

Form 990-PF

Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

## or Section 4947(a)(1) Trust Treated as Private Foundation

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

2019

Open to Public  
Inspection

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

<p><b>Revenue</b></p> <p><b>Operating and Administrative Expenses</b></p>	<p><b>A Employer identification number</b> 59-2363496</p> <p><b>B Telephone number (see instructions)</b> (561) 996-8080</p> <p><b>C If exemption application is pending, check here</b> ► <input type="checkbox"/></p> <p><b>D 1. Foreign organizations, check here.....</b> ► <input type="checkbox"/></p> <p><b>2. Foreign organizations meeting the 85% test, check here and attach computation ...</b> ► <input type="checkbox"/></p> <p><b>E If private foundation status was terminated under section 507(b)(1)(A), check here .....</b> ► <input type="checkbox"/></p> <p><b>F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .....</b> ► <input type="checkbox"/></p>			
	<p><b>G Check all that apply:</b> <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity  <input type="checkbox"/> Final return <input type="checkbox"/> Amended return  <input type="checkbox"/> Address change <input type="checkbox"/> Name change</p> <p><b>H Check type of organization:</b> <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation  <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation</p> <p><b>I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ►\$ 1,024,769</b></p> <p><b>J Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual  <input type="checkbox"/> Other (specify) _____</p> <p><i>(Part I, column (d) must be on cash basis.)</i></p>			
<p><b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i></p> <p><b>1 Contributions, gifts, grants, etc., received (attach schedule)</b></p> <p><b>2 Check ► <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B</b></p> <p><b>3 Interest on savings and temporary cash investments</b></p> <p><b>4 Dividends and interest from securities</b></p> <p><b>5a Gross rents</b></p> <p><b>b Net rental income or (loss)</b></p> <p><b>6a Net gain or (loss) from sale of assets not on line 10</b></p> <p><b>b Gross sales price for all assets on line 6a 283,836</b></p> <p><b>7 Capital gain net income (from Part IV, line 2)</b></p> <p><b>8 Net short-term capital gain</b></p> <p><b>9 Income modifications</b></p> <p><b>10a Gross sales less returns and allowances</b></p> <p><b>b Less: Cost of goods sold</b></p> <p><b>c Gross profit or (loss) (attach schedule)</b></p> <p><b>11 Other income (attach schedule)</b></p> <p><b>12 Total. Add lines 1 through 11</b></p> <p><b>13 Compensation of officers, directors, trustees, etc.</b></p> <p><b>14 Other employee salaries and wages</b></p> <p><b>15 Pension plans, employee benefits</b></p> <p><b>16a Legal fees (attach schedule)</b></p> <p><b>b Accounting fees (attach schedule)</b></p> <p><b>c Other professional fees (attach schedule)</b></p> <p><b>17 Interest</b></p> <p><b>18 Taxes (attach schedule) (see instructions)</b></p> <p><b>19 Depreciation (attach schedule) and depletion</b></p> <p><b>20 Occupancy</b></p> <p><b>21 Travel, conferences, and meetings</b></p> <p><b>22 Printing and publications</b></p> <p><b>23 Other expenses (attach schedule)</b></p> <p><b>24 Total operating and administrative expenses.</b></p> <p>Add lines 13 through 23</p> <p><b>25 Contributions, gifts, grants paid</b></p> <p><b>26 Total expenses and disbursements.</b> Add lines 24 and 25</p> <p><b>27 Subtract line 26 from line 12:</b></p> <p><b>a Excess of revenue over expenses and disbursements</b></p> <p><b>b Net investment income (if negative, enter -0-)</b></p> <p><b>c Adjusted net income (if negative, enter -0-)</b></p>	<p><b>(a)</b></p> <p>Revenue and expenses per books</p>	<p><b>(b)</b></p> <p>Net investment income</p>	<p><b>(c)</b></p> <p>Adjusted net income</p>	<p><b>(d)</b></p> <p>Disbursements for charitable purposes (cash basis only)</p>
	15,465	15,465	15,465	
	12,883	12,883	12,883	
	44,176			
			37,952	
	390	390	390	
	72,914	66,690	28,738	
	4,183	4,183	4,183	
	392	392	392	
	459	459	459	
	5,034	5,034	5,034	0
	46,000			46,000
51,034	5,034	5,034	46,000	
21,880				
		61,656		
		23,704		

