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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

		Note: The loundation may be able		in to satisfy s	tate reporting	requirements	
_			ind ending			¬ _ ''': : 	
GC	heck a		turn of a former public	·	L	Final return	
			ress change	Nam	e change	4 - 416 - 41	L
Nai	ne of fo	oundation				oyer identification num -2052930	ber
ъ		ie Royal Foundation					O of the restrictions)
				-	- 4	hone number (see page 1 0-323-0191	o of the instructions)
_		nd street (or P O box number if mail is not delivered to street addres	ss) h	Room/suite			line abask bara
		Cape Center Dr.	1		7	mption application is pend	. =
		n, state, and ZIP code tteville NC 28304				reign organizations, chec	
		ype of organization X Section 501(c)(3) exempt private	foundation		_	reign organizations meeti % test, check here and at	7
_		· ' '	e private foundation		1	ate foundation status was	
		4947(a)(1) nonexempt charitable trust Other taxable ket value of all assets at J Accounting method		crual	_	on 507(b)(1)(A), check her	L I I
		ear (from Part II, col (c), Other (specify)	Za Casii _ AC	Ciuai	F If the	foundation is in a 60-mon	th termination
	e 16) 🌡		ho on each bacis \			section 507(b)(1)(B), che	►
	irt i	Analysis of Revenue and Expenses (The total of	(a) Revenue and		1 1		(d) Disbursements
1 0		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net	nvestment	(c) Adjusted net	for chantable
		the amounts in column (a) (see page 11 of the instructions))	books	inc	come	ıncome	purposes (cash basis only)
	1			1			(casi basis Only)
	2	Contributions, gifts, grants, etc., received (attach schedule) Check X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	23,21	5	23,215		**************************************
	4	Dividends and interest from securities	55,320		55,320		
	5a	Gross rents			00,000	· · · · · · · · · · · · · · · · · · ·	
4.	Ь	Net rental income or (loss)					
ĭ	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	5,34:	ı.	************	······································	
Je.	ь	Gross sales price for all assets on line 6a 653,521				-	
2 Revenue	7	Capital gain net income (from Part IV, line 2)		"	0	**************************************	
2	8	Net short-term capital gain				0	
6	9	Income modifications			***************************************	~	
<u>ζ==</u> ζ	10a	Gross sales less returns & allowances	-				
≽	ь	Less Cost of goods sold		1		***************************************	
ΜAY	c	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) Stmt 2	4,15	9	4,159		
	12	Total. Add lines 1 through 11	88,03		82,694		
Sessiff ED	13	Compensation of officers, directors, trustees, etc		0	·		
200 200 200 200 200 200 200 200 200 200	14	Other employee salaries and wades					
رق	15	Pension plans, employee benefits					
ÄŽ.	16a	Legal fees (attach schedule)					
Exp	ь	Legal fees (attach schedule) Accounting fees (attach schedule) Other processed (100 (attach schedule))	9,80	0			
ĕ	c	Other professional fees (attach schedule) Stant 4	15	0	150		
and Administrative	17	Interest OGDEN, UT	2,50	1	2,501		
ist	18	Taxes (attach schedule) (see page 14.01 the instructions) Stmt 5	49	2	492		
in	19	Depreciation (attach schedule) and depletion					
dп	20	Occupancy					
Ā	21	Travel, conferences, and meetings					
ī	22	Printing and publications					
g G	23	Other expenses (att sch) Stmt 6	4	0	40		
Operating	24	Total operating and administrative expenses.					
Ē		Add lines 13 through 23	12,98	3	3,183	0	
be	25	Contributions, gifts, grants paid	90,00	0			90,000
O	26	Total expenses and disbursements. Add lines 24 and 25	102,98	3	3,183	C	90,000
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-14,94	8			
	b	Net investment income (if negative, enter -0-)			79,511		
_	C	Adjusted net income (if negative, enter -0-)				C	

