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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN	30,	2023	
3 c	Check if	C Name of organization	D E	mployer	identific	cation number
а	pplicable	·				
	Addres change	THE ROYAL OAK FOUNDATION, INC.				
	Name change			23 - 7	3493	80
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Te	elephone	e number	
	Final return/	20 WEST 44TH STREET, SUITE 606				-2889
	termin- ated		G Gr	oss receipt	ts\$	3,302,532.
	Amend return		H(a)	Is this a	group re	
	Application	F Name and address of principal officer: IAN MURRAY			ordinates	
	pendin	a l	I			cluded? Yes No
ΙŢ	ax-exe	·				list. See instructions
	Vebsit					n number
						State of legal domicile: NY
	_	Summary				
		Briefly describe the organization's mission or most significant activities: RAISING	FUND	S FO	R COI	NSERVATION
Governance	' (OF HISTORIC PROPERTIES INCLUDING HOUSES AND	GARDE	NS I	N BR	ITAIN AND
ı.	-	Check this box if the organization discontinued its operations or disposed of n				
Š		Number of voting members of the governing body (Part VI, line 1a)			اما	19
	l	Number of independent voting members of the governing body (Part VI, line 1b)			···· ⊢ →	19
ο S		Fotal number of individuals employed in calendar year 2022 (Part V, line 12)			···· ⊢ →	8
ij		Fotal number of violunteers (estimate if necessary)			···· ⊢ →	19
Activities		Fotal number of Volunteers (estimate in recessary) Fotal unrelated business revenue from Part VIII, column (C), line 12			···· ⊢ →	0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			⊢	0.
	5	vet unrelated business taxable income norm of our 990-1, 1 at 1, line 11		ior Yea		Current Year
	8 (Contributions and grants (Part VIII, line 1h)			435.	2,630,263.
Revenue		(5)		260,		431,660.
Ve		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			560.	154,418.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			665.	9,978.
			2		681.	3,226,319.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		817,		464,371.
		Benefits paid to or for members (Part IX, column (A), line 4)		017,	0.	0.
	l			678,	-	777,113.
Expenses	15 3	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) 358, 275.		070,	0.	0.
)en	loai	Foto 15 to plusining a symptom (Part IX, column (A), line 11e)				0.
Ä				679	006.	872,919.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			188.	2,114,403.
	l	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	590,		1,111,916.
S		Revenue less expenses. Subtract line 18 from line 12	Beginning			End of Year
Net Assets or Fund Balances	20 -	Fotal assets (Part X, line 16)	_	446,		9,316,602.
Bala	20	, , , , , , , , , , , , , , , , , , , ,		551,		761,169.
nud	21	Fotal liabilities (Part X, line 26)			657.	8,555,433.
	22 art	Net assets or fund balances. Subtract line 21 from line 20	0,	0,74,	037.	0,333,4334
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements ai	nd to the	hest of my	knowledge and helief it is
	•	it and complete. Declaration of preparer (other than officer) is based on all information of which prep	-		-	, knowledge and beller, it is
iuo,	, 001100	, and complete. Declaration of preparet (other than officer) is based on an information of which prep	arci ilas ari	I	ugo.	
o:	_	Signature of officer		 Date		
Sigi		MICHAEL BOYD, CHAIRMAN				
Her	e	Type or print name and title				
			Date		Check	TI PTIN
Paid		Print/Type preparer's name CHRIS BELLANDO Preparer's signature			if	— boos 41714
	- +			Eirm	self-employe	3-1655065
	Only	Firm's name LUTZ AND CARR, CPAS LLP Firm's address 551 FIFTH AVENUE, SUITE 400		Firm's	S EIN 1.	7 1022002
บชิธิ	Unity	NEW YORK, NY 10176		Dhar	ana 21 '	2-697-2299
	. 41- 17			Pron	e 110.∠⊥.	
vıa١	∕ tne I⊦	S discuss this return with the preparer shown above? See instructions				X Yes Mo