	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	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	<b>1</b> Cash—non-interest-bearing . . . . .		10,825	2,855	2,855
	<b>2</b> Savings and temporary cash investments . . . . .				
	<b>3</b> Accounts receivable ► _____				
	Less: allowance for doubtful accounts ► _____				
	<b>4</b> Pledges receivable ► _____				
	Less: allowance for doubtful accounts ► _____				
	<b>5</b> Grants receivable . . . . .				
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .				
	<b>7</b> Other notes and loans receivable (attach schedule) ► _____				
	Less: allowance for doubtful accounts ► _____				
	<b>8</b> Inventories for sale or use . . . . .				
	<b>9</b> Prepaid expenses and deferred charges . . . . .				
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)				
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .		1,071,778	1,096,325	1,021,914
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .				
	<b>11</b> Investments—land, buildings, and equipment: basis ► _____				
	Less: accumulated depreciation (attach schedule) ► _____				
	<b>12</b> Investments—mortgage loans . . . . .				
	<b>13</b> Investments—other (attach schedule) . . . . .				
	<b>14</b> Land, buildings, and equipment: basis ► _____				
	Less: accumulated depreciation (attach schedule) ► _____				
	<b>15</b> Other assets (describe ► _____)				
	<b>16</b> <b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)		1,082,603	1,099,180	1,024,769
	<b>17</b> Accounts payable and accrued expenses . . . . .				
	<b>18</b> Grants payable . . . . .				
	<b>19</b> Deferred revenue . . . . .				
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .				
	<b>22</b> Other liabilities (describe ► _____)		7,303	2,000	
	<b>23</b> <b>Total liabilities</b> (add lines 17 through 22) . . . . .		7,303	2,000	
	<b>Foundations that follow FASB ASC 958, check here ► <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.</b>				
	<b>24</b> Net assets without donor restrictions . . . . .		1,075,300	1,097,180	
	<b>25</b> Net assets with donor restrictions . . . . .				
	<b>Foundations that do not follow FASB ASC 958, check here ► <input type="checkbox"/> and complete lines 26 through 30.</b>				
	<b>26</b> Capital stock, trust principal, or current funds . . . . .				
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund				
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds				
	<b>29</b> <b>Total net assets or fund balances</b> (see instructions) . . . . .		1,075,300	1,097,180	
	<b>30</b> <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .		1,082,603	1,099,180	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	1,075,300
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	21,880
<b>3</b> Other increases not included in line 2 (itemize) ► _____	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	1,097,180
<b>5</b> Decreases not included in line 2 (itemize) ► _____	<b>5</b>	
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . . . . .	<b>6</b>	1,097,180



**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ► <input type="checkbox"/> and enter "N/A" on line 1.	1	617
	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 here ► <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	617
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	617
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-.	5	617
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	996
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	996
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	379
11	Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> ►	379	<b>Refunded</b> ►
		11	

**Part 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 participate or intervene in any political campaign?	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
	<i>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.</i>			
1c	Did the foundation file <b>Form 1120-POL</b> for this year?	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
(1)	On the foundation. ► \$ _____	(2)	On foundation managers. ► \$ _____	
e	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?	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
	<i>If "Yes," attach a detailed description of the activities.</i>			
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? <i>If "Yes," attach a conformed copy of the changes</i>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	• By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions			
	that conflict with the state law remain in the governing instrument?			
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	<input type="checkbox"/>	<b>Yes</b>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	► FL			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	<input type="checkbox"/>	<b>Yes</b>	
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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	<input type="checkbox"/>	<b>Yes</b>	<b>No</b>

