Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2021 olic

Depa	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
	The service ' Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022						
	Check if		f organization		D Employer identificat	tion number	
, 							
Address THE ROYAL OAK FOUNDATION, INC.							
	chang	ge Doing b	usiness as		23-7349380)	
	returr Final	n Number		Room/suite	E Telephone number		
	returr termi	ñ-	EST 44TH STREET, SUITE 606		(212)480-2		
	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code YORK, NY 10036-6603		G Gross receipts \$	2,908,297.	
F	returr Appli tion				H(a) Is this a group retu		
	tiòn pend		nd address of principal officer: IAN MURRAY ST 44TH STREET, SUITE 606, NEW YOF	NV NV	for subordinates?		
		empt status:			H(b) Are all subordinates inclu		
			$▲$ 501(c)(3) $_$ 501(c) () \blacktriangleleft (insert no.) $_$ 4947(a)(1) o ROYAL-OAK.ORG	1 327	If "No," attach a lis H(c) Group exemption r		
			X Corporation Trust Association Other ►	I Vear	of formation: 1973 M S		
	art I						
	1	-	e the organization's mission or most significant activities: RAIS	SING F	UNDS FOR CONS	SERVATION	
Activities & Governance	·		ORIC PROPERTIES INCLUDING HOUSES A			TAIN AND	
rna	2	Check this bo	x if the organization discontinued its operations or dispos	ed of more	than 25% of its net asse	ts.	
ove	3					17	
Ğ	4					17	
ss 8	5		of individuals employed in calendar year 2021 (Part V, line 2a)			7	
ļţi	6	6 Total number of volunteers (estimate if necessary)			17		
cti	7 a		d business revenue from Part VIII, column (C), line 12			0.	
4			business taxable income from Form 990-T, Part I, line 11			0.	
					Prior Year	Current Year	
ē	8	Contributions	and grants (Part VIII, line 1h)		2,179,720.	2,211,435.	
ent	9	Program servi	ce revenue (Part VIII, line 2g)		216,280.	260,021.	
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		888,178.	275,560.	
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		18,271.	18,665.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,302,449.	2,765,681.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		4,714,145.	817,712.	
	14		to or for members (Part IX, column (A), line 4)		0.	0.	
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		748,769.	678,470.	
ens	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) b 310, 91	····· -	0.	0.	
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25) \rightarrow 310, 91	<u> </u>	530,540.	670 006	
	11		es (Part IX, column (A), lines 11a-11d, 11f-24e)		,	679,006.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,993,454.	2,175,188.	
- 0	19	Revenue less	expenses. Subtract line 18 from line 12		-2,691,005.	590,493.	
Net Assets or Fund Balances		Total second "			ginning of Current Year 8,316,975.	End of Year 7,446,621.	
Asse Bala	20	Total assets (I			584,075.	551,964.	
Vet ∕	21		(Part X, line 26)		7,732,900.	6,894,657.	
	22 art II		fund balances. Subtract line 21 from line 20		1,154,300.	0,094,057.	
		-	I declare that I have examined this return, including accompanying schedules	and statem	ente and to the hest of my k	nowledge and helief it is	
	or hell	andes or perjury,	Declare that I have examined this return, including accompanying schedules			וטיייבעשב מווט שבוובו, וג וא	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LAUREN BRISKY , TREASU Type or print name and title	RER	Date					
Paid	Print/Type preparer's name CHRIS BELLANDO	Preparer's signature	Date Check PTIN if self-employed P00541714					
Preparer	Firm's name 🕨 LUTZ AND CARR, C							
Use Only	Firm's address 551 FIFTH AVENUE NEW YORK, NY 101		Phone no. 212-697-2299					
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No							
132001 12-0 S	19-21 LHA For Paperwork Reduction Act Notic EE SCHEDULE O FOR ORGANIZ	· ·	Form 990 (2021) ENT CONTINUATION					

orm	990 (2021) THE ROYAL OAK FOUNDATION, INC.	23-7349380 Page
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE ORGANIZATION PROVIDES AMERICANS WITH AN OPPORTUNE	דחע הר סבארט
	BEYOND OUR BORDERS, CONNECT WITH OUR PAST AND JOIN AN	
	COMMUNITY DEDICATED TO PRESERVING AND PROTECTING THOSE	
	ENGLAND, WALES AND NORTHERN IRELAND THAT MAKE LIFE SP	
	Did the organization undertake any significant program services during the year which were not listed on t	
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	vices?
	If "Yes," describe these changes on Schedule O.	
ŀ	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses, and
	revenue, if any, for each program service reported.	0.00.001
la	(Code:) (Expenses \$ 405,513. including grants of \$)	(Revenue \$ 260,021.
	LECTURES & TOURS:	
	EDUCATIONAL SEMINARS, TOURS, AND LECTURES ON PRESERVA	ATTON AND HIGTORY
	OF ARCHITECTURE AND DECORATIVE INTERIORS, HOUSES, ANI	
	DIGITAL LECTURES AND 3 IN-PERSON TOURS WERE HELD FROM	
	2022.	
ŀb	(Code:) (Expenses \$ 826,090. including grants of \$ 817,712.)	(Revenue \$
	PRESERVATION OF HISTORIC SITES:	
	GRANTS TO SUPPORT PRIORITIES OF THE NATIONAL TRUST AND DESCRIPTION CONTENTS OF THE INDODENNE AND USE	
	PRESERVATION SOCIETIES TO PRESERVE IMPORTANT AND HIST GRANTS TO PRESERVE THE ENVIRONMENT. ALSO INCLUDES FR	
	AMERICANS TO STUDY WITH THE NATIONAL TRUST IN THE PRE	ELLOWSHIPS FOR
	DECORATIVE OBJECTS AND GARDENS.	DERIVATION OF
ŀc	(Code:) (Expenses \$ 290, 241. including grants of \$)	(Revenue \$
	MEMBERSHIP:	
	PUBLIC RELATIONS PROGRAM TO MAKE THE GENERAL PUBLIC A	
	EXPERIENCE THE HISTORIC AND NATURAL SPACES IN ENGLANI	
	NORTHERN IRELAND. FREE ENTRY TO OVER 350 PROPERTIES (
	TRUST OF ENGLAND, WALES AND NORTHERN IRELAND AND OVER	
	BELONGING TO THE NATIONAL TRUST FOR SCOTLAND, AND REI	DUCED ADMISSION
	PRICE FOR U.S. LECTURES AND TOURS.	
	Other program convinces (Describe on $Petertula O$)	
łđ	Other program services (Describe on Schedule O.)	N N
16	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 1,521,844.)
e	Total program service expenses ► 1,521,844.	Form 990 (202
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2002	3	
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Part IV Checklist of Required Schedules

THE ROYAL OAK FOUNDATION, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		- 23
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie	- 23	<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>^</u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"		ļ	<u> </u>
13	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a	<u> </u>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		x	
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
.та	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	05h		x
6	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		- 23
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
8	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		XX
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28b		
C	"Yes," complete Schedule L, Part IV	28c		x
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	x	
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
_	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dar	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
- ai				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11		103	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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~ ~	5		~ ~	
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Form 990	
Part V	Sta