Form 990-PF (2010) Donnie Royal Foundation	91-205293		Page 2	
Part II	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only. (See instructions.)	Beginning of year	End of year		
raisir,	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	h—non-interest-bearing				
2 Savi	ngs and temporary cash investments	10,267	54,674	54,674	
3 Acco	ounts receivable ▶				
	s allowance for doubtful accounts ▶			 	
į.	ges receivable ▶	1			
i .	allowance for doubtful accounts ▶				
5 Gran	nts receivable				
6 Rece	eivables due from officers, directors, trustees, and other				
dısqı	ualified persons (attach schedule) (see page 15 of the	:			
ınstr	uctions)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
7 Other	notes and loans receivable (att. schedule)				
Less	s allowance for doubtful accounts ▶ 0				
2 8 Inve	ntories for sale or use				
A! '	paid expenses and deferred charges	2,624	1,980		
10a Inves	stments—U.S and state government obligations (attach schedule) Stmt 7	141,308	77,185	78,675	
b Inve	stments—corporate stock (attach schedule) See Stmt 8	1,042,464	962,605	1,056,583	
c Inve	stments—corporate bonds (attach schedule) See Stmt 9	134,022	189,003	189,793	
11 Invest	ments—land, buildings, and equipment basis	!			
Less	accumulated depreciation (attach sch.)				
	stmentsmortgage loans				
13 Inve	stments—other (attach schedule) See Statement 10	183,659	213,305	214,595	
14 Land,	buildings, and equipment basis ▶	1			
Less	accumulated depreciation (attach sch.)				
15 Othe	er assets (describe See Statement 11)			2,903	
16 Tota	al assets (to be completed by all filers—see the				
ınstr	ructions Also, see page 1, item l)	1,514,344	1,498,752	1,597,223	
17 Acc	ounts payable and accrued expenses				
က္က 18 Gran	nts payable				
<u>월</u> 19 Defe	erred revenue				
19 Defe 20 Loar 21 Morto	ns from officers, directors, trustees, and other disqualified persons				
21 Mort	gages and other notes payable (attach schedule)				
22 Othe	er liabilities (describe ▶)				
23 Tota	al liabilities (add lines 17 through 22)	0	0		
	ndations that follow SFAS 117, check here				
ဖွာ and	complete lines 24 through 26 and lines 30 and 31.				
24 Unre	estricted	1,514,344	1,498,752		
25 Tem	nporarily restricted				
26 Perr	manently restricted				
	ndations that do not follow SFAS 117, check here ▶ complete lines 27 through 31.				
27 Cap	eital stock, trust principal, or current funds				
g 28 Paid	d-in or capital surplus, or land, bldg, and equipment fund				
29 Reta	ained earnings, accumulated income, endowment, or other funds				
30 Tota	al net assets or fund balances (see page 17 of the				
instr	ructions)	1,514,344	1,498,752		
ž 31 Tota	al liabilities and net assets/fund balances (see page 17				
of th	ne instructions)	1,514,344	1,498,752		
Part III	Analysis of Changes in Net Assets or Fund Balances				

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with 1,514,344 end-of-year figure reported on prior year's return) 2 -14,948 2 Enter amount from Part I, line 27a 3 3 Other increases not included in line 2 (itemize) ▶ 1,499,396 4 4 Add lines 1, 2, and 3 644 5 Decreases not included in line 2 (itemize) \blacktriangleright See Statement 12 5 1,498,752 6 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Form 990-PF (2010)

Page	3

Form 990-PF (2010) Donnie Roy	al Foundation	91-2052930		Page 3	
Part IV Capital Gains and Lo	osses for Tax on Investment In	come			
	and(s) of property sold (e g , real estate, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acc (mo , day,		
1a N/A	* · · · · · · · · · · · · · · · · · · ·	D Bondaon			
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
С					
d					
e					
Complete only for assets showing gain	in column (h) and owned by the foundation	on on 12/31/69		ins (Col (h) gain minus	
(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		but not less than -0-) or bases (from col. (h))	
a					
<u>b</u>					
C					
d					
<u>e</u>	If goin, also enter in Bort I	lino 7			
2 Capital gain net income or (net capital	oss) If gain, also enter in Part I, If (loss), enter -0- in Part I,		2		
3 Net short-term capital gain or (loss) as	— ' '	e' _			
	nn (c) (see pages 13 and 17 of the instruc	ctions) ¬			
If (loss), enter -0- in Part I, line 8	in (c) (see pages 13 and 17 of the institut	Stions)	3		
NATIONAL PROPERTY OF THE PROPE	Section 4940(e) for Reduced Ta	ay on Net Investment Inco			
(For optional use by domestic private found	·				
		on not invocation, moonie,			
If section 4940(d)(2) applies, leave this part	Diank				
Was the foundation liable for the section 49	942 tax on the distributable amount of any	year in the base period?		Yes X No	
f "Yes," the foundation does not qualify un	der section 4940(e) Do not complete this	part	!_		
1 Enter the appropriate amount in each of	olumn for each year, see page 18 of the	instructions before making any ent	ries		
(a) Base penod years	(b)	(c)		(d) Distribution ratio	
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use asse	ets (col (b) divided by col (c))	
2009	104,356			0.073493	
2008	100,000			0.057422	
2007	100,000			0.050653	
2006	100,000			0.054210	
2005	100,000	1,787,8	396	0.055932	
2 Total of line 1, column (d)			2	0.291710	
3 Average distribution ratio for the 5-year	base period—divide the total on line 2 by	y 5, or by the			
number of years the foundation has be	en in existence if less than 5 years		3	0.058342	
4 Enter the net value of noncharitable-us	e assets for 2010 from Part X, line 5		4	1,548,178	
5 Multiply line 4 by line 3			5	90,324	
6 Enter 1% of net investment income (19	6 of Part I, line 27b)		6	795	
7 Add lines 5 and 6			7	91,119	
8 Enter qualifying distributions from Part	XII, line 4		8	90,000	
If line 8 is equal to or greater than line	7, check the box in Part VI, line 1b, and c	omplete that part using a 1% tax ra	ate See the		
Part VI instructions on page 18					