**Part VII-A Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12	No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ►N/A	13	Yes
14	The books are in care of ►STEVEN B ROYAL	Telephone no. ►(561) 996-8080	
Located at ►802 NW 1ST STREET SOUTH BAY FL			ZIP+4 ►33493
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —check here. . . . .	► 15	<input type="checkbox"/>
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? . . . . . See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►	16	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required****File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.). . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . ►	1b	<input type="checkbox"/>
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? . . . . .	1c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? . . . . . If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions.) . . . . .	2b	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.) . . . . .	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<input type="checkbox"/> No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	<input type="checkbox"/> No

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<b>5a</b>	During the year did the foundation pay or incur any amount to:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Yes</b>	<b>No</b>
(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 charitable, etc., organization described in section 4945(d)(4)(A)? See instructions. . . . .				
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . .				
<b>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>				
<b>c</b>	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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>6b</b>	<b>No</b>
If "Yes" to 6b, file Form 8870.				
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7b</b>	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation. See instructions</b>				
<b>(a)</b> Name and address	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation (If not paid, enter -0-)	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
<b>(a)</b> Name and address of each employee paid more than \$50,000	<b>(b)</b> Title, and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans and deferred compensation	<b>(e)</b> Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000. . . . . ►</b>				

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**
**3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total number of others receiving over \$50,000 for professional services.</b>		►

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

1	Expenses
<b>2</b>	

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<b>4</b>	

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<b>30</b>	

31	





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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities. . . . .	1a	975,204
b	Average of monthly cash balances. . . . .	1b	19,562
c	Fair market value of all other assets (see instructions). . . . .	1c	0
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	994,766
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	
3	Subtract line 2 from line 1d. . . . .	3	994,766
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	14,921
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	979,845
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	48,992

**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign**Part XI** organizations check here ►  and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	48,992
2a	Tax on investment income for 2019 from Part VI, line 5. . . . .	2a	617
b	Income tax for 2019. (This does not include the tax from Part VI.). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	617
3	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	3	48,375
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	
5	Add lines 3 and 4. . . . .	5	48,375
6	Deduction from distributable amount (see instructions). . . . .	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	7	48,375

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	1a	46,000
b	Program-related investments—total from Part IX-B. . . . .	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	46,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	5	617
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	45,383
<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.			

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				48,375
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only. . . . .			16,189	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014. . . . .				
<b>b</b> From 2015. . . . .				
<b>c</b> From 2016. . . . .				
<b>d</b> From 2017. . . . .				
<b>e</b> From 2018. . . . .				
<b>f</b> <b>Total</b> of lines 3a through e. . . . .				
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ► \$ 46,000				
<b>a</b> Applied to 2018, but not more than line 2a			16,189	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2019 distributable amount. . . . .				29,811
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions . . . . .				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions . . . . .				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				18,564
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . . . .				
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a. . . . .				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015. . . . .				
<b>b</b> Excess from 2016. . . . .				
<b>c</b> Excess from 2017. . . . .				
<b>d</b> Excess from 2018. . . . .				
<b>e</b> Excess from 2019. . . . .				

**Part XIV** **Private Operating Foundations** (see instructions and Part VII-A, question 9)

**Part XV** **Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)**

## 1 Information Regarding Foundation Managers

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

## **2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs**

Check here ►  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed  
CHARLES ROYAL  
2300 LAKE SHORE DRIVE  
RIVIERA BEACH, FL 33404  
(561) 844-3311

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**b** The form in which applications should be submitted and information and materials they should include:  
WRITTEN LETTER STATING AMOUNT AND PURPOSE.

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**c** Any submission deadlines:  
N/A

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**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
N/A

## **Part XV    Supplementary Information (continued)**

### **3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b> Program service revenue:					
a					
b					
c					
d					
e					
f					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments. . . . .					
<b>3</b> Interest on savings and temporary cash investments . . . . .			14	15,465	
<b>4</b> Dividends and interest from securities. . . . .			14	12,883	
<b>5</b> Net rental income or (loss) from real estate:					
a Debt-financed property. . . . .					
b Not debt-financed property. . . . .					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income. . . . .					390
<b>8</b> Gain or (loss) from sales of assets other than inventory . . . . .			18	37,952	6,224
<b>9</b> Net income or (loss) from special events:					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e). . . . .				66,300	6,614
<b>13</b> Total. Add line 12, columns (b), (d), and (e). . . . .				72,914	
(See worksheet in line 13 instructions to verify calculations.)					