	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a /		37	L
	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	L
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	S			l
		-	3a		ļ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		ļ
	At any time during the calendar year, did the organization have an interest in, or a signature or other				l
b	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country		<u>4a</u>		ł
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		ļ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		ļ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			l
	any contributions that were not tax deductible as charitable contributions?		6a		L
b	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				T
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the pavor?	7a		ſ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		t
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	as required	7c		t
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		t
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		l
			7e 7f		╉
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-				╀
-	If the organization received a contribution of qualified intellectual property, did the organization file Fourther the organization file and the organization file for the org		7g 7b		╀
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		╁
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		•		l
			8		╞
	Sponsoring organizations maintaining donor advised funds.				I
			9a		┞
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		ŀ
	Section 501(c)(7) organizations. Enter:				I
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		I
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			I
	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	11a			I
	Gross income from other sources. (Do not net amounts due or paid to other sources against				I
	amounts due or received from them.)	11b			I
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				l
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		Ĺ
	Note: See the instructions for additional information the organization must report on Schedule O.				ſ
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			I
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Γ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		t
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				t
	excess parachute payment(s) during the year?		15		l
	If "Yes," see the instructions and file Form 4720, Schedule N.				t
	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	t income?	16		l
	•		10		ł
	If "Yes," complete Form 4720, Schedule O.	201/			l
	Section E01(a)(21) pragnizations Did the trust any disqualified survey as mine as well.			1	L
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	•	47		L
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	•	17		

Form 990 (2	021)
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THE ROYAL OAK FOUNDATION, INC.

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

X

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

		1	4	7	Yes	
	Enter the number of voting members of the governing body at the end of the tax year	1 a	1'	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			_		L
	Enter the number of voting members included on line 1a, above, who are independent	1b	1	/		I
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		•			ļ
	officer, director, trustee, or key employee?			2	Х	ļ
	Did the organization delegate control over management duties customarily performed by or under the		-			l
	of officers, directors, trustees, or key employees to a management company or other person?			3		ļ
	Did the organization make any significant changes to its governing documents since the prior Form			4		ļ
	Did the organization become aware during the year of a significant diversion of the organization's as			5		4
	Did the organization have members or stockholders?			6		4
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			l
	persons other than the governing body?			7b		ļ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					ſ
а	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	I
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					Ī
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)			
					Yes	ļ
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing box	dy befo	re filing the form?	11a	Х	I
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	ļ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	ļ
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					
	on Schedule O how this was done			12c	X	1
	Did the organization have a written whistleblower policy?			13	X	1
	Did the organization have a written document retention and destruction policy?			14	Х	ļ
5	Did the process for determining compensation of the following persons include a review and approv	al by ir	Idependent			1
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				1
	The organization's CEO, Executive Director, or top management official			15a	Х	ļ
	Other officers or key employees of the organization			15b		ļ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					1
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	/ith a			ļ
	taxable entity during the year?			16a		ļ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					ļ
	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY , IL					
В	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990	D-T (section 501(c)(3)s only) avail	la
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain)	n on Sc	hedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict	of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.		,			
	State the name, address, and telephone number of the person who possesses the organization's be	ooks ar	nd records 🕨			
	ORGANIZATION - 212-480-2889		- <u> </u>			
	20 WEST 44TH STREET, SUITE 606, NEW YORK, NY 1003	36-6	603			
	· · ·			-	990	1
2006	12-09-21			Form	390	1

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average				C)			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week (list any		cer an	nd a d	irecto	or/trus	tee)	from the	from related organizations	other compensation
	hours for related	Individual trustee or director	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	trustee	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1099-NEC)	and related
	below	/idual	tution;	er	Key employee	iest co loyee	ner	,		organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) LYNNE RICKABAUGH	3.00	v						0.	0	0
CHAIRMAN	3.00	X		X				0.	0.	0.
(2) RENEE NICHOLS TUCEI	3.00	x		x				0.	0.	0.
VICE-CHAIRMAN	1.00	^		<u>^</u>				0.	0.	0.
(3) LAUREN BRISKY TREASURER	1.00	x		x				0.	0.	0.
(4) PROF. SIR DAVID CANNADINE	1.00	~						0.		0.
SECRETARY	1.00	x		x				0.	0.	0.
(5) MICHAEL BOYD	1.00									
DIRECTOR		х						0.	0.	0.
(6) MICHAEL BROWN	1.00									
DIRECTOR		х						0.	0.	0.
(7) SUSAN CHAPMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CONSTANCE CINCOTTA	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ROBERT C. DAUM	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) ANNE BLACKWELL ERVIN	1.00									
DIRECTOR		х						0.	0.	0.
(11) LINDA KELLY	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(12) HILARY MCGRADY	1.00	v						0.	0.	0
DIRECTOR	1.00	X						0.	0.	0.
(13) SUSAN OLLILA DIRECTOR	1.00	x						0.	0.	0.
(14) ELISE MESLOW RYAN	1.00	<u>^</u>						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(15) ROBERT SACKVILLE-WEST	1.00									
DIRECTOR		x						0.	0.	0.
(16) SUSAN SAMUELSON	1.00								•••	
DIRECTOR		x						0.	0.	0.
(17) LAURA TREVELYAN	1.00									
DIRECTOR		х						0.	0.	0.
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8 2021.05040 THE ROYAL OAK FOUNDATION, I 7491___1

Form 990 (2021) THE ROYA	L OAK FO	JUC	NDA	AT I	[0]	N,	IJ	NC.	23-73	349	380	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson) than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		Est amo	(F) imate ount o ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		orga	m the nizati relate	e on ed
(18) IAN MURRAY EXECUTIVE DIRECTOR	35.00			x				195,000.		ο.	1.8	1	95.
(19) ROB WEINSTEIN	35.00							199,000		••	10	, <u> </u>	
DIRECTOR OF FINANCE & ADMINISTRATION				x				92,000.		0.	14	.,0'	75.
1b Subtotal								287,000.		0.	32	¦,2'	70.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0.287,000.		0. 0.	32	, 2'	0. 70.
2 Total number of individuals (including but r compensation from the organization ►	ot limited to th	lose	liste	ed al	SOVe	e) wł	10 r	eceived more than \$100	,000 of reportabl	е			1
												Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	such individual										3		x
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•		•						•		4	x	
5 Did any person listed on line 1a receive or	accrue compei	nsat	ion f	rom	any	/ unr	elat	ed organization or indivi	dual for services		_		x
rendered to the organization? If "Yes," con Section B. Independent Contractors	ipiete Schedui	eJī	or si	ucn	pers	son .					5		<u> </u>
1 Complete this table for your five highest co the organization. Report compensation for	•	•								pens	ation fr	om	
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C) ompen		ר ו
							-						
							-						
2 Total number of independent contractors (•	ot li	mite	d to		~	stec	above) who received m	nore than				
\$100,000 of compensation from the organ	zation 🕨				(0					Form 9	90 (2	2021)