Pai	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 OPPORTUNITY TO REACH
	BEYOND OUR BORDERS, CONNECT WITH OUR PAST AND JOIN AN INTERNATIONAL
	COMMUNITY DEDICATED TO PRESERVING AND PROTECTING THOSE PLACES IN
	ENGLAND, WALES AND NORTHERN IRELAND THAT MAKE LIFE SPECIAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	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 services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue if any for each program service reported
4a	(Code:) (Expenses \$
	LECTURES & TOURS:
	EDUCATIONAL SEMINARS, TOURS, AND LECTURES ON PRESERVATION AND HISTORY
	OF ARCHITECTURE AND DECORATIVE INTERIORS, HOUSES, AND GARDENS. 29
	DIGITAL LECTURES AND TOURS AND 22 IN-PERSON LECTURES WERE HELD FROM
	JULY 2022 - JUNE 2023.
	<u> </u>
4b	(Code:) (Expenses \$ 473,596 • including grants of \$ 464,371 •) (Revenue \$)
	PRESERVATION OF HISTORIC SITES:
	GRANTS TO SUPPORT PRIORITIES OF THE NATIONAL TRUST AND OTHER
	PRESERVATION SOCIETIES TO PRESERVE IMPORTANT AND HISTORIC SITES, AND
	GRANTS TO PRESERVE THE ENVIRONMENT. ALSO INCLUDES FELLOWSHIPS FOR
	AMERICANS TO STUDY WITH THE NATIONAL TRUST IN THE PRESERVATION OF
	DECORATIVE OBJECTS AND GARDENS.
4c	(Code:) (Expenses \$ 317, 181. including grants of \$) (Revenue \$)
	MEMBERSHIP:
	PUBLIC RELATIONS PROGRAM TO MAKE THE GENERAL PUBLIC AWARE OF AND
	EXPERIENCE THE HISTORIC AND NATURAL SPACES IN ENGLAND, WALES AND
	NORTHERN IRELAND. FREE ENTRY TO OVER 350 PROPERTIES OF THE NATIONAL
	TRUST OF ENGLAND, WALES AND NORTHERN IRELAND AND OVER 100 PROPERTIES
	BELONGING TO THE NATIONAL TRUST FOR SCOTLAND, AND REDUCED ADMISSION
	PRICE FOR U.S. LECTURES AND TOURS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,474,329.
	Form 990 (2022)

Part IV Checklist of Required Schedules

			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			37
	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			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
J	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	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	X	
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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	
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	110		
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		X

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Form 990 (2022) THE ROYAL OAK FOUN Part IV | Checklist of Required Schedules (continued)

	The state of the dame of the state of the st		<u> </u>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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
	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			
الم	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
2 5a	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	200		
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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
27	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
28	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	00-		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		7,7	
Day	Note: All Form 990 filers are required to complete Schedule O	38	X	
ra	Tt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O Contains a response of hote 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 12		163	140
b	The state that the state of the			
	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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Form 990 (2022) THE ROYAL OAK FOUNDATION, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_		37
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		٥.		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7.0	-25	
С	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	,,,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	 			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	440			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a			
Б	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1			
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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			
С	Enter the amount of reserves on hand	13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				3.7
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
17	If "Yes," complete Form 4720, Schedule O. Section F01/oV21) arganizations. Did the trust, or any disqualified or other person angage in any se	tivition			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		.,		
	ii 100, complete form cood.		_		(0000)

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 19			
	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 O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY, IL			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	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 on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finaı	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ORGANIZATION - 212-480-2889			
	20 WEST 44TH STREET, SUITE 606, NEW YORK, NY 10036-6603			