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

## Part XVII

## **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
<b>1a(1)</b>		<b>No</b>
<b>1a(2)</b>		<b>No</b>
<b>1b(1)</b>		<b>No</b>
<b>1b(2)</b>		<b>No</b>
<b>1b(3)</b>		<b>No</b>
<b>1b(4)</b>		<b>No</b>
<b>1b(5)</b>		<b>No</b>
<b>1b(6)</b>		<b>No</b>
<b>1c</b>		<b>No</b>

a Transfers from the reporting foundation to a noncharitable exempt organization of:

<b>1a(1)</b>		<b>No</b>
<b>1a(2)</b>		<b>No</b>

**b Other transactions:**

(1) Sales of assets to a noncharitable exempt organization. . . . .	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization. . . . .	1b(2)	No
(3) Rental of facilities, equipment, or other assets. . . . .	1b(3)	No
(4) Reimbursement arrangements. . . . .	1b(4)	No
(5) Loans or loan guarantees. . . . .	1b(5)	No
(6) Performance of services or membership or fundraising solicitations. . . . .	1b(6)	No

<b>1b(1)</b>	<b>No</b>
<b>1b(2)</b>	<b>No</b>
<b>1b(3)</b>	<b>No</b>
<b>1b(4)</b>	<b>No</b>
<b>1b(5)</b>	<b>No</b>
<b>1b(6)</b>	<b>No</b>

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations?

described in section 501(c) (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign  
Here**

\* \* \* \* \*

2020-04-24

\*\*\*

May the IRS discuss this return with the preparer shown below  
(see instr.)  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ► <input type="checkbox"/>	PTIN	
	TERRI NICKERSON		2020-04-30		P01072728	
	Firm's name ► ELLRICH NEAL SMITH & STOHLMAN PA				Firm's EIN ► 59-2409211	
	Firm's address ► 11025 RCA CENTER DRIVE STE 401 PALM BEACH GARDENS, FL 33410				Phone no. (561) 624-0355	

## Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
CHARLES F ROYAL	DIRECTOR 000.00	0	0	0
2300 LAKE SHORE DRIVE RIVIERA BEACH, FL 33404				
ANTHONY S ROYAL	DIRECTOR 000.00	0	0	0
5 BAY DRIVE SE FT WALTON BEACH, FL 32548				
STEVEN B ROYAL	DIRECTOR 000.00	0	0	0
802 NW 1ST STREET SOUTH BAY, FL 33493				
DERIK C ROYAL	DIRECTOR 000.00	0	0	0
802 NW 1ST STREET SOUTH BAY, FL 33493				
ROY E BURCH	DIRECTOR 000.00	0	0	0
2885 JUPITER PARK DRIVE SUITE 1800 JUPITER, FL 334586046				

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
ADOPT A CAT889 DONALD ROSS ROAD JUNO BEACH, FL 33408		501C3	SHELTERING HOMELESS CATS	1,500
BOYS AND GIRLS CLUB 800 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407		501C3	SUMMER CAMP PROGRAM	500
BRYSON CITY FIRE DEPARTMENT PO BOX 726 BRYSON CITY, NC 28713		501C3	SUPPORT OF DEPARTMENT	500
<b>Total . . . . .</b>			► 3a	46,000

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
CLEWISTON CHRISTIAN SCHOOL PO BOX 129 CLEWISTON, FL 33440		501C3	DINNER AND AUCTION	1,000
CLEWISTON HIGH SCHOOL 1501 SOUTH FRANCISCO ST CLEWISTON, FL 33440		501C3	PROJECT GRADUATION	1,000
CONCERNED CITIZENS OF MONTURA 615 N CABBAGE PALM STREET CLEWISTON, FL 33440		501C3	CONTINUED SUPPORT OF PROGRAM	1,500
<b>Total . . . . .</b>			► 3a	46,000