132008 12-09-21

				E ROYAL OA	K FOUNDAT	ION, INC.		23-7349	380 Page 9
Pa	rt \	/							_
			Check if Schedule O	contains a respons	e or note to any lir	ne in this Part VIII	(D)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns						
Gra				1b	696,871.				
fts,			Fundraising events						
ilar İlar			Related organizations		101 055				
Sir			Government grants (contr	· · · · · · · · · · · · · · · · · · ·	121,055.				
utic		t	All other contributions, gifts,		,393,509.				
đtj		~	similar amounts not included		37,225.				
Con		-	Noncash contributions included in Total. Add lines 1a-1f			2,211,435.			
<u>0</u>			Total. Add miles 1a-11		Business Code				
Ð	2	а	EDUCATIONAL F	PROGRAMS	611710	260,021.	260,021.		
, vic	2	b							
Sei		c			·				
am		d							
Program Service Revenue		е							
đ		f	All other program service	revenue					
		g	Total. Add lines 2a-2f			260,021.			
	3		Investment income (inclue	-		110 170			110 170
			other similar amounts)			118,176.			118,176.
	4		Income from investment of		•	11,557.			11,557.
	5		Royalties	(i) Real	(ii) Personal	11,557.			11,557.
	6	2	Gross rents	6a					
	ľ		Less: rental expenses	6b					
			Rental income or (loss)	6c					
			Net rental income or (loss		····· •				
	7		Gross amount from sales of	(i) Securities					
			assets other than inventory	_{7a} 300,000	•				
		b	Less: cost or other basis						
evenue			and sales expenses	7ь 142,616	•				
			Gain or (loss)			157 204			157 204
r B			Net gain or (loss)		>	157,384.			157,384.
Other R	8	а	Gross income from fundraisi						
0			including \$						
			contributions reported on Part IV, line 18						
		b	Less: direct expenses		b				
			Net income or (loss) from						
	9		Gross income from gamin						
			Part IV, line 19		a				
			Less: direct expenses		Ь				
			Net income or (loss) from		>				
	10	а	Gross sales of inventory,						
			and allowances						
			Less: cost of goods sold)b				
		C	Net income or (loss) from	sales of inventory	Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	5	900099	7,108.			7,108.
ane	.	b							
Sells		С							
Misc		d	All other revenue						
-			Total. Add lines 11a-11d		►	7,108.			
	12		Total revenue. See instruction	ons	►	2,765,681.	260,021.	0.	-
13200	9 12	2-09-	-21			1.0			Form 990 (2021)

16220203 759420 7491

10

2021.05040 THE ROYAL OAK FOUNDATION, I 7491___1

Part IX Statement of Functional Expenses

THE ROYAL OAK FOUNDATION, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 9b, and 10b of Part VIII.		ĕxpenses	general expenses	expenses
	rants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	rganizations, foreign governments, and foreign ndividuals. See Part IV, lines 15 and 16	817,712.	817,712.		
	Renefits paid to or for members	017,712.	017,712.		
	Compensation of current officers, directors,				
	rustees, and key employees	319,914.	64,055.	127,749.	128,110
	ompensation not included above to disqualified				,
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	other salaries and wages	246,946.	196,463.	8,207.	42,276
	ension plan accruals and contributions (include				,_,
	ection 401(k) and 403(b) employer contributions)	12,573.	9,145.	933.	2,495
	other employee benefits	57,656.	34,551.	5,943.	2,495 17,162
	Payroll taxes	41,381.	19,760.	9,277.	12,344
	ees for services (nonemployees):	,	- ,	- /	, -
	lanagement				
	egal	149.		149.	
		33,191.		33,191.	
	obbying	,			
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	olumn (A), amount, list line 11g expenses on Sch 0.)	35,171.		20,051.	15,120
	dvertising and promotion				
	Office expenses	12,161.	5,807.	2,726.	3,628
	nformation technology	63,887.		61,252.	2,635
	loyalties				
	Occupancy	157,691.	70,903.	42,495.	44,293
	ravel	3,722.		3,722.	
18 P	ayments of travel or entertainment expenses				
	or any federal, state, or local public officials				
19 C	conferences, conventions, and meetings				
20 Ir	nterest				
21 P	ayments to affiliates				
	epreciation, depletion, and amortization	19,356.	9,242.	4,340.	5,774
23 Ir	nsurance	15,786.		15,786.	
24 0	ther expenses. Itemize expenses not covered				
	bove. (List miscellaneous expenses on line 24e. If ne 24e amount exceeds 10% of line 25, column (A),				
a	mount, list line 24e expenses on Schedule O.)				
	ECTURES AND TOURS	179,455.	179,455.		
	IEMBER SERVICES	74,831.	74,831.		
cΜ	IISSION RELATED MKTG	54,111.	25,836.		28,275
d N	IERCHANT SERVICE FEES	24,216.	11,563.	5,429.	7,224
e A	Il other expenses	5,279.	2,521.	1,183.	1,575
25 T	otal functional expenses. Add lines 1 through 24e	2,175,188.	1,521,844.	342,433.	310,911
26 J	oint costs. Complete this line only if the organization				
re	eported in column (B) joint costs from a combined				
e	ducational campaign and fundraising solicitation.				
C	heck here if following SOP 98-2 (ASC 958-720)				

132010 12-09-21

16220203 759420 7491

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Form **990** (2021)

2021.05040 THE ROYAL OAK FOUNDATION, I 7491___1

16220203 759420 7491

THE ROYAL OAK FOUNDATION, INC. Part X Balance Sheet

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

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			189,220.	1	189,055.
	2	Savings and temporary cash investments			101,806.	2	126,832.
	3	Pledges and grants receivable, net		53,444.	3	47,742.	
	4	Accounts receivable, net	7,500.	4	12,950.		
	5	Loans and other receivables from any current or			•	-	,
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disquali				-	
		under section 4958(f)(1)), and persons described	•	,		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			64,905.	9	100,015.
		Land, buildings, and equipment: cost or other	I I		-	-	,
		basis. Complete Part VI of Schedule D	10a	480,624.			
	Ь	Less: accumulated depreciation		409,431.	87,172.	10c	71,193.
	11	Investments - publicly traded securities		-	7,466,459.	11	6,604,351.
	12	Investments - other securities. See Part IV, line 1			, ,	12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			346,469.	15	294,483.
	16	Total assets. Add lines 1 through 15 (must equa			8,316,975.	16	7,446,621.
	17	Accounts payable and accrued expenses			106,387.	17	90,316.
	18	Grants payable			•	18	4,237.
	19	Deferred revenue			319,932.	19	424,240.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ŝ	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abil		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated			121,055.	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D			36,701.		33,171.
	26	Total liabilities. Add lines 17 through 25			584,075.	26	551,964.
		Organizations that follow FASB ASC 958, che	ck here				
Ces		and complete lines 27, 28, 32, and 33.					
alan	27	Net assets without donor restrictions			5,998,355.	27	5,327,125.
Ä	28	Net assets with donor restrictions		<u></u>	1,734,545.	28	1,567,532.
oun		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 🛄			
Ľ		and complete lines 29 through 33.					
tso	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
ťÅ	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			7,732,900.	32	6,894,657.
	33	Total liabilities and net assets/fund balances			8,316,975.	33	7,446,621.
							Form 990 (2021)

Form 990 (2021)

THE ROYAL OAK FOUNDATION, INC.	
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23-7349380 Page 12

	1990 (2021) THE ROYAL OAK FOUNDATION, INC.	23-7349	9380	Paç	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
					~ 1
1	Total revenue (must equal Part VIII, column (A), line 12)		2,76		
2	Total expenses (must equal Part IX, column (A), line 25)		2,17		
3	Revenue less expenses. Subtract line 2 from line 1	3			93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		7,73		
5	Net unrealized gains (losses) on investments	5 -	L,37	6,7	50.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-5	1,9	86.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,89	4,6	<u>57.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2021)

13

(Form 990)

<u>Total</u>

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.

