Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2020

Open to Public Inspection

▶ Do not enter social security numbers on this form, as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Α	For the	2020 calend	ar year, or tax year beginning July 1st , 2020, and ending	June 3	0th , 20 21	
В	Check if ap	pplicable	C Name of organization D Er	nployer	dentification number	
	Address o	change	The Anchorage Robert Burns Appreciation Society		80-0011849	
님	Name cha	•	Number and street (or P O box if mail is not delivered to street address) Room/suite E Te	lephone	number	
H	Initial retu		1120 East 5th Avenue			
Ħ	Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	roup Ex	emption	
\Box		on pending	Anchorage, AK 99501	umber	>	
G	Account	ting Method		< ▶ ☑	if the organization is not	
1 1	Nebsite	e; Þ			tach Schedule B	
J 1	ax-exen	npt status (che	eck only one) — ✓ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form	990, 99	90-EZ, or 990 - PF)	
		organization				
L	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asse	ts	<u></u>	
(Pa	rt II, col	umn (B)) are \$	S500,000 or more, file Form 990 instead of Form 990-EZ	>	\$ 56,787	
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uction		
	_	Check if	the organization used Schedule O to respond to any question in this Part I			
	1	_	ons, gifts, grants, and similar amounts received			
	2		ervice revenue including government fees and contracts	2	0	
	3		ip dues and assessments	3		
	4	Investment	•	4	94	
	5a	Gross amo	unt from sale of assets other than inventory 5a		-	
	b		or other basis and sales expenses			
	c		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	1	
	6		d fundraising events:			
	а	_	ome from gaming (attach Schedule G if greater than			
e~	1		6a	1		
Revenue	ь	Gross inco	me from fundraising events (not including \$ of contributions	7		
<u>`</u>			aising events reported on line 1) (attach Schedule G if the			
_		sum of suc	h gross income and contributions exceeds \$15,000) 6b			
>-	c	Less: direc	t expenses from gaming and fundraising events 6c	7		
МAY	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	7		
		line 6c) .		6d	,	
SCANNED	7a	Gross sale:	s of inventory, less returns and allowances			
Z	b		of goods sold	7		
Z	c		it or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
び	8	•	nue (describe ın Schedule O)	8		
S	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8) 9	94	
	10		similar amounts paid (list in Schedule O) RECEIVED	10		
	11	Renefits pa	ud to or for members	11		
S	12	Salaries, ot	her compensation, and employee benefits	12		
Expenses	13	Professiona	ther compensation, and employee benefits	13		
be	14	Occupancy	rent utilities and maintenance	14		
ŭ	15	Printing, pu	ublications, postage, and shipping	15	39	
	16		nses (describe in Schedule O)	16	5,861	
	17		nses. Add lines 10 through 16	17	5,900	
	18		deficit) for the year (subtract line 17 from line 9)	18	-5,806	
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with		1 5,000	
155			r figure reported on prior year's return)	19		
et/	20	-	ges in net assets or fund balances (explain in Schedule O)	20	 	
ž	21		or fund balances at end of year. Combine lines 18 through 20	21	V	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2020)



Pa	rt II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> </u>
			Ļ	(A) Beginning of year	L	(B) End of year
22	Cash, savings, and investments			62,671		56,787
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			62,671	25	56,787
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			Y	27	
Par	Statement of Program Service Accomp					Expenses
NA/In a	Check if the organization used Schedule	O to respond to a	ny question in this	Part III L	(Rea	uired for section
	t is the organization's primary exempt purpose?					c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the ch program title.	e services provided	, the number of	other	nizations, optional foi rs)
28	Introduced 400 People to Robert Burns, His Life, His	poetry, Serving Scot	tish Foods, Scottish	Music, Scottish		
	Dancing This year no event - COVID-19				l	}
	/O				00-	
20			ants, check here .		28a	
29	Programs and Meals to create and foster understandi				ļ	
	good governement and citizenship, and encourage se	ervice-minaea maivi	duals to serve their c	ommunides		
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ □	29a	5.806
30	1 I this direction	inologic group				5,000
			•••••			
	(Grants \$) If this amount i	includes foreign gra	ints, check here .	▶ □	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount i	includes foreign gra	ints, check here .	▶ □	31a	
	Total program service expenses (add lines 28a tl				32	5,806
Par					nstruc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a				<u> Ц</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation	01	Estimated amount of the compensation
See a	attached list of Board Members					
No B	oard Member Receives any Compensation or Benefit					
	·				ĺ	
	<u> </u>					
				-		
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		-				
			I	İ	1	