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
DUNKLIN MEMORIAL CHURCH INC 3342 SW HOSANNAH LANE OKEECHOBEE, FL 34974		501C3	SCHOLARSHIP PROGRAM	2,500
FLORIDA SHERIFF'S YOUTH RANCHES PO BOX 2000 BOYS RANCH, FL 32064		501C3	YOUTH PROGRAM FOR NEGLECTED CHILDREN	500
FORT WALTON HIGH SCHOOL 400 HOLLYWOOD BLVD SW FORT WALTON BEACH, FL 32548		501C3	SPORTS PROGRAM	4,000
<b>Total . . . . .</b>			► 3a	46,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
GLADES DAY SCHOOL 400 GATOR BOULEVARD BELLE GLADE, FL 33430		501C3	SPRING GALA	2,500
GLADES DAY SCHOOL FFA 401 GATOR BOULEVARD BELLE GLADE, FL 33431		501C3	FUTURE FARMERS OF AMERICA	500
GLADES EDUCATION FOUNDATION PO BOX 443 MOORE HAVEN, FL 33471		501C3	EDUCATION ENHANCEMENT FUND	1,000
<b>Total . . . . .</b>			► 3a	46,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
GLADES YOUTH CONNECTION PO BOX 159 BELLE GLADE, FL 33430		501C3	MISSION TRIP	1,000
GUADALUPE CENTER 509 HOPE CIRCLE IMMOKALEE, FL 34142		501C3	CONTINUED SUPPORT FOR PROGRAM	1,000
HOBE SOUND BIBLE COLLEGE PO BOX 1065 HOBE SOUND, FL 33475		501C3	FINANCIAL SUPPORT	500
<b>Total . . . . .</b>			► 3a	46,000

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
LABELLE HIGH SCHOOL 4050 COWBOY WAY LABELLE, FL 33935		501C3	PROJECT GRADUATION	1,000
LAGOON KEEPERSPO BOX 14932 NORTH PALM BEACH, FL 33408		501C3	CONTINUED SUPPORT OF PROGRAM	2,000
LEMON BAY HIGH SCHOOL 2201 PLACIDA ROAD ENGLEWOOD, FL 34224		501C3	PROJECT GRADUATION	1,000
<b>Total . . . . .</b>			► 3a	46,000

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
MARINE TOYS FOR TOTS HENDRY COUNTY PO BOX 487 ENGLEWOOD, FL 34295		501C3	HENDRY COUNTY TOYS FOR TOTS	500
MARS HILL UNIVERSITY PO BOX 6792 MARS HILL, NC 28754		501C3	MARS HILL FUND	2,500
MOORE HAVEN HIGH SCHOOL PO BOX 99 MOORE HAVEN, FL 33471		501C3	PROJECT GRADUATION	1,000
<b>Total . . . . .</b>			► 3a	46,000

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
NEW BEGINNING COMMUNITY OUTREACH 1302 GLADES GLENN DRIVE BELLE GLADE, FL 33430		501C3	SOUTH BAY CHAPTER PROGRAM	500
PROJECT LIFT 1140 NE 18TH STREET BELLE GLADE, FL 33430		501C3	HEALTH/VOCATIONAL TRAINING FACILITY	500
RAYMOND JAMES CHARITABLE FUND 5621 OLD MYSTIC COURT JUPITER, FL 33548		501C3	RHETT DAVIS FOUNDATION	5,000
<b>Total . . . . .</b>			► 3a	46,000