Form	990-PF (2010) Donnie Royal Foundation 91-2052930		Pa	ige 4		
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,5	590		
_	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of					
·	Part I, line 12, col (b)					
_				Λ		
2	, , , , , , , , , , , , , , , , , , , ,		1 1	<u> </u>		
3	Add lines 1 and 2		<u> </u>	790		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		1 1	590		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		1,	390		
6	Credits/Payments					
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 1,980					
b	Exempt foreign organizations—tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d		1,	<u>980</u>		
8						
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			390		
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 390 Refunded ▶ 11					
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No		
	participate or intervene in any political campaign?	1a		X		
h		1				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	1ь		х		
	of the instructions for definition)?	15				
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities			77		
C	Did the foundation file Form 1120-POL for this year?	1c		X		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X		
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X		
5	If "Yes," attach the statement required by General Instruction T	· · · ·				
e	·					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		Ì			
	By language in the governing instrument, or By a total any label of the transfer of the control of the co					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		v			
	conflict with the state law remain in the governing instrument?	6	X			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7				
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the					
	instructions) ▶ NC		Ī			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			ŀ		
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page					
	27)? If "Yes," complete Part XIV	9_	<u> </u>	X		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10		X		
		orm 99	0-PF			

	x
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a chantable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) (5) Provide for any purpose other than religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A Sb Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? N/A Yes No If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? b Did the foundation receive any proceeds or have any net income attributable to the transaction? 1 Ves, did the foundation receive any proceeds or have any net income attributable to the transaction? 1 Ves, did the foundation receive any proceeds or have any net income attributable to the transaction? 1 Ves, did the foundation receive any proceeds or have any net income attributable to the transaction? 1 Ves did the foundation receive any proceeds or have any net income attributable to the transaction? 1 Ves did the founda	x
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(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes X No	x
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b If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Nonthibutions to employee benefit employee.	x
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Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Ves X No If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation employee benefit employee benefit (if not hald enter the page of the page 22 of the instructions).	x
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part Vill Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (d) Contributions to employee benefit (e) Exp	x
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If "Yes," attach the statement required by Regulations section 53 4945-5(d) 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (d) Contributions to employee benefit to the pour per week to the per per per week to the per per per per per per per per per pe	x
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (d) Contributions to employee benefit (e) Expensive to the total party of the total depter.	x
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b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (d) Contributions to employee benefit (e) Expression (f) Contributions to employee benefit (f) Contributions to employee benefit (e) Expression (f) Contributions to employee benefit (f) Contributions to employee benefit (e) Expression (f) Contributions to employee benefit (f) Contributions to employee benefit (f) Contributions (f) Contribut	x
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (d) Contributions to employee benefit (e) Expression (for the paid enter the page 22 of the instructions).	X
At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A Th Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (d) Contributions to employee benefit (e) Expression (f) and a party of the paid enter.	
b If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A 7b Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (d) Contributions to employee benefit (e) Expression (figure per week (figure per week)).	
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (d) Contributions to employee benefit (e) Expensive (f) and all enters.	
and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (figure per week places and enter the compensation (see page 22 of the instructions).	<u> </u>
1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (b) Title, and average (c) Compensation (d) Contributions to employee benefit (e) Expression (f) and a page 22 of the instructions.	
(b) Title, and average (c) Compensation employee benefit (e) Expe	
(c) time, and average (c) compensation employee benefit (e) Exp	
	xpense account,
(a) Name and address hours per week devoted to position compensation other	er allowances
William T. Allen Fayetteville President	•
3620 Cape Center NC 28304 0.00 0 0	0
Henry Turlington Raleigh Treasurer	
1600 Quaker Ridge NC 27615 0.00 0	
Kenneth Royal Salemburg V-President P.O. Boy 368 NC 28385 0.00 0	0
P.O. Box 368 NC 28385 0.00 0 0	
	0
Dr. Douglas Kelly Dillon Secretary	0
Dr. Douglas Kelly Dillon Secretary 500 East Cleveland St. SC 29536 0.00 0	
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions).	0
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE."	0
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (b) Title, and average bour every level to the second of the instructions to employee benefit (e) Exp	O O xpense account,
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (b) Title, and average hours per weeken days per weeken and address of each employee paid more than \$50,000	0
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation	O O xpense account,
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (b) Title, and average hours per weeken days per weeken and address of each employee paid more than \$50,000	O O xpense account,
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation	O O xpense account,
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation	O O xpense account,
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation	O O xpense account,
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Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation	O O xpense account,
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation	O O xpense account,
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Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation	O O xpense account,
Dr. Douglas Kelly 500 East Cleveland St. SC 29536 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation	O O xpense account,

Form 990-PF (2010) Donnie Royal Foundation	91-2052930	_ Page 7
Part VIII Information About Officers, Directors, Trustee and Contractors (continued)		
3 Five highest-paid independent contractors for professional services	(see page 23 of the instructions). If none, enter "NONE	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rel organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		
2		
3		
4		
Dark N. D. Common of December Deleted Investments	(and page 24 of the instructions)	<u> </u>
Part IX-B Summary of Program-Related Investments (Describe the two largest program-related investments made by the foundation during the		Amount
1 N/A	tax your on moo i and z	7 moditi
,		
2		
All other program-related investments See page 24 of the instructions 3		 .