 Jod the organization engage in any significant activity not previously reported to the detailed description of each activity in Schedule O	IRS? If "Yes," provide a	33 34 35a 35b 35c	Yes	No V
 detailed description of each activity in Schedule O	es," attach a conformed by Otherwise, explain the conformed by the year from business conformed by section 6033(e) notice, by Part III conformed by Section of net assets conformed by Section b	34 35a 35b		✓
 Were any significant changes made to the organizing or governing documents? If "Ye copy of the amended documents if they reflect a change to the organization's name change on Schedule O. See instructions	the year from business the year from year	34 35a 35b		
 Did the organization have unrelated business gross income of \$1,000 or more during activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an expenditure, and proxy tax requirements during the year? If "Yes," complete Schedule Comporting, and proxy tax requirements during the year? If "Yes," complete Schedule Comporting the year? If "Yes," complete applicable parts of Schedule Nounce /li>	explanation in Schedule O section 6033(e) notice, C, Part III	35a 35b		√ ✓
activities (such as those reported on lines 2, 6a, and 7a, among others)?	explanation in Schedule O section 6033(e) notice, C, Part III	35b		1
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C Did the organization undergo a liquidation, dissolution, termination, or significant of during the year? If "Yes," complete applicable parts of Schedule N	o section 6033(e) notice, C, Part III			1
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule Complete Schedule Complete or significant of during the year? If "Yes," complete applicable parts of Schedule Notation of political expenditures, direct or indirect, as described in the instructions build the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or any such loans made in a prior year and still outstanding at the end of the tax year cover building if "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year? If "Yes," complete Schedule L, Part II, and enter the total amount involved Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during section 501(c)(3) organizations. Enter amount of tax imposed on the organization during section 501(c)(3) organizations.	c, Part III	35c		
during the year? If "Yes," complete applicable parts of Schedule N		l l		✓
 b Did the organization file Form 1120-POL for this year?	► 37a	36		✓
 Did the organization borrow from, or make any loans to, any officer, director, trustee, of any such loans made in a prior year and still outstanding at the end of the tax year covered by the such part of the such part of the total amount involved and the section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 and the such part of /li>		<u> </u>		
 b If "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri 		37b		✓ ✓
 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri 	1 1	38a		V
 b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri 	<u></u>	1.		ĺ
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri	. 39a	-	ļ' ļ	
	ng the year under:	 ;	, ·	٠.
5111			;	-
excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit trathat has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete	ensaction in a prior year	40b		
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax impos				
on organization managers or disqualified persons during the year under sections 49 4955, and 4958	12, ►	,	,	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on II 40c reimbursed by the organization	-			
e All organizations. At any time during the tax year, was the organization a party to transaction? If "Yes," complete Form 8886-T		40e		<u>, </u>
41 List the states with which a copy of this return is filed ▶				
42a The organization's books are in care of ► Scott A Stewart	. '	907) 2		
Located at ► 1120 East 5th Avenue, Anchorage b At any time during the calendar year, did the organization have an interest in or a signature.	re or other authority over	99501	-2759 Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other than the securities account, or other than the securities account.	ner financiai account)?	42b		✓,
If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Rep	ort of Foreign Bank and	}	, •	
Financial Accounts (FBAR).		10		
c At any time during the calendar year, did the organization maintain an office outside the foreign country ►		42c	l	_
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 104 and enter the amount of tax-exempt interest received or accrued during the tax year			. !	▶ ∐
	- " Farm 000 * !	·	Yes	No
44a Did the organization maintain any donor advised funds during the year? If "Ye completed instead of Form 990-EZ		44a		√
b Did the organization operate one or more hospital facilities during the year? If "Yo completed instead of Form 990-EZ		44b		7
c Did the organization receive any payments for indoor tanning services during the year	?	44c		\
d If "Yes" to line 44c, has the organization filed a Form 720 to report these paymer	nts? If "No," provide an	,	-	
explanation in Schedule O		1 4 4 4		ļ
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		44d		V
b Did the organization receive any payment from or engage in any transaction with a comeaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be Form 990-EZ. See instructions		440 45a		✓

Page	4
. ~9~	

									Yes	No
46	Did th	ne organization engage, directly or in	directly, in political c	ampaign activities o	on behalf o	of or in oppo	sition			
	to car	ndidates for public office? If "Yes," o	omplete Schedule C	, Part I				46		✓
Part	Vi	Section 501(c)(3) Organizations	s Only							
		All section 501(c)(3) organization		stions 47-49b and	d 52, and	complete	the tal	bles f	or lin	es
		50 and 51.	•							
		Check if the organization used Scl	nedule O to respond	I to any question in	this Part	VI				
		<u></u>						_	Yes	No
47	Did tl	ne organization engage in lobbying	activities or have a	section 501(h) elect	tion in effe	ect durina th	ne tax		1.55	
71		If "Yes," complete Schedule C, Part						47		1
40	•	organization a school as described in						48	<u> </u>	1
48								49a	ļ	/
49a		ne organization make any transfers to		_				49b	+	
p		s," was the related organization a se							1	V
50		plete this table for the organization's								
	empi	oyees) who each received more than	1 \$ 100,000 of comper	isation from the org	<u> </u>		Jile, ei	ilei iv	ione.	_
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut	ealth benefits, tions to employe ans, and deferr mpensation			ed amoi npensat	
							1			
-										
							-			
				ŀ						
							-			
	· 									
							$+ \cdots$			
										