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, box 6 of 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 organizati		orga	aniza			mpe	nsat			(=)
(A)	(B))) Pos	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week					is bot or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		loyee	omp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer			organizations
/1) MIGHARI DOUD	line) 3 • 0 0	Ĕ	Ë	₽	- S	ij.e	훈			
(1) MICHAEL BOYD CHAIRMAN	3.00	X		x				0.	0.	0.
(2) ROBERT SACKVILLE-WEST	3.00	Δ		^				0.	· ·	· ·
VICE-CHAIRMAN	3.00	X		x				0.	0.	0.
(3) LAUREN BRISKY	1.00							•		•
TREASURER	1.00	x		x				0.	0.	0.
(4) SUSAN OLLILA	1.00			-						
SECRETARY		x		x				0.	0.	0.
(5) MICHAEL BROWN	1.00							-	_	-
DIRECTOR		Х						0.	0.	0.
(6) SIR DAVID CANNADINE	1.00									
DIRECTOR (UNTIL 9/2022)		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 (UNTIL 9/2022)		Х						0.	0.	0.
(10) ANNE BLACKWELL ERVIN	1.00							_	_	_
DIRECTOR (UNTIL 9/2022)		Х						0.	0.	0.
(11) LINDA KELLY	1.00									
DIRECTOR		Х						0.	0.	0.
(12) HILARY MCGRADY	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(13) ERIC NILSON	1.00	٠,,						_		0
DIRECTOR	1 00	Х						0.	0.	0.
(14) GARRETT HARDEE O'NEAL	1.00							_		0
DIRECTOR	1.00	Х						0.	0.	0.
(15) ELISE MESLOW RYAN	1.00	X						0.	0.	0.
(16) SUSAN SAMUELSON	1.00	^						<u> </u>	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(17) LAURA TREVELYAN	1.00	<u> </u>	\vdash	\vdash		\vdash		•	0.	
DIRECTOR	1.00	Х						0.	0.	0.
DIMECTON		122		l	L	1				

232007 12-13-22

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C	I					
(A)	(B))) Pos	C) ition			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timate	
	week					is bot or/trus		compensation	compensation			nount	OŤ
	(list any	or					Ė	from the	from related organizations			other pensa	tion
	hours for	director				Ļ		organization	(W-2/1099-MISC	,		om th	
	related	3e or	stee			ısate		(W-2/1099-MISC/	1099-NEC)	´		anizat	
	organizations	Individual trustee or	Institutional trustee		yee	mper		1099-NEC)			•	d relat	
	below	idual	ution	 	oldm	est co oyee	e	,			orga	anizati	ons
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former						
(18) RENEE NICHOLS TUCEI	1.00												
DIRECTOR (UNTIL 9/2022)		X						0.	(0.			0.
(19) LYNNE RICKABAUGH	1.00												
DIRECTOR (UNTIL 9/2022)		X						0.	(0.			0.
(20) IAN MURRAY	35.00												
EXECUTIVE DIRECTOR				Х				198,896.	(0.	1	9,8	12.
(21) ROB WEINSTEIN (UNTIL 11/2022)	35.00												
DIRECTOR OF FINANCE & ADMINISTRATION		1		Х				89,362.	(0.	1	4,1	85.
								-				-	
		1											
										+			
		1											
										+			
		1											
							H			1			
		1											
										+			
		1											
1b Subtotal	1					<u> </u>		288,258.		o . l	3	3,9	97.
c Total from continuation sheets to Part V	II Section A						••	0.		3 .		- , -	0.
d Total (add lines 1b and 1c)								288,258.		5.	3	3,9	
Total number of individuals (including but n								· · · · · · · · · · · · · · · · · · ·	000 of reportable			- , -	
compensation from the organization	iot iiiriitod to ti	1000	11000	Ju u	JO V.	o, w.	10 1	cocived more than \$100	,,ooo or reportable				1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director trust	ا مم	60V 6	amn	love	ω Λ	r hic	sheet compensated emr	Novee on	Г			
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su								har companyation from		··			
and related organizations greater than \$15	•								•		4	Х	
5 Did any person listed on line 1a receive or										··	_		
• •	•				•			•			5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scriedui	e J i	OI SI	JCII	pers	SOII					5		21
· · · · · · · · · · · · · · · · · · ·	mpanaetad in	don	and a	nt o	ont	ro ot	t	that received more than	\$100,000 of some	0000	tion f	rom	
1 Complete this table for your five highest co		-								ensa	ation i	TOTTI	
the organization. Report compensation for	trie caleridar y	ear	enai	rig v	VILI	Or W	ıurııı		year.		10		
(A) Name and business	address	NI	INC	7				(B) Description of s	ervices	Co	(C	,) nsatio	n
Traine and Saemese	- 4441000	11/	7111				\dashv	- Boothpalon of o	10171000		311100	104110	··
							\dashv						
							\dashv						
							-						
							_						
2 Total number of independent contractors (i	ncluding but r	ot li	mite	d to		se li: N	stec	a above) who received m	nore than				