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
REDLANDS CHRISTIAN MIGRANT ASSOC 123 N 4TH STREET IMMOKALEE, FL 34142		501C3	PROGRAM SUPPORT	1,000
SALVATION ARMY OF WPB GLADES 1200 PALM BCH LAKES BLVD WEST PALM BEACH, FL 33409		501C3	COMMUNITY SUPPORT IN THE GLADES	5,000
SKY FAMILY YMCA 701 MEDICAL BOULEVARD ENGLEWOOD, FL 34223		501C3	TROPICAL NIGHTS	500
<b>Total . . . . .</b>			► 3a	46,000

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
SPECIAL OLYMPICS OF FLORIDA 2728 LAKE WORTH ROAD LAKE WORTH, FL 33461		501C3	PALM BEACH ANNUAL FUND	1,000
SWAIN COUNTY RESCUE SQUAD PO BOX 606 BRYSON CITY, NC 28713		501C3	CONTINUED SUPPORT OF PROGRAM	500
THE ARC OF THE GLADES 216 N AVENUE EAST BELLE GLADE, FL 33430		501C3	SUPPORT FOR DISABILITIES PROGRAM	500
<b>Total . . . . .</b>			► 3a	46,000

## Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<i>a Paid during the year</i>				
THOMAS CHAPEL COMMUNITY CHURCH PO BOX 811 BRYSON CITY, NC 28713		501C3	CONTINUED SUPPORT OF PROGRAM	1,000
VSA ARTS OF FLORIDA 2728 LAKE WORTH ROAD LAKE WORTH, FL 33461		501C3	WEST FESTIVAL	500
WORLD HARVEST OUTREACH PO BOX 574 SHELL LAKE, WI 54871		501C3	CONTINUED FINANCIAL SUPPORT	2,500
<b>Total . . . . .</b>			► 3a	46,000

## TY 2019 Accounting Fees Schedule

**Name:** ROYAL FOUNDATION INC**EIN:** 59-2363496

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,183	4,183	4,183	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2019 Gain/Loss from Sale of Other Assets Schedule

**Name:** ROYAL FOUNDATION INC

**EIN:** 59-2363496

### Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
FORD MOTOR COMPANY	2019-04	PURCHASE	2019-10		10,086	10,278			-192	
BAC CAPITAL TRUST XIII	2019-04	PURCHASE	2019-12		44,232	41,132			3,100	
JP MORGAN CHASE & CO	2018-07	PURCHASE	2019-04		39,788	39,749			39	
METLIFE INC	2018-07	PURCHASE	2019-07		44,513	43,687			826	
BED BATH & BEYOND INC	2017-11	PURCHASE	2019-10		14,443	17,598			-3,155	
BELLSOUTH CORP	2017-11	PURCHASE	2019-11		25,793	22,596			3,197	
DIRECTTV HOLDINGS	2017-11	PURCHASE	2019-11		24,893	22,518			2,375	
VERIZON COMMUNICATIONS	2017-11	PURCHASE	2019-04		22,193	20,849			1,344	
XEROX CORPORATION	2017-11	PURCHASE	2019-10		19,943	21,253			-1,310	

## TY 2019 Investments Corporate Stock Schedule

**Name:** ROYAL FOUNDATION INC

**EIN:** 59-2363496

### Investments Corporation Stock Schedule

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
MARKETABLE SECURITIES BASIS	1,096,325	1,021,914

## TY 2019 Other Expenses Schedule

**Name:** ROYAL FOUNDATION INC  
**EIN:** 59-2363496

## Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ADMINISTRATION	459	459	459	

## TY 2019 Other Income Schedule

**Name:** ROYAL FOUNDATION INC**EIN:** 59-2363496**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INVESTMENT INCOME	390	390	390

## TY 2019 Other Liabilities Schedule

**Name:** ROYAL FOUNDATION INC**EIN:** 59-2363496

<b>Description</b>	<b>Beginning of Year - Book Value</b>	<b>End of Year - Book Value</b>
ACCRUED EXPENSES	7,303	2,000

## TY 2019 Taxes Schedule

**Name:** ROYAL FOUNDATION INC**EIN:** 59-2363496

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES WITHHELD	269	269	269	
LICENSES, FILING FEES	123	123	123	