			····				-			
				<u> </u>						
51	Comp	number of other employees paid ovo plete this table for the organization' 000 of compensation from the organ	s five highest compe	ensated independer	nt contrac	_ tors who ea	ich rec	eived	more	thar
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice		(c) Com	pensati	on	
-						- 				
				1						
				-						
				-						
										-
d		number of other independent contra			. ▶					
52		he organization complete Scheduleted Schedule A		ection 501(c)(3) org	-		. –	∑ Yes	<u> </u>	No
Under p	enalties	of perjury, I declare that I have examined this r	eturn, including accompan	and state	ments, and to	o the best of my	/ knowled	dge and	d belief,	ıt ıs
true, co	rrect, and	d complete Declaration of reparer (other than	officer) is based on all mit	rmation of which prepare	er has any kn	owledge				
Sign		Signature of officer	MAL	- 2		Date				
Here		Scott A Stewart	- //		0	7/09/2021				
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·							
		Print/Type preparer's name	Preparer's signature	· · · · · · · · · · · · · · · · · ·	Date	1	п, Т	PTIN	_	
Paid		Filing Type preparer a riame	1			Check self-em	⊔ ıf			
Prep		5-1			I					
Use (Only	Firm's name				Firm's EIN ▶				
Me: 41	- 100	Firm's address discuss this return with the preparer	ahawa ahawa O Cara	matru sati a ma		Phone no		7 🗸		N.
ハハコハノ キト	ישו סי	MERLICE THE PATHER WITH THE PROPERTY	COOME 2007/27 244 (USTRUCTIONS				TOC		wr.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

The R	Robert Burns Appreciation Society		···			80-00		
Par							ons.	
The c	organization is not a private founda		-				~	
1	A church, convention of church						VQ	
2	☐ A school described in section) \)
3	☐ A hospital or a cooperative hos ☐ A medical research organization						iii) En	ter the
4	hospital's name, city, and state	•	orijuriction with a nosi	Jilai uesc	indea in a		,. L.	ici tric
5								
6 7								
8	A community trust described in		*	Part II \				
9	An agricultural research organi	• -		-	erated in	conjunction with a la	and-ar	ant college
J	or university or a non-land-grauniversity:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the co	llege or
10	O An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
11	An organization organized and							
12	An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	unctions of, or to car	ry out	the purposes
	of one or more publicly suppo							
	Check the box in lines 12a thro	_	* *	-	_			
а								
	the supported organization supporting organization Ye	ou must comple	ete Part IV, Sections	A and B	•			
b	Type II. A supporting organ control or management of organization(s). You must o	he supporting o	rganization vested in	the same				
С	Type III functionally integ	rated. A supports) (see instructio	ting organization oper ns). You must comp l	ated in c lete Part	onnectior IV, Secti	n with, and functionations A, D, and E.	ılly inte	grated with,
d	Type III non-functionally i that is not functionally integred requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an		
е	Check this box if the organ functionally integrated, or T	ization received Type III non-func	a written determination	on from tl	ne IRS tha	at it is a Type I, Type ion.	ı II, Typ	e III
f	Enter the number of supported of							
g	Provide the following information	about the supp	orted organization(s).					
-	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total	<u> </u>	- ,	· · · · ·					

	Part III. If the organization fails to				-		ality utilides
Secti	on A. Public Support				•		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			•			
3	The value of services or facilities furnished by a governmental unit to the organization without charge)
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	CHES ING	Villa in / Si	发展的图像	证的理论的哲学	THE SECTION	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) ,2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4					,	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through/10	TO SEE . CORN	防河南中南海	では、現場に対	体的组织。对数	行がいれるい。	
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the		s first, second	, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he						<u> </u>
Secti	on C. Computation of Public Suppo					1	
14	Public support percentage for 2020 (line		-			14	<u>%</u>
15	Public support percentage from 2019 Sci 331/3% support test—2020. If the organ	nedule A, Part	II, line 14 .			15	shock this
16a	box and stop here . The organization qua						
b	33 ¹ / ₃ % support test – 2019. If the organi						
b	this box and stop/here . The organization						► □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization metal the organization meets the organization.	020. If the organeets the facts facts-and-circ	anization did n	ot check a boa	x on line 13, 1 eck this box a	6a, or 16b, and ind stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the	on meets the fa e facts-and-cir	ects-and-circur cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and stop he i	r e. Explain
18	Private foundation. If the organization					check this bo	x and see