Form 990 (20				OAK	FOUNDATION,	INC.
Part VIII	Statement	of Rev				

1 4.			Check if Schedule O contains a response	e or note to any lir	ne in this Part VIII			
			Officer in Octicadic O Contains a response	c of flote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
ဖြ								30000013 0 12 0 14
in it			Federated campaigns 1a	707 027	-			
渡힌			Membership dues1b	797,237.				
A,		С	Fundraising events 1c	140,204.				
ig je		d	Related organizations 1d					
ıs,		е	Government grants (contributions) 1e					
i Si		f	All other contributions, gifts, grants, and					
			similar amounts not included above 1f 1	,692,822 .				
함		g	Noncash contributions included in lines 1a-1f					
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f		2,630,263.			
				Business Code				
o	2	а	EDUCATIONAL PROGRAMS	611710	431,660.	431,660.		
, ki	_	ь b						
Ser		c		-				_
E S								
gra Re		d						
Program Service Revenue		e	All alle and an area and a second					
_			All other program service revenue		431,660.			
$\overline{}$			Total. Add lines 2a-2f		4 31,000.			
	3		Investment income (including dividends, inte	156,791.			156,791.	
			other similar amounts)		130,731.			130,731.
	4		Income from investment of tax-exempt bond	•	9,949.			9,949.
	5		Royalties		3,343.			3,343.
			(i) Real	(ii) Personal	-			
			Gross rents 6a		_			
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 50,937	•				
		b	Less: cost or other basis					
ne			and sales expenses 7b 53,310 Gain or (loss) 7c -2,373	•				
Ver		С	Gain or (loss) 7c -2,373	•				
her Revenue		d	Net gain or (loss)		-2,373.			-2,373.
þer	8	а	Gross income from fundraising events (not					
ŏ			including \$ 140,204. of					
			contributions reported on line 1c). See					
			Part IV, line 18	22,903.				
			Less: direct expenses 88	22,903.				
			Net income or (loss) from fundraising events		0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 98	_	1			
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10	a				
		b	Less: cost of goods sold 10		-			
			Net income or (loss) from sales of inventory					
				Business Code				
ñ a	11	а	MISCELLANEOUS	900099	29.			29.
ane		b						
Miscellaneous Revenue		С						
∄š R		d	All other revenue					
_			Total. Add lines 11a-11d	-	29.			
	12		Total revenue. See instructions		3,226,319.	431,660.	0.	164,396.
	_	_						

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Part IX | Statement of Functional Expenses

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 respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	464,371.	464,371.		
4	individuals. See Part IV, lines 15 and 16	404,571.	404,371.		
4 5	Benefits paid to or for members				
5	trustees, and key employees	319,913.	166,418.	49,660.	103,835
6	Compensation not included above to disqualified	317,713.	100,410.	45,000.	103,033
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	332,597.	173,017.	51,629.	107,951
8	Pension plan accruals and contributions (include	332,337.	= . 5 , 5 = 1 •	32,023.	
-	section 401(k) and 403(b) employer contributions)	8,490.	4,416.	1,318.	2,756
9	Other employee benefits	72,341.	37,631.	11,230.	23,480
10	Payroll taxes	43,772.	22,770.	6,795.	14,207
11	Fees for services (nonemployees):	.,	,	.,	, –
b	Legal	596.		596.	
c		21,160.		21,160.	
	Lobbying	•		,	
e	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g					
_	column (A), amount, list line 11g expenses on Sch O.)	4,568.		4,568.	
12	Advertising and promotion				
13	Office expenses	13,172.	6,851.	2,045.	4,276 2,833
14	Information technology	67,848.		65,015.	2,833
15	Royalties				
16	Occupancy	157,294.	77,241.	31,859.	48,194
17	Travel	7,152.		7,152.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	00.00=	15 100		6 111
22	Depreciation, depletion, and amortization	29,085.	15,129.	4,515.	9,441
23	Insurance	18,094.		18,094.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	260 060	360 060		
а	LECTURES AND TOURS	369,069.	369,069.		
b	MEMBER SERVICES	83,015.	83,015.		11761
C	MISSION RELATED MKTG	48,963.	34,202.	5 175	14,761
d	MERCHANT SERVICE FEES	33,337.	17,342.	5,175.	10,820
	All other expenses	19,566.	2,857.	988.	15,721
25	Total functional expenses. Add lines 1 through 24e	2,114,403.	1,474,329.	281,799.	358,275
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (202)