		of the Treasury nue Service						Open to Public Inspection		
Nam	The of the organization Employer identification						identification number			
								3-7349380		
Pa	rt I	Reason			(All organizations must o		his part.) S	See instructio		
					(For lines 1 through 12, o	-				
1			-		on of churches describe					
2	H				Attach Schedule E (Forn)(1)(1)(1)	·// ~ /(י)·		
3	H				anization described in so		<u></u>			
4	H				njunction with a hospita				Viii) Entor	the hospital's name
-		city, and stat	-		injunction with a nospita	I describe	a in sectio	11 170(5)(1)(F		the hospital's hame,
5		-		or the benefit of a co	ollege or university owne	d or opera	ted by a d	overnmental	unit descrit	ped in
5				Complete Part II.)	hege of university owned		lieu by a g	oveninentai		
6					mental unit described in	coction 1	70(6)(1)(4)	(14)		
	X		-	-	antial part of its support				the general	public described in
'				Complete Part II.)	antial part of its support	ion a gov	ennenta		uie general	
8					(1)(A)(vi). (Complete Par	+ 11)				
9	H				l in section 170(b)(1)(A)		ed in coniu	inction with a	land-grant	college
5		-		-	culture (see instructions)		-		-	-
		university:		grant concept of agric			marne, en	y, and state c	i the colleg	
10			ion that norma	ally receives (1) more	than 33 1/3% of its sup	nort from	contributio	ne member	thin face a	nd aross receipts from
10					ct to certain exceptions;					
					e (less section 511 tax) fr					
				mplete Part III.)			53553 acqu		Iganization	
11				, ,	sively to test for public sa	fety See	section 5	19(a)(4)		
12	\square	-	-	-	sively for the benefit of, to	•			arry out the	purposes of one or
		-	-		ed in section 509(a)(1) c	-			-	
					of supporting organization					
а		7	-		supervised, or controlled		-		-	<i>aivina</i>
a				-	egularly appoint or elect	•			•••••	
			-	complete Part IV, Se		amajonty				supporting
b		7 7		-	d or controlled in connec	tion with i	te eunnart	od organizati	on(e) by be	wing
D.	L				anization vested in the s			-		-
			-	st complete Part IV,		arrie perso			age the sup	ported
с		¬ -		-	g organization operated	in connec	tion with	and functions	ally integrat	ed with
U	L	••	-	•	s). You must complete		-		iny integration	eu with,
d					porting organization oper				uted organi	zation(s)
u	· · ·				zation generally must sa				-	
			-		nplete Part IV, Section	•		-	d an attent	Werless
е		- ·	·	,	written determination fro				II Type III	
C	L		0		onally integrated support				, n, rype m	
f	Ente	er the number					201011.			
a				n about the supporte						
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
							1			

OMB No. 1545-0047

2021

Schedule A (Form 990) 202

Part II

THE ROYAL OAK FOUNDATION, INC.

23-7349380 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organizatio

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2491699.	1789522.	2006700.	2179720.	2211435.	10679076.
2	Tax revenues levied for the organ-						
	ization'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	2491699.	1789522.	2006700.	2179720.	2211435.	10679076.
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)						1293547.
6	Public support. Subtract line 5 from line 4.						9385529.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2491699.	1789522.	2006700.	2179720.	2211435.	10679076.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	179,115.	87,028.	199,408.	150,763.	129,733.	746,047.
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.)	5,442.		4,939.	1,021.	7,108.	18,510.
11	Total support. Add lines 7 through 10						11443633.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,355,895.
13	First 5 years. If the Form 990 is for th	ne organization's fi				501(c)(3)	
	organization, check this box and stor	here			-		
See	ction C. Computation of Publ						
14	Public support percentage for 2021 (line 6, column (f), c	livided by line 11,	column (f))		14	82.02 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	82.36 %
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pu	ublicly supported of	organization		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	ıs ►
						Schedule A	(Form 990) 2021

132022 01-04-22

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support

	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(6	e) 2021	(f) Total
	Gifts, grants, contributions, and	(-,	(-,	(-, 2010	(-,		, ·	(1) / 0 12.
•	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
2	merchandise sold or services per-							
	formed, 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 bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	((e) 2021	(f) Total
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties,							
	and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
	Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is regularly carried on							
12	Other income. Do not include gain							
-	or loss from the sale of capital							
13	assets (Explain in Part VI.)							
	First 5 years. If the Form 990 is for th	e organization's f	I irst second third	fourth or fifth tax	l Vear as a section !	1 501(c)/	3) organizati	ion
		-		Tourth, or mut tax	-			
Ser	tion C. Computation of Publ							····· 🕨 🖵
	Public support percentage for 2021 (I			column (f))		15		9
	Public support percentage from 2020					16		
	tion D. Computation of Invest							· · · · · · · · · · · · · · · · · · ·
	Investment income percentage for 20					17		ç
						17		
	Investment income percentage from 2 33 1/3% support tests - 2021. If the						K and line 1	
199							o, and inte t	
L	more than 33 1/3%, check this box at 22 1/2% automatic 2020. If the						n 00 1 /00/	P L
b	33 1/3% support tests - 2020. If the							
~ ~	line 18 is not more than 33 1/3%, che							
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in:			
3202	23 01-04-22			16			Schedule A	(Form 990) 202
		0.01		16		~ ~ ~ ~ ~		7401 1
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THE ROYAL OAK FOUNDATION, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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.)

Section A. All Supporting Organizations

- 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.
- 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).
- **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.*
- **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.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign 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.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **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.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

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| 10b | | Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 THE ROYAL OAK FOUNDATION, INC.

2

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Section B. Type I Supporting Organizations					
				Yes	No
1	more direct <i>effect</i> organ	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(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.

	Section C. 7	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).
 Image: Control or management of the support of the same persons that control or managed
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See	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- 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.*

Schedule A (Form 990) 2021

2a

2b

3a

3b

Yes No

18

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 Schedule A (Form 990) 2021
 THE ROYAL OAK FOUNDATION, INC.

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

1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on l	Nov. 20, 1970 (explain in	Part VI). See instructio
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	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):			
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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	Jed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
c	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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	90) 2021 Diemental In			K FOUND			t II, line 17a or	23-73493 17b; Part III, line	
Part IV	/, Section A, line	es 1, 2, 3b, 3c, 4	b, 4c, 5a, 6, 9a	a, 9b, 9c, 11a	11b, and 11	c; Part IV, Se	ction B, lines 1	and 2; Part IV, Se , Section B, line 1	ection C.
Sectio	n D, lines 5, 6, a	and 8; and Part V	V, Section E, li	nes 2, 5, and	6. Also comp	lete this part	for any addition	nal information.	e; Part V
(See ir	structions.)								
								Schedule A (Fo	rm 990

SCHEDULE D

Department of the Treasury Internal Revenue Service

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

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



Name of the organization

THE ROYAL OAK FOUNDATION, INC.