Total. Add lines 1 through 3

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2010)

90,000

5

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Pa	IT XIII Undistributed income	(see page 26 of	tne instructions)			<u> </u>
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part	XI,	Corpus	Years prior to 2009	2009	2010
	line 7			·····	***************************************	75,819
2	Undistributed income, if any, as of the en	nd of 2010				
	Enter amount for 2009 only		*************		,	
b	Total for prior years 20 , 20	, 20	.,.,			
3	Excess distributions carryover, if any, to	ı t				
а	From 2005	11,906				
b	From 2006	10,492				
С	From 2007	3,052				
d	From 2008	14,540				
е	From 2009	34,647				
f	Total of lines 3a through e		74,637			
4	Qualifying distributions for 2010 from Pai	rt XII,				
	line 4 ▶ \$ 90,000	·				
а	Applied to 2009, but not more than line 2	a				
	Applied to undistributed income of prior y	t e				
	(Election required—see page 26 of the in					
С	Treated as distributions out of corpus (El	· •				
•	required—see page 26 of the instructions					
ч	Applied to 2010 distributable amount	~' 				75,819
	Remaining amount distributed out of corp	nue	14,181	***************************************		
5	Excess distributions carryover applied to	· • • • • • • • • • • • • • • • • • • •	24,202			
J	(If an amount appears in column (d), the	1			· · · · · · · · · · · · · · · · · · ·	
	• • • • • • • • • • • • • • • • • • • •	Same				
	amount must be shown in column (a))	İ				
6	Enter the net total of each column as					
	indicated below:		00 010			
	Corpus Add lines 3f, 4c, and 4e Subtrac		88,818			
D	Prior years' undistributed income Subtra	ict			<u>.</u>	
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib					
	income for which a notice of deficiency h					
	been issued, or on which the section 494	12(a)				
	tax has been previously assessed			· · · · · · · · · · · · · · · · · · ·	E	
d	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions	•				
е	Undistributed income for 2009 Subtract	line				
	4a from line 2a Taxable amount—see pa	age				
	27 of the instructions					
f	Undistributed income for 2010 Subtract	lines				
	4d and 5 from line 1 This amount must be	be	:			
	distributed in 2011	1				0
7	Amounts treated as distributions out of c	orpus			I	
	to satisfy requirements imposed by section	on			<u> </u>	
	170(b)(1)(F) or 4942(g)(3) (see page 27	of the				
	instructions)					
8	Excess distributions carryover from 2005	5 not				
	applied on line 5 or line 7 (see page 27 of					
	instructions)	-	11,906		1	
9	Excess distributions carryover to 2011	1	/			
•	Subtract lines 7 and 8 from line 6a	.•	76,912			
10	Analysis of line 9				<u> </u>	<u> </u>
	Excess from 2006	10,492			<u> </u>	
a			-			
b	Excess from 2007	3,052			1	
С	Excess from 2008	14,540				
d	Excess from 2009	34,647				
е	Excess from 2010	14,181		l	1	1