Part X Balance Sheet

Par	ιΛ	balance Sheet					, , ,
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	189,055.	1	92,751.		
	2	Savings and temporary cash investments			126,832.	2	201,868.
	3	Pledges and grants receivable, net			47,742.	3	383,742.
	4	Accounts receivable, net	12,950.	4	22,565.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqui					
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use				8	
ă	9	Prepaid expenses and deferred charges			100,015.	9	104,301.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	270,156.			
	b	Less: accumulated depreciation		228,048.	71,193.	10c	42,108.
	11	Investments - publicly traded securities			6,604,351.	11	7,910,701.
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	294,483.	15	558,566.		
	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	33)	7,446,621.	16	9,316,602.
	17	Accounts payable and accrued expenses		90,316.	17	58,270.	
	18	Grants payable	4,237.	18	6,208.		
	19	Deferred revenue	424,240.	19	419,122.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	rmer offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
jab		controlled entity or family member of any of th	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ted third	parties		24	
	25	Other liabilities (including federal income tax, p	oayables	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	22 4 84		000 560
		of Schedule D			33,171.		277,569.
	26	Total liabilities. Add lines 17 through 25			551,964.	26	761,169.
g		Organizations that follow FASB ASC 958, cl	heck her	e X			
uce		and complete lines 27, 28, 32, and 33.			F 207 10F		6 006 416
ala	27				5,327,125.	27	6,806,416.
d B	28	Net assets with donor restrictions			1,567,532.	28	1,749,017.
<u>ۃ</u>		Organizations that do not follow FASB ASC	958, che	eck here			
P		and complete lines 29 through 33.					
sts	29	Capital stock or trust principal, or current fund			29		
SS	30	Paid-in or capital surplus, or land, building, or			30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	_	6,894,657.	31	Q EEE 122	
ž	32	Total net assets or fund balances			7,446,621.	32	8,555,433.
	33	Total liabilities and net assets/fund balances			1,440,041.	33	9,316,602.

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	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,22	6,3	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,11		
3	Revenue less expenses. Subtract line 2 from line 1	3				16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6			57.
5	Net unrealized gains (losses) on investments	5		53	7,2	65.
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		1	1,5	95.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	8	, 55	5,4	33.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE ROYAL OAK FOUNDATION, INC.

Employer identification number 23-7349380

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount of monetary	(vi) Amount of other
organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1789522.	2006700.	2179720.	2211435.	2630263.	10817640.	
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	1789522.	2006700.	2179720.	2211435.	2630263.	10817640.	
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)						1184025.	
_6	Public support. Subtract line 5 from line 4.						9633615.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	1789522.	2006700.	2179720.	2211435.	2630263.	10817640.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	87,028.	199,408.	150,763.	129,733.	166,740.	733,672.	
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.)		4,939.	1,021.	7,108.	29.	13,097.	
11	Total support. Add lines 7 through 10						11564409.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,419,825.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)		
_	organization, check this box and stor							
	ction C. Computation of Publ						83.30 %	
	Public support percentage for 2022 (14	00 00	
15	Public support percentage from 2021					15		
16a	33 1/3% support test - 2022. If the c	•		•		•		
	stop here. The organization qualifies							
D	33 1/3% support test - 2021. If the condition have							
170	and stop here. The organization qual							
17 a	10% -facts-and-circumstances tes	-						
	and if the organization meets the fact		•	-	·	· ·		
h	meets the facts-and-circumstances te 10% -facts-and-circumstances tes	-	•	* '	-	 17a and line 15 is		
Ď	more, and if the organization meets the	-					1070 UI	
	organization meets the facts-and-circ				-			
10								
10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2022

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.)

