
Note: For any which for which you are using the standard mileage rate or deducting itess expresse, complete only 24a, 24b, columning (4 mough (c) of Section A, all of Section A, and Section B, and Section C, and Section B, and Section B, and Sectio	Pa					her vehic	les, cerl	tain airc	raft, an	nd propert	y used f	or					
24b. columns ig it brought (c) of Section A, all of Section C, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Calculations for limits for passenger automobiles.) 24a. By out have edifects to support the business interview three (Calculations for limits for passenger automobiles.) 25b. By out have edifects to support the business interview (Calculations for limits for passenger automobiles.) 25b. Special depreciation al dowarce for qualified business use: 25c. Property used 50% or lass in a qualified business use: 27 Property used 50% or lass in a qualified business use: 27 Property used 50% or lass in a qualified business use: 26 Add amounts in column (b), lines 25 though 27. Enter here and on line 21, page 1 28 Add amounts in column (b), lines 25 though 27. Enter here and on line 7, page 1 26 Add amounts in column (b), lines 25 though 27. Enter here and on line 7, page 1 27 Indications of the section for whickles used by a sober propriotor, partner, or other 'more flam 50% origin. 28 Add amounts in column (b), lines 25 though 27. Enter here and on line 7, page 1 29 Total to section for whickles used by a sober propriotor, partner, or other 'more flam 50% origin. 29 Intil all side in the during the year. 20 Total tooles used by a sober propriotor, partner, or other 'more flam 50% origin. 20 Total commuting miles driven during the year. 21 Total commuting miles driven		,	,		,	standar	d milead	ae rate c	or dedu	ucting leas	se expen	se. com	nolete on	lv 24a.			
2ga Do you have evidence to support the business/investment use claimed? Yes No 24b If Yes, is the evidence written? Yes No Path If Yes No Yes Yes <thyes< th=""> Yes Yes <th< td=""><td></td><td>24b, columns</td><td>(a) through (c</td><td>c) of Section A</td><td>, all of S</td><td>ection B</td><td>, and Se</td><td>ection C</td><td>if appl</td><td>icable.</td><td></td><td></td><td></td><td></td><td></td><td></td></th<></thyes<>		24b, columns	(a) through (c	c) of Section A	, all of S	ection B	, and Se	ection C	if appl	icable.							
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43 Amortization of costs that began before your 2022 tax year STMT 15 43 1,347. 44 Total. Add amounts in column (f). See the instructions for where to report 44 1,347.	42	Amortization of costs th	nat begins du	iring your 202	2 tax yea	ar: I											
43 Amortization of costs that began before your 2022 tax yearSTMT 15431,34744 Total. Add amounts in column (f). See the instructions for where to report441,347									_								
44 Total. Add amounts in column (f). See the instructions for where to report		A 11 11		,							CUDA	m 1 🗆			1	217	
	43	Amortization of costs th	iat began be	tore your 2022	2 tax yea	ar					9 T KI	<u>т т</u> э					
		Iotal. Add amounts in o	column (t). Se	ee the instruct	lions for	where to	report		<u></u>				44	r			

26

2022.04010 BURNS FAMILY FOUNDATION INC BUR18441

FORM 4562	PART VI - AMORTIZATION ST					ATEMENT 15
(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
ORGANIZATION COSTS ORGANIZATION COSTS	12/01/14 01/01/16	10,870. 9,330.		180M 180M	5,498. 4,043.	725.
TOTAL TO FORM 4562, LINE	43					1,347.