Employer identification number 23 - 7349380

Pa			s or Ac	counts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor			
De				
Par		-	Part IV, I	ine 7.
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea	·		ically important land area
	Protection of natural habitat	Preservation of	r a certifie	ed historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qual day of the tax year.	fied conservation contribution in the form	of a con	Held at the End of the Tax Year
_			- F	
	Total number of conservation easements			2a
b			-	2b
	Number of conservation easements on a certified historic st			2c
a	Number of conservation easements included in (c) acquired			2d
3	listed in the National Register			
3	year	seased, extinguished, or terminated by th	e organiz	
4	Number of states where property subject to conservation ea	esoment is located		
5	Does the organization have a written policy regarding the pe			
Ŭ	violations, and enforcement of the conservation easements			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting			
Ŭ		, harding of violations, and officiong con		n outerner to during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation eas	ements during the year
	► \$			
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170)(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents tha	at describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		Other S	similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement	and bala	ince sheet works
	of art, historical treasures, or other similar assets held for pu			ce of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these iter	ms.	
b	If the organization elected, as permitted under FASB ASC 9	-		
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furt	herance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			► \$
-	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, historical tre		al gain, p	provide
	the following amounts required to be reported under FASB /	-		
	Revenue included on Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			\$ Schodulo D (Form 000) 2021
	For Paperwork Reduction Act Notice, see the Instruction	IS IOF FORM 990.		Schedule D (Form 990) 2021
13205	10-28-21	27		

2021.05040 THE ROYAL OAK FOUNDATION, I 7491___1

Sche		AL OAK FOUI					23-73			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures,	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of t	he following tha	at make si	ignificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or e	exchange progra	am					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they furthe	er the organizati	ion's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit or							-		-
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organiza	ation answered	"Yes" on	Form 990), Part IV,	line 9, or	•	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia							7.2		1
	on Form 990, Part X?						L	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:					Amoun	+	
						4.		Amoun		
	Beginning balance									
	Additions during the year									
-	Distributions during the year									
f 2a	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •	L			
Par										
		(a) Current year	(b) Prior year				ears back	(e) Four	years	back
1a	Beginning of year balance	200,016.	150,96	0. 14	4,763.	1	27,394.		135,	954.
	Contributions		-							
	Net investment earnings, gains, and losses	-32,105.	49,05	6.	6,197.		17,369.		-8,	560.
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	167,911.	200,01	.6. 15	0,960.	1	44,763.		127,	394.
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, colum	n (a)) held as:						
	Board designated or quasi-endowment 🕨		_%							
b	Permanent endowment	%								
с	Term endowment ▶ <u>35.1692</u> 9	6								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are hel	d and administe	ered for th	ne organiz	zation			
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		Х
	If "Yes" on line 3a(ii), are the related organization			R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm					line 10				
	Complete if the organization answered		· · ·					(
	Description of property	(a) Cost or ot		ost or other		cumulate preciation	ed	(d) Boo	k value	Э
	Land	basis (investm		sis (other)	uep	reciation				
	Land									
	Buildings			60,770.		60,7	70.			0.
	Leasehold improvements			22,448.		16,7			5,7	-
	EquipmentOther			397,406.	3	331,9			5,4	
	Add lines 1a through 1e. (Column (d) must ed			-		5-15		7		93.
1010				• • • • • • • • • • • • • • • • • • • •			Schedule	-	- / -	
								·· ···		

Schedule D (Form 990) 2021 THE ROYAL O	AK FOUNDATION	N, INC.	23-7349380 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or Category (including name of security)	(b) Book value	(c) Method of Valuat	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			N # 10
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of Valuat	tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part	X, line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.	on Form 000 Dart IV line	110 or 11f Coo Form 000	0 Part V line 25
Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, Ine	e Tie of TH. See Form 990	(b) Book value
··· · · · ·			
(1) Federal income taxes (2) DEFERRED RENT			33,171.
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		33,171
2. Liability for uncertain tax positions. In Part XIII, provide			F I
organization's liability for uncertain tax positions unde		-	

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 THE ROYAL OAK FOUNDATION,	INC.	23-	7349380 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ea.		
1	Total revenue, gains, and other support per audited financial statements		1	1,336,945.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a -1,376,750	•	
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)		•	
е	Add lines 2a through 2d		2e	-1,428,736.
3	Subtract line 2e from line 1		3	2,765,681.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		_
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			2,765,681.
Pa	t XII Reconciliation of Expenses per Audited Financial State	• •	er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements		1	2,175,188.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities		_	
b	Prior year adjustments		_	
С	Other losses		_	
d	Other (Describe in Part XIII.)		_	
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	2,175,188.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)		5	2,175,188.
Pa	t XIII Supplemental Information.			

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

PART V, LINE 4:

	~										~ ~ ~ ~ ~ ~ ~		
TO	SUPPORT	THE	WORK	OF	THE	ROYAL	OAK	FOUNDATION	AND	PROVIDE	GRANTS	TO	THE

NATIONAL TRUST OF ENGLAND, WALES AND N. IRELAND.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN THE CASH SURRENDER VALUE OF LIFE INSURANCE	1,275.
CHANGE IN VALUE OF INTEREST IN CHARITABLE REMAINDER TRUST	-53,261.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-51,986.

30

132054 10-28-21

SCHEDULE F	Stateme	nt of Act	ivities Outside the Un	ited Sta	ates	OMB No. 1545-0047
(Form 990)						2021
Department of the Treasury		· · · · · · · · · · · · · · · · · · ·	Attach to Form 990.			Open to Public
Internal Revenue Service Name of the organization		www.irs.gov/Fo	orm990 for instructions and the latest	information.		Inspection identification numbe
Name of the organization					Employer	identification numbe
THE ROYAL OAK					23-73	
		Activities Ou	tside the United States. Comple	te if the orgar	nization answ	vered "Yes" on
Form 990, Part 1 For grantmakers. Doe		a maintain ragar	ds to substantiate the amount of its gra	nto and othou	accietance	
			the selection criteria used to award the			
2 For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistar	nce outside the
3 Activities per Region. (The following Par	t I, line 3 table c	an be duplicated if additional space is n	leeded.)		
(a) Region	(b) Number of	(c) Number of employees,			vity listed in	
	offices	agents, and	(by type) (such as, fundraising, pro-		gram service e specific typ	í fau anal
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		e specific type (s) in the reg	investments
		in the region	recipients located in the region)		(3) IT the reg	in the region
EUROPE (INCLUDING						
ICELAND & GREENLAND)						
- ALBANIA, ANDORRA,						
AUSTRIA, BELGIUM	C	0	GRANT MAKING			817,712
3 a Subtotal	0) (817,712
b Total from continuation						
sheets to Part I						C
c Totals (add lines 3a						
and 3b)	0					817,712

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

132071 12-20-21

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CONSERVATION & PRESERVATION	482,030.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND	CONSERVATION & PRESERVATION	32,492.		0.		
			CONSERVATION & PRESERVATION	249,840.		0.		
			CONSERVATION & PRESERVATION	53,350.	WIRE	0.		
exempt 501(c)(3) orga	inization by the IRS,	or for which the grantee	recognized as charities by the or counsel has provided a se	ction 501(c)(3) e	quivalency letter			4