Sec	qualify under the tests listed better the tests listed better the tests listed better the tests listed between the tests	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(a) 2020	(4) 2021	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
'	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inace under coetion E10						
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						
	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						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
11	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						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here		<u></u>				
	tion C. Computation of Publ					11	
	Public support percentage for 2022 (15	<u>%</u>
	Public support percentage from 2021 etion D. Computation of Investigation					16	<u>%</u>
	•					17	0/
	Investment income percentage for 20					 	%
	Investment income percentage from 3 3 1/3% support tests - 2022. If the					18	% 17 is not
เฮส							
L	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the						
D	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	ato roundation. Il the organizatio	II GIG HOL OHEUN A	. 201 UII UI I 14, 18	a, or rob, oricon t	וווט טטא מווע סכב ווו	J. 404010	

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Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
1		
2		
3a		
- Gu		
3b		
3с		
4a		
4b		
4c		
40		
5a		
- Gu		
5b		
5c		
_		
6		
7		
c		
8		
9a		
9b		
30		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
	, (common,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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		
Sec	ction B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one superganization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amore			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	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			
Sac	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	twations\		
1		tructions).		
a b				
c		ntity (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	inty (See mistractio	Yes	No
a			103	140
ŭ	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.	2a		
b				
-	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.
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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations_					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.					
Sect	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						
Sect	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						
Sect	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						
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting ora	anization (see				
	instructions).	, 0		,				

Schedule A (Form 990) 2022

9

10

Distributable amount for 2022 from Section C, line 6

10 Line 8 amount divided by line 9 amount

6

7

<u></u>	Line of amount divided by line 9 amount		. 10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
<u>e</u>	Excess from 2022			
			_	

Schedule A (Form 990) 2022

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Inspection

Name of the organization

THE ROYAL OAK FOUNDATION, INC.

Employer identification number 23-7349380

Schedule D (Form 990) 2022

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed 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		eld in donor advise	d funds
	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 of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply	<u>).</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morchig conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her 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 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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			NDATION, I				734938		age 2
Pai	rt III Organizations Maintaining Co	ollections of A	rt, Historical Tr	easures, o	r Other	Similar As	ssets(conti	nued)	
3	Using the organization's acquisition, accession	n, and other record	ls, check any of the	following that	t make sigr	nificant use o	f its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange progra	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they further t	he organizatio	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit or	receive donations	of art, historical trea	sures, or othe	er similar as	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?			Yes		No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "	Yes" on Fo	orm 990, Part	IV, line 9, o	r	
	reported an amount on Form 990, Part	: X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	s or other as	sets not inc	cluded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amour	ıt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on	Part XIII			. \square	
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	rm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance	167,911.	200,016.	150	,960.	144,7	63.	127,	394.
b	Contributions	5,000.							
С	Net investment earnings, gains, and losses	23,402.	-32,105.	49	,056.	6,1	97.	17,	369.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	- .								
g	- · · · · ·	196,313.	167,911.	200	,016.	150,9	60.	144,	763.
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column (a	a)) held as:	•		•		
а	Board designated or quasi-endowment		%						
b	Permanent endowment 57.9980	%	_						
С	Term endowment 42.0020 %	 6							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administe	red for the				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11a. S	See Form 990	, Part X, lin	ie 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Accı	umulated	(d) Boo	k value	е
		basis (investr	nent) basis	(other)	depre	ciation			
1a	Land								
b									
С			6	0,770.		0,770.			0.
d	Equipment		1	9,253.	1	5,848.		3,4	05.

Schedule D (Form 990) 2022

151,430.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

190,133.

Schedule D (Form 990) 2022 THE ROYAL OA	K FOUNDATION	N, INC. 23	-7349380 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-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.			
	- Faura 000 David IV line	11a Cas Faura 000 Bart V line 10	
Complete if the organization answered "Yes" or (a) Description of investment		-	d of year market value
	(b) Book value	(c) Method of valuation: Cost or end	u-or-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" or	n Form 990 Part IV line	a 11d See Form 990 Part Y line 15	
	escription	s rid. See roim 990, rait X, line ro.	(b) Book value
CUIDIMIDIA DAMITINA MOLICA		7	239,818
(7	D RECEIVABLE	2	20,276
(-)			45,984
(4) OPERATING LEASE RIGHT-OF-U	SE ASSET		252,488
	DL ADDLI		232,400
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		558,566
Part X Other Liabilities.	15.)		330,300
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(-,
(2) OPERATING LEASE LIABILITY			277,569
(3)			
(4)			
(5)			
(6)			
(7)			
\`\			•

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

277,569.