DAA

Pa	rt XIV Private Operating For	undations (see pa	age 27 of the insti	ructions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling or	determination letter th	at it is a private operat	ing	_	
	foundation, and the ruling is effective for			•		
b	Check box to indicate whether the found	·	•	ped in section 1 49	942(j)(3) or 4942	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
	investment return from Part X for	,	(=, ====	(0)	(.,,	
	each year listed					
ь	85% of line 2a					
c	Qualifying distributions from Part XII.					
·	line 4 for each year listed					
	Amounts included in line 2c not used directly					
d	•					
_	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
_	Subtract line 2d from line 2c	. .				
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)		•			
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income					
Pa	rt XV Supplementary Inform	nation (Complete	this part only if	the foundation h	ad \$5,000 or more	e in assets at
	any time during the y	•	•		•	
1	Information Regarding Foundation Ma			 •	· -	
а	List any managers of the foundation who	•	e than 2% of the total	contributions received	by the foundation	
	before the close of any tax year (but only				•	
	Donnie M. Royal, MD	· ·	•	(,,,	
ь	List any managers of the foundation who		• • • • • • • • • • • • • • • • • • •	ion (or an equally large	portion of the	
-	ownership of a partnership or other entity		·		e procession as also	
	N/A	,, or while the real date		(5) (1116) (5)		
2	Information Regarding Contribution, G	rant, Gift, Loan, Scho	plarship, etc., Program	ns:		
-	<u> </u>	y makes contributions	·		loes not accept	
	unsolicited requests for funds. If the four	<i>"</i>	•	-	=	
			· · · · · ·	of the instructions, to	individuals of	
	The name address and telephone num			ld be addressed		
а	The name, address, and telephone number William T. Allen 910		ioin applications snou	iu de audressed		
			110 NG 2020	Λ		
	3620 Cape Center Dr					
b	The form in which applications should be			ey should include		
	Contact Individual	in 2A for d	etalls			
С	Any submission deadlines					
	None				· · · · · · · · · · · · · · · · · · ·	
d	Any restrictions or limitations on awards,	such as by geographi	ical areas, charitable fi	elds, kinds of institutio	ns, or other	
	factors					
	None					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Reformed Theological Semi None 501(c)(3) 2101 Carmel Rd. Royal Scholarship 10,000 Charlotte NC 28226 Sampson Community College None 501 (c) (3) P.O. Box 318 Nursing Scholarship 10,000 Clinton NC 28329 Salemburg Baptist Church None Church P.O. Box 537 General Fund 10,000 Salemburg NC 28385 Baptist Children's Home None 501(c)(3) General Fund P.O. Box 338 7,000 Thomasville NC 27361 Campbell University None University P.O. Box 116 Concert Series 15,000 Buies Creek NC 27506 Campbell University None University P.O. Box 116 25,000 Piano Buies Creek NC 27506 The Royal Home 501(c)(3) None P.O. Box 86 General Fund 10,000 Salemburg NC 28385 Salemburg Food Bank None 501(c)(3) General Fund 113 N Main St 3,000 Salemburg NC 28385 3a 90,000 Total b Approved for future payment N/A 3b Total

DAA

Part XVI-A		ctivities				
Enter gross amo	ounts unless otherwise indicated	Unrelated (a) Business code	(b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See page 28 of
 Program ser 	rvice revenue					the instructions)
a	*					
b						
с		_				
d		_				
е		_				<u> </u>
f		<u> </u>				
g Fees an	d contracts from government agencies		 			·
2 Membership	dues and assessments	ļ		 		
	savings and temporary cash investments			14	23,215	
	nd interest from securities			14	55,320	
	come or (loss) from real estate					
	anced property			_		
	t-financed property			-		
	come or (loss) from personal property			- 4 4	4 150	
7 Other invest				14	4,159	
	s) from sales of assets other than inventory			18	5,341	
	or (loss) from special events	<u> </u>				
	or (loss) from sales of inventory		··			
	ue a	-	<u> </u>	-		
		-		 -	\- 	
						
		-		+		
e	Id only and (a)			0	88,035	0
	dd columns (b), (d), and (e)	<u> </u>	<u> </u>	<u>or</u>	13	88,035
	ine 12, columns (b), (d), and (e)	4			13	86,033
Part XVI-B	n line 13 instructions on page 29 to verify calcula Relationship of Activities to the		ent of Exempt	Purnose	<u> </u>	
Line No.	Explain below how each activity for which incom					
▼	accomplishment of the foundation's exempt pur					
	instructions)	,	,,	•	. , , , , ,	
N/A						
			<u> </u>			
						_
		- 				
···						

Part	XVII	_	arding Tra		Transactio	ns and Relationships W	ith Noncha	ritable		10.10
	•	Exempt Organiza	tions					<u> </u>		
	_	-		-		other organization described			Yes	No
	section 59 ganization		r than section	on 501(c)(3) organiz	zations) or in se	ection 527, relating to political				
-		om the reporting found	ation to a no	ncharitable exemp	t organization o	f				
	Cash			·	J			1a(1)		X
	Other a	ssets						1a(2)		X
. ,	her transa								"	
		f assets to a noncharita	able exempt	organization				1b(1)		X
		ses of assets from a no	-	-	n			1b(2)		X
		of facilities, equipment,		. •				1b(3)		X
		rsement arrangements		.0.0				1b(4)	-	X
		r loan guarantees						1b(5)		X
		ance of services or me	embership oi	r fundraising solicita	ations			1b(6)		X
		acilities, equipment, m	· ·	-				1c		X
	_		•		· -	mn (b) should always show the	air market			
		•				the foundation received less that				
		•				the goods, other assets, or sen				
	ne no	(b) Amount involved		of nonchantable exem		(d) Description of transfers, to		sharing arrange	ements	
N/A						1				
,										
										
•								*		
						-				
				+-						
						<u> </u>	-			
		 						·		
								· · · · · · · · · · · · · · · · · · ·		
										
						 				
-		···								
					. <u>.</u> .					
			-				-			
			<u> </u>					•		
2n la	the ferre	lation dispatili as indispa	the affiliated	with a ralated to	ana ar mara ta	v everet ergenizations		-	-	
		•	•			x-exempt organizations		\Box \checkmark	. X	No
		n section 501(c) of the mplete the following sc	•	than section 501(C	(S)) Of the Section	511 527 7		· ·	<u> </u>	j
<u> </u>		Name of organization	nedule	(b) Type of or	roanization	(c) Descri	ption of relations	ship		
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	under pe belief, it	enaines of perjury, I declar is tiple, correct, and compl	e (pat i nave e: Declaration	xamined this return, in profip eparer (other th	iciuding accompa ian taxpayer or fid	nying schedules and statements, and luciary) is based on all information of	which preparer h	as any knowled	ge	
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1255 Donnie Royal Foundation