Schedule F (Form 990) 2021

23-7349380

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

16220203 759420 7491

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

IT IS THE POLICY OF THE ROYAL OAK FOUNDATION BOARD OF DIRECTORS TO REQUIRE ORGANIZATIONS SEEKING GRANTS FROM THE FOUNDATION TO DO SO IN WRITING, IDENTIFYING NEED FOR SUCH GRANTS, AND SPECIFYING THE USE TO WHICH THE GRANT WILL BE PUT. A THOROUGH EXAMINATION OF THE PROJECT FOR WHICH THE GRANT IS SOUGHT IS THEN UNDERTAKEN BY THE BOARD'S FINANCE COMMITTEE, AND ANY FURTHER INFORMATION WHICH THE BOARD DEEMS RELEVANT IS OBTAINED FROM THE APPLICANT BEFORE A DECISION IS MADE. IF THE BOARD ULTIMATELY DECIDES TO SUPPORT A PROJECT, A GRANT WILL BE MADE ON CONDITION THAT THE RECIPIENT AGREES TO USE THE GRANT SOLELY FOR THE PURPOSES SET FORTH IN THE TERMS OF THE GRANT AND ON THE FURTHER CONDITION THAT IT AGREES TO RENDER AN ACCOUNTING TO THE FOUNDATION WITHIN A THE REASONABLE TIME DETAILING HOW THE FUNDS WERE ACTUALLY SPENT. RECIPIENT WILL ALSO BE REQUIRED TO AGREE TO RETURN THE GRANT TO THE FOUNDATION IF IT IS UNABLE TO COMPLY WITH THE CONDITIONS SET FORTH THEREIN. THE LAWS OF THE STATE OF NEW YORK AND OF THE UNITED STATES OF AMERICA GOVERN THE GRANT.

132075 12-20-21

Schedule F (Form 990) 2021

SCHEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	71	
. ,	Compensated Employees		ZU		ł
Description of the Treeser	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publi	ic
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Name of the organization	n	Employer id			mber
	THE ROYAL OAK FOUNDATION, INC.	23-7	34938	0	
Part I Question	s Regarding Compensation				
				Yes	No
	iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
	line 1a. Complete Part III to provide any relevant information regarding these items.				
First-class or					
Travel for con					
	cation and gross-up payments				
Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
•	on line 1a are checked, did the organization follow a written policy regarding payment or				
	provision of all of the expenses described above? If "No," complete Part III to explain		1 b		
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
• In all a star with talk of a		_			
	ny, of the following the organization used to establish the compensation of the organization's				
	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
·	ation of the CEO/Executive Director, but explain in Part III.				
	n committee Written employment contract				
		ommittoo			
	ther organizations Approval by the board or compensation of	Ommillee			
4 During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	elated organization:				
-	ce payment or change-of-control payment?		4a		х
	ceive payment from a supplemental nonqualified retirement plan?				Х
	ceive payment from an equity-based compensation arrangement?				Х
	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-					
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
contingent on the	revenues of:				
a The organization?			5a		X
	zation?				X
If "Yes" on line 5a	or 5b, describe in Part III.				
6 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
contingent on the					
					X
	zation?		6b		X
	or 6b, describe in Part III.				
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37
	nes 5 and 6? If "Yes," describe in Part III		7		X
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				37
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
	lid the organization also follow the rebuttable presumption procedure described in		_		
	n 53.4958-6(c)?				
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ile J (Forn	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021

23-7349380

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) IAN MURRAY	(i)	175,000.	20,000.	0.	7,800.	10,395.	213,195.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

. Inspection

Department of the Treasury	
Internal Revenue Service	

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

Attach to Form 990.

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

Name of the organization THE ROYAL OAK FOUNDATION

Employer	id	entifi	ca	tic	n	n	umber
-	-		-	-		_	-

20

	THE ROYAL OA	K FOUN	DATION, I	NC.	23	3-73493	380	
Pa	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	noncash coi	(d) of determini ntribution an		s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	4	37,225	.FAIR MARI	KET VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other $_{\!\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ► ()							
27	Other ► ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organ							
	for which the organization completed Form 82	283, Part V, D	Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 thr	ough 28, that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contr	ibutions?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell nonca	sh			
	contributions?					32a		X
b	If "Yes," describe in Part II.							

 describe in Part II.

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2021

132141 11-17-21

16220203 759420 7491

23-7349380 Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Part II

.6220203 759420 7491	40 2021.05040 THE ROYAL OAK FOUNDATION, I 74911
132142 11-17-21	Schedule M (Form 990) 202

SCHEDULE O

(Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

THE ROYAL OAK FOUNDATION, INC.

23-7349380

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ELSEWHERE, AND SPONSORING EDUCATIONAL PROGRAMS WHICH ADDRESS ISSUES IN

CONSERVATION AND PRESERVATION.

FORM 990, PART VI, SECTION A, LINE 1A:

EXECUTIVE COMMITTEE COMPOSED OF OFFICERS AND CHAIRMEN OF BOARD COMMITTEES,

AND HAS AUTHORITY OF THE BOARD EXCEPT FILLING DIRECTOR VACANCIES, FIXING OF

COMPENSATION OF DIRECTORS, AND AMENDING BY-LAWS OR BOARD RESOLUTIONS.

FORM 990, PART VI, SECTION A, LINE 2:

DIRECTORS LINDA KELLY AND PAMELA HULL HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS DISTRIBUTED TO THE FULL BOARD FOR REVIEW AND COMMENT BEFORE IT WAS SIGNED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS ARE REQUIRED TO SIGN A POLICY STATEMENT ANNUALLY TO DISAVOW ANY CONFLICT OF INTEREST. OTHERWISE, IF THE DIRECTOR HAS AN EXISTING, PERCEIVED OR POTENTIAL CONFLICT OF INTEREST, HE OR SHE MUST PROMPTLY DISCLOSE IT TO THE CHAIRMAN.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CHAIRMAN OF THE BOARD DETERMINES THE COMPENSATION FOR THE EXECUTIVE

DIRECTOR IN CONSULTATION WITH THE OFFICERS. THE EXECUTIVE DIRECTOR

DETERMINES THE COMPENSATION FOR ALL EMPLOYEES.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

Name of the organization

THE ROYAL OAK FOUNDATION, INC.

THE ORGANIZATION'S STAFF HAVE ANNUAL PERFORMANCE REVIEWS WITH THEIR SUPERVISORS.

SALARY SURVEYS OF OTHER COMPARABLE NY AREA NOT-FOR-PROFIT ORGANIZATIONS ARE REVIEWED AND CONSIDERED WHEN SETTING NEW SALARIES OR CONSIDERING INCREASES FOR ALL STAFF, INCLUDING THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE1,275.CHANGE IN VALUE OF INTEREST IN CHARITABLE REMAINDER TRUST-53,261.TOTAL TO FORM 990, PART XI, LINE 9-51,986.

132212 11-11-21

Schedule O (Form 990) 2021

16220203 759420 7491

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

UIGH J.	90 PAGE 10	_						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	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
	MACHINERY & EQUIPMENT														
2	EQUIPMENT	VARIOUS	SL	5.00		16	22,448.				22,448.	13,061.		3,661.	16,722.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						22,448.				22,448.	13,061.		3,661.	16,722.
	OTHER														
1	FURNITURE AND FIXTURES	VARIOUS	SL	10.00		16	24,530.				24,530.	24,344.		91.	24,435.
3	SOFTWARE DEVELOPMENT	VARIOUS	SL	5.00		16	372,876.				372,876.	291,900.		1,604.	293,504.
4	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	5.00		16	60,770.				60,770.	60,770.		0.	60,770.
	* 990 PAGE 10 TOTAL OTHER						458,176.				458,176.	377,014.		1,695.	378,709.
	* GRAND TOTAL 990 PAGE 10 DEPR						480,624.				480,624.	390,075.		5,356.	395,431.