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sched	ule D (Form 990) 2022 THE ROYAL OAK FOUNDATION,	INC.		23-	7349380 Page 4
Parl	XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,775,179.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	537,265.		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		11,595.		
	Add lines 2a through 2d			2e	548,860.
3	Subtract line 2e from line 1			3	3,226,319.
	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			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,226,319.
	XII Reconciliation of Expenses per Audited Financial State			Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	2,114,403.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses			-	
	Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d			2e	0.
	Subtract line 2e from line 1			3	2,114,403.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				· · · · · · · · · · · · · · · · · · ·
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)			-	
	A 1 1 11 11 11 11 11 11 11 11 11 11 11 1	"		4c	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 18.</i>)			5	2,114,403.
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	ort IV lings 1h	and the Part V. line	1. Dart	V line 2: Part VI
	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			4, i ait	A, IIIIe Z, I alt AI,
111165 2	d and 4b, and Fart XII, lines 2d and 4b. Also complete this part to provide any at	aditional inion	mation.		
PAR	T V, LINE 4:				
	- · / LINE 1.				
ΤО	SUPPORT THE WORK OF THE ROYAL OAK FOUNDA	TTON AN	ID PROVIDE	GRAI	TTS TO THE
	BOTTORT THE WORK OF THE ROTHE OUR TOURDS	11011 111	ID INOVIDE	011111	110 10 1110
יי ע זע	IONAL TRUST OF ENGLAND, WALES AND N. IRE	T.AND			
	TOTAL TROOP OF ENGLISHED, WILLIAM THE TRO	<u> </u>			
DΔR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
T 131/	1 MI, DING 2D CINDA ADOUGHNIDA				
СНУ	NGE IN THE CASH SURRENDER VALUE OF LIFE	TNGIIDAN	ICE.		1,251.
CIIA	1101 III CADII DONNEHDER VALUE OF LIFE	TILDOIVE	· C L		Ι,ΔυΙ.
СНУ	NGE IN VALUE OF INTEREST IN CHARITABLE R	EMATNDE	ייפווקיי אי		10,344.
CIIA	TOD IN VALOU OF INTENEDS IN CHARTIABLE K		11.001		10,544
ш∧ш	AT MO CCUEDITE D DADM VT ITNE 2D				11 505

Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No. 1545-0047
2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer identification number** THE ROYAL OAK FOUNDATION, 23-7349380 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _____X Yes _____No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (f) Total (a) Region (c) Number of (d) Activities conducted in the region émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM GRANT MAKING 464,371. 3 a Subtotal 0 464,371. **b** Total from continuation sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2022

464,371.

and 3b)

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)
		EUROPE (INCLUDING						
			CONSERVATION &					
			PRESERVATION	407,168.	WIRE	0.		
		EUROPE (INCLUDING						
			CONSERVATION &					
		GREENLAND)	PRESERVATION	8,663.	WIRE	0.		
		EUROPE (INCLUDING						
			CONSERVATION &					
			PRESERVATION	35,040.	WIRE	0.		
		,						
		EUROPE (INCLUDING						
		ICELAND AND	CONSERVATION &					
		GREENLAND)	PRESERVATION	13,500.	WIRE	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
3	Enter total number of other organizations or entities	

Schedule F (Form 990) 2022

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 a	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)			

raii	LIV	Foreign Forms		
1	Was	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Cor	poration (see Instructions for Form 926)	Yes	X No
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be r	required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Rec	ceipt 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? If "Yes,"		
	the	organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Cer	tain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was	s the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fun	d (see Instructions for Form 8621)	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		
	Fore	eign 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		
		s," the organization may be required to separately file Form 5713, International Boycott Report (see		

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 Part V | Supplemental Information

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	Τ	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
REASONABLE TIME DETAILING HOW THE FUNDS WERE ACTUALLY SPENT. THE
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.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