91-2052930

FYE: 12/31/2010

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

1,566 2,656 7,913 5,254 1,871 479 -175 919 3,101 -3,376-34 -53 -599 5,126 -6,775 -1,360Net Gain / Loss Depreciation Expense 7,596 3,798 5,884 10,129 50,071 35,053 20,175 19,596 21,128 20,528 18,582 38,000 38,034 18,954 13,972 19,717 16,341 Cost Purchase 50,550 Received Purchase Purchase 38,000 Purchase 35,000 38,000 20,000 19,873 13,373 21,588 14,981 24,722 14,353 6,899 12,850 22,094 13,797 ¥oH Price Sale 6/22/10 6/18/10 4/30/10 5/12/10 1/14/10 5/12/10 7/22/10 7/22/10 7/22/10 7/22/10 7/22/10 1/14/10 7/22/10 2/17/10 4/30/10 9/15/08 10/14/10 7/22/10 Date Sold 4/05/10 10/19/09 12/14/07 5/24/06 6/22/07 3/23/04 4/20/10 9/15/08 4/02/04 4/02/04 9/15/08 10/11/07 3/25/08 7/02/01 7/02/01 Acquired Various Description China Mobile Ltd Spon Capital One Bk USA NA Glaxo Smithkline Plc Bristol Myers Squibb Dominion Resources GE Cap Finl Incorp Intl Business Mach Johnson & Johnson ABB Ltd Spon Adr Anglo Amern PLC Cathay Bk Ca Us Microsoft Corp FHLB Call Bond Westernbank PR Whom Sold Goodrich Corp Goodrich Corp Goodrich Corp

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Federal Statements

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets (continued)

Des	Description		How Received				
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
Nike Inc Cl B	10/11/07	7/22/10 \$	Purchase 21,153 \$	18,906 \$		<i>د</i> ۍ	\$ 2,247
Petroleo Brasileiro	1/24/08	5/12/10	Purchase 14,987	20,454			-5,467
	1/24/08	7/22/10	Purchase 19,014	16,927			2,087
Unilever PLC Amer	11/22/06	5/12/10	Purchase 16,634	16,188			446
Unilever PLC Amer	1/24/08	5/12/10	Purchase 2,772	3,335			-563
Untd Technologies	4/19/07	7/22/10	Purchase 17,125	17,034			91
Eaton Vance Ltd	6/22/07	1/14/10	Purchase 22,674	27,844			-5,170
Ishares MSCI EAFE	Various	1/14/10	Purchase 45,645	45,322			323
John Hancock Preferred		1/14/10	Purchase	25,441			-8,329
Magellan Midstream Partners 6/03/05	rtners 6/03/05	10/14/10	Purchase 10,334	6,520			3,814
FFCB Bond	10/11/07	4/19/10	Purchase 50,000	50,679			-679
FICO Series 10 Strip	1/24/08	5/30/10	Purchase 17,000	17,000			
Corts-Dow Chem		10/22/10	Purchase 25,000	24,972	-		28
Total		. μ	653,521 \$	648,180 \$	0	0	\$ 5,341

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	Charitable Purpose	\$	o
iting Fees	Adjusted Net	\$	\$
- Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment	\$	S. 0
3 - Form 990-PF, Parl	Total	9,800	9,800
Statement 3	Description	Indirect Accounting Fees	Total \$

Charitable Purpose	\$ \$
Adjusted Net	\$ \$
Net Investment	150
Inve	w w
Total	150
	w w
Description	UBS Total

Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	φ.	\$
Adjusted Net	\$	\$
Net Investment	492	492
Inve	S	\$
Total	492	492
	w w	SO.
Description	Foreign Taxes Paid	Total

Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

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	Charitable Purpose	ψ.		\$
sesuedx	Adjusted Net	\$		\$
I, Line 23 - Other E	Net Investment		40	40
Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses	Total	\$	40	\$ 40
18	Description		Expenses Other UBS Fees	Total

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Federal Statements

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Statement 7 - Form 990-PF, Part II, Line 10a - US and State Government Investments

Description						
		Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
FFCB Bond						
FICO Series 10 Strips	\$	50,679	\$	Cost	\$	
-		16,725		Cost		
US Treasury INFL Prot Note		37,020	37,454	Cost		38,760
FHLB Call Bond		37,020	37,434	COSC		30,700
Court Min CMEC		35,053		Cost		
Govt Tr CTFS		1,831	1,880	Cost		1,920
FICO Series 2 Strips		,	•			14 540
FICO Series 4 Strips			14,297	Cost		14,548
•			9,391	Cost		9,479
TVA Generic Strip			14,163	Cost		13,968
Total	 \$	141,308		COSC	\$	78,675
10041	~=	171,500	7,7103		~=	, , , , ,

Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
100 Diagio PLC \$	8,057 \$	8,057	Coat	\$ 7,433
100 Exxon	·			·
100 Glaxo SmithKline	4,574	4,574	Cost	7,312
100 Glaxo Smithkline	5,258		Cost	
	4,532		Cost	
100 Johnson & Johnson		5,065	Cost	6,185
100 Kellogg	4,728	4,728		5,108
100 Kellogg & Co.				
100 Novartis AG Spon ADR	3,990	3,990	Cost	5,108
100 Philip Morris	5,115	5,115	Cost	5,895
-	5,333	5,333	Cost	5,853
100 Progress Energy	4,246	4,246	Cost	4,348
100 Unilever		7,	Cost	·
1000 Alliance World Dollar	3,335			
1000 Australia & New Zealand Bkg	13,048	13,048	Cost	14,300
1000 Mastraria a New Bearana Bkg		21,231	Cost	24,040

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Federal Statements

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Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description	_			
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
1000 Dow Chemical CORTS \$	24,972 \$		Cost	\$
1000 Ishares Msci Bric	27, JIZ 4	47,485		49,131
1000 John Hancock Preferred Income	25,441	4/,403	Cost	10,101
1000 Western Mgd High Income	8,431	8,431		6,120
108 Proctor & Gamble	6,065	6,065		6,948
1180.114 Pimco Reinvested	0,000	12,853		12,804
150 Exxon	£ 200	6,399		10,968
150 Magellan Midstream Partners	6,399 5,071			8,475
1500 Eaton Vance LTD Duration	5,971	5,971		0,4/3
1500 Pengrowth Energy Trust	27,844	1 F O C 7	Cost	10 000
1500 Templeton Global Income Fund	40.00	15,961		19,290
175 IBM	13,096	13,096		16,050
1888.574 Pimco Total Return Fund	20,528	_	Cost	
194 Procter & Gamble	20,005	20,005		20,491
200 AT&T	5,798	5,798		12,480
200 Chevron/Texaco	7,355	7,355		5,876
200 Diageo PLC	10,690	10,690		18,250
200 Glaxo SmithKline	15,426	15,426	Cost	14,866
200 Goodrich	11,338		Cost	
200 Ishares Fund	5,884		Cost	
200 J P Morgan CAP XII	9,233		Cost	
200 Johnson & Johnson	4,756	4,756	Cost	5,046
	12,850	12,850	Cost	12,370
200 Kellogg	5,800	5,800	Cost	10,216
200 Magellan Midstream Partners		6,520	Cost	11,300
2000 Templeton Global Income Fund	18,626	18,626	Cost	21,400
225 3M Co.	14,202	14,202	Cost	19,418

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Federal Statements

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Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description						
	Beginning of Year		End of Year	Basis of Valuation	_	Fair Market Value
250 Colgage Palmolive \$		\$	21,082		- ڊ	20,093
250 Telefonica S A Spon Adr		7	20,378		~	17,105
250 UNTD Technologies	17 024		20,378			17,100
2557.319 Pimco Total Return Fund	17,034		20 005	Cost		27,747
264.755 Pimco Reinvested	29,005		29,005			۷1 , 141
2827.521 Pimco Total Return Fund	2,834		20 005	Cost		30 670
287.012 Principal High Yield Fund	30,005		30,005			30,679
300 Altria Group	4 856		2,275			2,287
300 China Mobile	4,778		4,778			7,386
300 Goodrich Corp.	16,341			Cost		
300 Ishares	11,394			Cost		
300 Ishares MSCI EAFE Index Fund	17,491			Cost		
300 Johnson & Johnson	18,597			Cost		
300 Kinder Morgan	15,194			Cost		
300 McDonalds	14,445		14,445			21,078
300 Nike	13,589		13,589			23,028
300 Novartis AG Spon ADR	18,906			Cost		
300 Philip Morris	17,659		17,659			17,685
3000 Alliance Bernstein	10,888		10,888			17,559
3048.780 Principal High Yield Fund	39,415		39,415	Cost		42,900
3500 Western Asset Mgmd High Income			25,005	Cost		24,298
400 AT&T	20,209		20,209	Cost		21,420
400 Automatic Data Processing	14,236		14,236	Cost		11,752
400 Coca Cola Co Delaware	14,308		14,308	Cost		18,512
	18,000		18,000	Cost		26,308
400 Magellan	13,039			Cost		
400 Paetroleo Braseliero	20,454			Cost		