128111 04-01-21

(D) - Asset disposed

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

Form 4562	
Department of the Treasury Internal Revenue Service	(99)
Name(s) shown on return	

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

Attachment Sequence No. **179** Identifying number

Z

OMB No. 1545-0172

_	IE ROYAL OAK FOUNDAT			RM 990 PA			23-7349380
Pa	art I Election To Expense Certain Prope	rty Under Section 1	79 Note: If you have any	listed property, o	complete Part	V before y	
	Maximum amount (see instructions)						1,050,000.
	Total cost of section 179 property place						0 (00 000
	Threshold cost of section 179 property						2,620,000.
	Reduction in limitation. Subtract line 3						
	Dollar limitation for tax year. Subtract line 4 from line (a) Description of pro-				(c) Elected (
6		operty		siness use only)	(C) Elected (JOSI	
7	Listed property. Enter the amount from	line 29		7			
	Total elected cost of section 179 prope		s in column (c) lines 6 an			8	
	Tentative deduction. Enter the smaller						
	Carryover of disallowed deduction from						
	Business income limitation. Enter the s						
	Section 179 expense deduction. Add li						
	Carryover of disallowed deduction to 2						
	te: Don't use Part II or Part III below for						
Pa	art II Special Depreciation Allowa	nce and Other D	epreciation (Don't inclu	de listed propert	.y.)		
14	Special depreciation allowance for qua	lified property (otl	ner than listed property)	placed in service	during		
	the tax year			-	-	14	
15	Property subject to section 168(f)(1) ele					15	
						16	5,356.
Pá	art III MACRS Depreciation (Don't	include listed pro	perty. See instructions.)				
			Section A				
17	MACRS deductions for assets placed i	n service in tax ye	ears beginning before 20	21		17	
18	If you are electing to group any assets placed in service	vice during the tax year	into one or more general asset a	ccounts, check here	► 🗌		
	Section B - Assets	Placed in Servic	e During 2021 Tax Yea	r Using the Gen	eral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	a 3-year property						
b	5-year property						
c	7-year property						
d							
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	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
	· · ·	/			MM	S/L	-
		Placed in Service	During 2021 Tax Year	Using the Altern	native Depred	<u> </u>	tem
20a						S/L	
k	,			12 yrs.		S/L	
C	,	/		30 yrs.	MM	S/L	
		/		40 yrs.	MM	S/L	
	Summary (See instructions.)						
	Listed property. Enter amount from line					21	
22	Total. Add amounts from line 12, lines						E 256
~~	Enter here and on the appropriate lines			rations - see instr		22	5,356.
23	For assets shown above and placed in	-	•				
1100	portion of the basis attributable to sect						Form 4562 (2021)

2021.05040 THE ROYAL OAK FOUNDATION, I 7491___1

Form 4562 (2021)	THE	ROYAL	OAK	FOUN	IDATI	ON,	INC	•			23-	7349	380	Page 2
Part V Listed Proper entertainment	rty (Include au	utomobiles, ce	ertain ot	her vehic	cles, cer	tain airc	raft, an	nd propert	y used f	or				
Note: For any	vehicle for wh	hich you are u	using the	e standai	rd milea	ge rate o	or dedu	ucting leas	se exper	ise, com	nplete on	ily 24a,		
24b, columns														
4a Do vou have evidence to	- Depreciatio			-			_				-			
	(b)	(c)	ent use ci			es (e)	_ No	24b lf "Y (f)	1		1		_ Yes ∟ I	<u> </u>
(a) Type of property (list vehicles first)	Date placed in service	Business/ investment use percenta		(d) Cost or ther basis	(bu	sis for depr siness/inve use only	estment	Recovery period	Me	(g) thod/ vention	Depre	(h) eciation uction	Ele sectio	ected on 179 ost
5 Special depreciation al	lowance for g	ualified listed	propert	y placed	in servi	ce durin	g the ta	ax year ar	nd					
used more than 50% ir	n a qualified b	usiness use								. 25				
6 Property used more that								-			-			
	: :		%											
			%											
		-	%											
Property used 50% or	less in a quali		_					I			1			
	: :		%						S/L ·				-	
	: :		% %						S/L ·				-	
8 Add amounts in colum	n (h) lines 25	-		ro and ar		nogo 1			S/L -	28			-	
 Add amounts in column Add amounts in column 												29		
	11 (I), III le 20. L			B - Infor					<u></u>		<u></u>	. 25		
Complete this section for v	ehicles used t								or relate	d persor	n. If you	provideo	d vehicle	s
o your employees, first and										•		•		•
, , , , , , , , , , , , , , , , , , ,				,					5					
			((a)	(b)		(c)	(d)	(e)	(f)
30 Total business/investment	t miles driven dı	uring the	Ve	hicle	Ve	hicle	V	'ehicle	Veł	nicle	Veł	nicle	Ver	nicle
year (don't include comm														
1 Total commuting miles														
2 Total other personal (no														
driven														
3 Total miles driven durin														
Add lines 30 through 3			Vee	Na	- Noo	Na	Vaa	Na	Vaa	Na	Vee	Na	No.	
34 Was the vehicle availab			Yes	No	Yes	No	Yes	i No	Yes	No	Yes	No	Yes	No
during off-duty hours? 5 Was the vehicle used p														
than 5% owner or relat														
16 Is another vehicle avail						1								
use?														
		- Questions f	for Emp	loyers V	Vho Pro	vide Vel	hicles [·]	for Use b	y Their I	Employ	ees			<u> </u>
Answer these questions to												ren't		
nore than 5% owners or re	elated persons	6.												_
37 Do you maintain a writt	ten policy stat	ement that pr	rohibits a	all perso	nal use (of vehicl	es, inc	luding cor	nmuting	, by you	ır		Yes	No
employees?														
88 Do you maintain a writt														
employees? See the in														
9 Do you treat all use of													·	
O Do you provide more the														
the use of the vehicles, 1 Do you meet the requir														
Note: If your answer to													·	
Part VI Amortization	01,00,00,40	0,014113 10	55, UUN	Compie					nicies.					
(a)			(b)		(c) Amortizal			(d)		(e)			(f) mortization	
Description	of costs		amortization begins		Amortizal amoun	ble t		Code section		Amortiza period or per		Ai fo	mortization or this year	
2 Amortization of costs t	hat begins du			ar:						<u> </u>				
			: :											
3 Amortization of costs the	hat began bef	ore your 202	1 tax yea	ar							43			
4 Total. Add amounts in	column (f). Se	e the instruct	tions for	where to	o report						44			
16252 12-21-21												F	orm 456	2 (2021)
220203 759420	7491		202	1.05	040 '	44 THE 1	ROYA	AL OA	K FOU	JNDA'	TION	, I '	7491_	1