THE ROY	AL OAK FOUNDATION,	IN	C.		23-7349	380	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individendments. 	sed funds through any of the following solicitations of the fo	tion of tion of fundra (incluence)	non-g gover aising o ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
- Total							
3 List all states in which the organization or licensing.					d it is exempt from re	egistration	
					-		

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Schedule G (Form 990) 2022

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			COLONY CLUB			(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
'n			·			
Revenue	1	Gross receipts	163,107.			163,107.
Œ						-
	2	Less: Contributions	140,204.			140,204.
	3	Gross income (line 1 minus line 2)	22,903.			22,903.
	4	Cash prizes				
	5	Noncash prizes				
ses						
per	6	Rent/facility costs				
Direct Expenses			22 002			22 002
<u>.</u>	7	Food and beverages	22,903.			22,903.
莅						
		Entertainment				
	9	Other direct expenses	O in a shumon (d)			22,903.
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				0.
Pa	ırt I			990 Part IV line 19 or		<u> </u>
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000,1 art 10, mile 10, or	reported more than	
		+ · · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Ω	1	Gross revenue				
χ	2	Cash prizes				
Direct Expenses						
ж	3	Noncash prizes				
벙						
Öİre	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	∟ No	∟ No	└── No	
	_	Direct expense summary. Add lines 2 through	a E in calumn (d)			
	7	birect expense summary. Add lines 2 through	15 in column (a)			
	l g	Net gaming income summary. Subtract line 7	from line 1 column (d)			
		Net garning income summary. Subtract line r	nomine i, column (u)			
9	Fnt	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				, —
_						_
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990) 2022

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Schedule G (Form 990) 2022 THE ROYAL OAK FOUNDATION, INC.	23-/349380 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
to administer charitable gaming?	Lifes Lino
13 Indicate the percentage of gaming activity conducted in:	1 1
a The organization's facility	
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books	
200 the manie and addition of the person the properties and organization of gamma, epochal events 200 to	and records.
Name	
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming rev	venue? Yes No
Does the organization have a contract with a time party from whom the organization receives gaining rec	rende: 163 — 160
b If "Yes," enter the amount of gaming revenue received by the organization \$ a	and the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
The first familiar and address of the tring party.	
Name	
Address	
40. October and a social formation	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Canning manager compensation ψ	
Description of services provided	
C Street of the	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	0
retain the state gaming license?	Yes No
-	
b Enter the amount of distributions required under state law to be distributed to other exempt organization	s or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
,,,, предоставления предоставления под ставления под	

Schedule G	(Form 990)	THE R	ROYAL	OAK	FOUNDATION,	INC.	23-7349380 Page 4
Part IV	(Form 990) Supplemental I	nformation (d	continued)				
-							
-							

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Attach to Form 990.

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

Inspection

OMB No. 1545-0047

THE ROYAL OAK FOUNDATION, INC.

Employer identification number 23-7349380

Schedule J (Form 990) 2022

	·		Yes	No	
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for personal use				
	Travel for companions Payments for business use of personal residence				
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation committee				
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X	
	If "Yes" to any of lines 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				
	contingent on the revenues of:				
а	The organization?	5a		X	
b	Any related organization?	5b		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				
	contingent on the net earnings of:				
а	The organization?	6a		X	
b	Any related organization?	6b		X	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				
	Regulations section 53.4958-6(c)?	9			

232111 10-18-22

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

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) IAN MURRAY	(i)	173,896.	25,000.	0.	7,900.	11,912.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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 O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

QMB No. 1545-0047
2022
Open to Public Inspection

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

Name of the organization

THE ROYAL OAK FOUNDATION, INC.

Employer identification number 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 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.

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

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

Schedule O (Form 990) 2022

232211 10-28-22

THE ROYAL OAK FOUNDATION, INC.	Employer identification number 23-7349380
SALARY SURVEYS OF OTHER COMPARABLE NY AREA NOT-FOR-PROFIT	ORGANIZATIONS ARE
REVIEWED AND CONSIDERED WHEN SETTING NEW SALARIES OR CONS	IDERING 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 INSURANCE	1,251.
CHANGE IN VALUE OF INTEREST IN CHARITABLE REMAINDER TRUST	10,344.
TOTAL TO FORM 990, PART XI, LINE 9	11,595.