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Description	_				
	Beginning of Year	End of Year	Basis of Valuation		Fair Market Value
400 Progress Energy \$	19,184 \$	19,184	Cost	-	17,392
400 Royal Bank of Canada				\$	
4000 Templeton Global Income Fund	18,168	18,168			20,94
0 Chevron/Texaco	39,433	39,433			42,80
500 Alliance World Dollar Govt Fund		2,366			4,562
500 American Electric	6,594	6,594			7,150
500 Exelon Corp	18,962	18,962	Cost		17,990
500 Ishares Barclays		21,370	Cost		20,820
500 Templeton Global Income Fund		50,972	Cost		47,060
5375.427 Pimco Total Return	4,606	4,606	Cost		5,350
500 Alliance World Dollar		63,005	Cost		58,32
500 Altria Group	7,552	7,552	Cost		8,58
-	13,809	13,809	Cost		14,77
500 Dominion Res Inc. NEW	19,596		Cost		
500 Merck & Co		20,524	Cost		21,62
500 Microsoft	18,582		Cost		
600 Southern Copper Corp	16,927		Cost		
500 Sysco	13,977	13,977	Cost		17,640
500 Unilever	16,188		Cost		
700 Western Mgd High Income	5,894	5,894			4,28
300 Anglo American PLC Spon	13,972	7, 10 1	Cost		,
300 J P Morgan CAP XII	19,080	19,080			20,18
000 ABB LTD Spon		19,000			20,10
900 Alliance World Dollar Govt Fund			Cost		10.07
000 Bristol Myers Squibb	11,878	11,878			12,87
900 Managed High Income Porfolio	19,717		Cost		
900 Managed High Income Portfolio	5,894	5,894	Cost		5,50
	6,421	6,421	Cost		5,50

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Federal Statements

Statement 8 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments (continued)

Description

	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
98 Procter & Gamble				
	\$3,963	\$ 3,963	Cost	\$ 6,304
Total	\$ 1,042,464	\$ 962,605	:	\$ 1,056,583

Statement 9 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description

Description	 Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
HSBC Financial Corp	 15 000 0	15 000	<u> </u>	^	15 606
Natl Rural Util Coop Fin	\$ 15,000 \$	15,000		\$	15,696
Northeast Utils		3,095			3,031
Caterpillar Financial Svcs		3,268	Cost		3,259
General Electric Cap Corp NTS	5,000	5,000	Cost		5,287
	5,168	5,168	Cost		5,345
Caterpillar Financial	5,295	5,295	Cost		5,287
Simon Ppty Group Inc Nts		5,444	Cost		5,359
American Express Bank NTS	10 072	10,072			10,778
Bank of America Internotes	10,072				
Aegon Nv Adr N Y Shs	10,212	10,212	Cost		10,242
Prudential Financial Inc Nts		10,531	Cost		10,467
		10,558	Cost		10,591
HSBC FIN Corp Internotes	10,642	10,642	Cost		10,642
Duquesne Light Co		10,780	Cost		10,633
Bank of Amer Corp Nts		11,305			11,116
Suntrust Bank	10 622	·			
John Hancock Signature Notes	12,633	12,633	Cost		12,151
Protective Life Notes	20,000	20,000	Cost		20,018
Trococcine Bire notes	 40,000	40,000	Cost	_	39,891
Total	\$ 134,022 \$	189,003		\$_	189,793

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Statement 10 - Form 990-PF, Part II, Line 13 - Other Investments

Description		_ Beginning	End of	Basis of	Fair Market
		of Year	Year	Valuation	Value
CD American Express	\$	27,000 \$	27,000	Cost	\$ 27,644
CD Capital One	ş	·	27,000		27,044
CD Capital One		38,000		Cost	
CD Capital One		8,349		Cost	
-		15,888		Cost	
CD Capital One Bank			35,244	Cost	35,345
CD Capital One Bank			8,349	Cost	8,509
CD Capital One Bank			15,888	Cost	16,071
CD CIT Bank					
CD Discover Bank			21,149		21,112
CD Discover Bank		20,000	20,000	Cost	20,228
CD Discover Bank		24,247	24,247	Cost	24,273
			15,480	Cost	15,503
CD Discover Bank			15,948	Cost	15,832
CD First Bank PR		20,000	20,000	Cost	20,000
CD National City Bank		10,000	10,000		10,078
CD Westernbank		·	10,000		10,070
Total	 \$	20,175	212 205	Cost	\$ 214,595
Iotai	=	183,659 \$	213,305		217,393

Statement 11 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Begir of Y		 End of Year	_	Fair Market Value
Accrued Interest UBS	\$		\$	\$_	2,903
Total	\$	0	\$ 0	\$_	2,903

Statement 12 - Form 990-PF, Part III, Line 5 - Other Decreases

Description		Amount
IRS	\$_	644
Total	\$_	644

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Form 990-PF, Part XV, Line 1a - Managers W	ho Contributed Over 2% or \$5,000
Name of Manager	Amount
Donnie M. Royal, MD (Deceased 2001)	\$
Total	\$0
Form 990-PF, Part XV, Line 2b - Application	n Format and Required Contents
Description	
Contact Individual in 2A for details	······································
Form 990-PF, Part XV, Line 2c - S	Submission Deadlines
Description	
None	
Form 990-PF, Part XV, Line 2d - Award	l Restrictions or Limitations
Description	
None	