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants")	65,940	67,850	68,800	70,250	0	272,840
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	}					
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge	65,940	67,850	68,800	70,250	0	272,840
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	·						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	0 00	0 00	0 00	0 00	0 00	0 00
8	Public support. (Subtract line 7c from				•		
	line 6.)	à	,				272,840
Secti	on B. Total Support	·		·			
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	65,940	67,850	68,800	70,250	0	272,840
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	47 10	67 14	75 06	234 00	93 88	517 18
11	Net income from unrelated business	47 10	07 14	7500		33 66	317 10
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	65,987 10	67,917 14	68,875 06	70,484 00	93 88	273,357 20
14	First 5 years. If the Form 990 is for the	_					
•	organization, check this box and stop he			· · · · ·			▶ □
	on C. Computation of Public Suppor			(A)		15	20.01.0/
15 16	Public support percentage for 2020 (line 8					16	99 81 % 99 86 %
	Public support percentage from 2019 Schoon D. Computation of Investment In-			· · · · ·	· · · · ·	110	99 86 70
17	Investment income percentage for 2020 (v line 13 colur	nn (fl)	17	0 19 %
18	Investment income percentage for 2020 (18	0 13 %
19a	33 ¹ / ₃ % support tests—2020. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2019. If the organiz	ation did not ch	eck a box on l	ine 14 or line 1	9a, and line 16	is more than 33	
	line 18 is not more than 331/3%, check this t	•	_	· · · · · · · · · · · · · · · · · · ·			_
20	Private foundation. If the organization di	d not check a b	ox on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🔲

Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations			T
	Are all of the experimentaries comparted experimentary listed by name in the experimentary according		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	, -	
2	Did the organization have any supported organization that does not have an IRS determination of status	-		-
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		,
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		<u>.</u>	
_	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	_		
b	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		ļ
ь	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination		,	1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	`		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c	_	
Ja	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN	ļ <i>,</i>		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			ا ر ا
	(III) the authority under the organization's organizing document authorizing such action; and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		ļ
Ь	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1	•	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			<u> </u> :
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		ļ .
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	•		•
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	•		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	t		•
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.			
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		<u></u>	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			·
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	100	<u> </u>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
~	determine whether the organization had excess business holdings.)	10b	-	

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	<u> </u>		
	1.1c below, the governing body of a supported organization?	11a		L
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail ın Part VI.	11c		<u> </u>
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	- -	`	. ,
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		,
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		<u>, </u>	,
Cooti	on D. All Type III Supporting Organizations	1		L
Secu	on b. All Type III Supporting Organizations		Yes	No
	District the state of the state		162	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	,	<u>-</u>	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s)
a b c	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity. 			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	<u>. </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>gani</u>	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ons A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8 Sect	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B-Minimum Asset Amount	8	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			A Section of the sect
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0 035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u></u>
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4	5 1	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	•	
7	☐ Check here if the current year is the organization's first as a non-functional (see instructions).	aliy ı	ntegrated Type III support	ing organization

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe		rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	3	
4	Amounts paid to acquire exempt-use assets	.1.1		4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	<u> </u>
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	•	-
•	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	Line 8 amount divided by line 9 amount		(ii)	10	(iii)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015		· · · · · · · · · · · · · · · · · · ·		
b	From 2016				
C	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e		-	Ī	
	Applied to underdistributions of prior years		"		
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)		····		
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
•	Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if	, ,			
3	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
0	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j			-	
•	and 4c.				
8	Breakdown of line 7:			\dashv	
	Excess from 2016	 	·	\neg	
<u>a</u> b	Excess from 2017			_	
	Excess from 2017			\dashv	
c	Excess from 2019		· · · · · · · · · · · · · · · · · · ·	\dashv	
е	Excess from 2020	ı		- 1	

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•••	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2020

Open to Public Inspection

Employer identification number

The Robert Burns Apprecia	tion Society	80-0011849
Part 1		
Bank Service Charges	\$ 1 139 35	
Meetings	\$ 974 20	
Supplies	\$ 3,154 93	
Web Site (TARBAS ORG)	\$ 593.75	
Part IV		
Board Members serve on av	verage 2 hours per month, without any compensation or health benefits	
Part VI		
We do not have any employ	rees No Board Members receive compensation or health benefits	