For Off	ce Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAI	. REPORT	Form AG990-IL Revised 1/19
PMT			
	Charitable Trust Bureau, 100 West Rando 11th Floor, Chicago, Illinois 60601	ipn CC	# 01-031360
AMT	Report for the Fiscal Period:	X	Check all items attached: Copy of IRS Return
AIVIT		Make Checks X	15
	Beginning 07/01/2021	Payable to	Copy of Form IFC
INIT		the Illinois Charity	
L	& Ending 06/30/2022	Bureau Fund	\$100.00 Late Report Filing Fee
	AI ID # 23-7349380 MO DAY YR		MO DAY YR
Are co	•	ganization was create	ed: 03/22/1973
	LEGAL NAME THE ROYAL OAK FOUNDATION, INC.	Year-end amounts	
	MAIL	A) ASSETS	A) \$ 7,446,621.
	DRESS 20 WEST 44TH STREET, SUITE 606	B) LIABILITIES	B) \$ 551,964.
	STATE NEW YORK, NY	C) NET ASSETS	C) \$ 6,894,657.
ZI		PERCENTAGE	AMOUNT
1.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR: D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	59.787%	D) \$ 1,653,530.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	29.574%	E) \$ 817,926.
	F) OTHER REVENUES	10.638%	F) \$ 294,225.
I	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,765,681.
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR: H) OPERATING CHARITABLE PROGRAM EXPENSE	32.371%	H)\$ 704,132.
		52.571%	11) \$ 70 4, 152.
	I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	32.371%	J) \$ 704,132.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
	$\frac{\phi}{\phi}$		
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	37.593%	К)\$ 817,712.
			1 501 044
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	69.964%	L) \$ 1,521,844.
	M) MANAGEMENT AND GENERAL EXPENSE	15.743%	M)\$ 342,433.
	N) FUNDRAISING EXPENSE	14.294%	N) \$ 310,911.
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0)\$ 2,175,188.
111.	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
	PROFESSIONAL FUNDRAISERS:		
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
			O) ¢
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
	PROFESSIONAL FUNDRAISING CONSULTANTS:	,,,	
	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV.	COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YI	EAR:	
	T) NAME, TITLE: IAN MURRAY - EXECUTIVE DIRECTOR U) NAME, TITLE: ROB WEINSTEIN - DIRECTOR OF FINANCE & .	ΝΤΝ	T) \$ U) \$
	U) NAME, TITLE:		U) \$ V) \$
v.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPEND CODE CATEGORIES	ED)	List on back side of instructions
			CODE
198091 04-01-21	W) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATIO		W)# 150
38091	 X) DESCRIPTION: PRESERVATION/CONVERSATION OF NATURAL R Y) DESCRIPTION: 	ESOURCES	X) # 080 Y) #
ΙΨ	Y) DESCRIPTION:		11) #

IF	THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		X
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		X
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		x
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
7b.	IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		X
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	JP MORGAN CHASE, 349 FIFTH AVENUE, NEW YORK, NY 10016			
	VANGUARD, P.O. BOX 2600, VALLEY FORGE, PA 19482-2600			
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: ORGANIZATION - 212-480-2889			

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	LYNNE RICKABAUGH		
1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.	PRESIDENT OR TRUSTEE (PRINT NAME)	SIGNATURE	DATE
2.) FOR FEES DUE SEE INSTRUCTIONS.	LAUREN BRISKY		
 REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. 	TREASURER OF TRUSTEE (PRINT NAME)	SIGNATURE	DATE
·	CHRIS BELLANDO		
198101 04-01-21	PREPARER (PRINT NAME)	SIGNATURE	DATE

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion						
For Fiscal Year Beginning	g (mm/dd/yy	yy) 07/01/	2021 and Ending (mm/dd/yyyy) 06	5/30/2	2022	
Check if Applicable:	Name of Or THE R		FOUNDATION, I	NC.			tification Number (EIN):
Name Change	Mailing Add		TREET, SUITE	606		NY Registratio	
Final Filing	City / State NEW Y		10036-6603			Telephone: 212 480	-2889
Reg ID Pending	Website: WWW • R	OYAL-OAK.	ORG			Email:	
Check your organization? registration category:	s	only EPTL	only X DUAL (7A &	EPTL) 🗌 EX			tration Category in the www.CharitiesNYS.com.
2. Certification							
See instructions for certif	ication requi	rements. Imprope	r certification is a violation	of law that may b	be subject	to penalties. The	e certification requires
two signatories.				-	-	-	-
			iewed this report, including n accordance with the laws	of the State of N	lew York a	pplicable to this i	
President or Authorized	Officer			BOARD	-	ABAUGH	
Fresident of Authonzed	Officer.	Signature			Print Name		Date
		Signature		LAURE			Dale
Chief Financial Officer of	Chief Financial Officer or Treasurer: TREASURER						
Signature Print Name and Title Date				Date			
3. Annual Reporting							
			organization is claiming ar				
			complete only parts 1, 2, a				
schedules and attachment	•		n an exemption or are a Dl	JAL filer that clain	ns only on	e exemption, you	I must file applicable
	nts and pay	applicable lees.					
exceed \$2	25,000 <u>and</u> th	-	ons from NY State includin d not engage a profession	•		•	
	filing exempt fiscal year.	tion: Gross receipt	s did not exceed \$25,000	and the market v	alue of as	sets did not exce	ed \$25,000 at any time
4. Schedules and A	ttachmer	nts					
See the following page		77					
for a checklist of	Yes L		our organization use a pro				commercial co-venturer
schedules and		for fund r	aising activity in NY State	? If yes, complete	Schedule	e 4a.	
attachments to	X Yes					manlata Cabaduda	46
complete your filing.	AND TES L	No 4b. Did th	ne organization receive go	vernment grants?	TT yes, co	mpiete Scheaule	9 4D.
5. Fee							
See the checklist on the	7A filir	ng fee:	EPTL filing fee:	Total fee:			
next page to calculate yo		-					check or money order
fee(s). Indicate fee(s) you						pa	ayable to:

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

\$

25.

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

\$

250.

\$

2

275.

2021.05040 THE ROYAL OAK FOUNDATION, I 7491___1

168451 01-10-22 **1019**

are submitting here:

16220203 759420 7491

Page 1

"Department of Law"

THE ROYAL OAK FOUNDATION, INC.

CHAR500 Annual Filing Checklist	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF: - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3. - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.	
Checklist of Schedules and	d Attachments	
If you answered "yes" in Part 4	nit with your CHAR500 as described in Part 4: 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) 4b, submit Schedule 4b: Government Grants	
disclosure and will not be avail	PF, and 990-T if applicable chedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from	he
Review Report if you received Audit Report if you received to If the fiscal year begins before No Review Report or Audit Audi	bmit the applicable independent Certified Public Accountant's Review or Audit Report: total revenue and support greater than \$250,000 and up to \$1,000,000 otal revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. that date, an Audit Report is required if total revenue and support is greater than \$750,000 port is required because total revenue and support is less than \$250,000 ked box 3a, no Review Report or Audit Report is required	
Calculate Your Fee		

For 7A and DUAL filers, calculate the 7A fee:

\$0, if you checked the 7A exemption in Part 3a

X \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

\$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
X \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
50,000,000 sr more but less than \$50,000,000 sr more but less than \$50,000,000
50,000,000 or more \$150,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com Call: (212) 416-8401 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at <u>www.CharitiesNYS.com.</u>

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

168461 01-10-22 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

16220203 759420 7491

2021.05040 THE ROYAL OAK FOUNDATION, I 7491___1

3

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Open to Public Inspection

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information	
Name of Organization:	NY Registration Number:
THE ROYAL OAK FOUNDATION, INC.	02-03-51

2. Government Grants

Name of Government Agency	Amount of Grant
1. U.S SMALL BUSINESS ADMINISTRATION	1. 121,055
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 121,055

168481 01-10-22 1019 CHAR500 Schedule 4b: Government Grants (Updated January 2022)

4