	9				47 1	0 0 1	1721010
€″ Form	99	30	Return of Organization Exempt From	Inco	ome Ta	X	OMB No 1545-0047
	January		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except	t private fou	ndations)	2019
•		f the Treasury	▶ Do not enter social security numbers on this form as it m	ay be n	nade public	0 - ح	Open to Public
		nue Service	► Go to www.irs.gov/Form990 for instructions and the la	test inf	ormation. 🥻	200°	Inspection
A	For the	2019 calen	dar year, or tax year beginning JULY 1 , 2019, and er	nding	JUN	30	<b>, 20</b> 20
В	Check if	applicable	C Name of organization ROYAL ARCH RESEARCH ASSISTANCE, INC			D Emplo	yer identification number
	Address	change	Doing business as			1	23-7410576
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address)	Roon	n/suite	E Teleph	one number
	nıtıal ret	urn	P O BOX 128				317-467-3600
	Final retu	rn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amende	d return	GREENFIELD, IN 46140		,		receipts \$
	Applicati	on pending	F Name and address of principal officer		1	-	subordinates? Ves Vo
				<u> </u>			s included? LYes No
		mpt status	✓ 501(c)(3) 501(c) ( ) < (insert no ) 4947(a)(1) or 5	ل ل	1		t (see instructions)
	Website				H(c) Group e		
			Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of f	ormation	<u> </u>	M State	of legal domicile
L	1 1	Summa Briefly dos	cribe the organization's mission or most significant activities:				
a	ı		ROPIC ORGANIZATION WHICH PROVIDES FUNDING FOR RESEARCH	TO VA	ARIOUS CHI	IDRENS	 ΗΕΔΙ ΤΗ
anc			TIONS AND OTHER CHARITABLE ORGANIZATIONS	110.47		LDITLITO	
Governance	2		box ▶ ☐ if the organization discontinued its operations or dispo	sed of	more than	25% of	its net assets
, O	3		voting members of the governing body (Part VI, line 1a)			3	7
<u>م</u>	4		independent voting members of the governing body (Part VI, line	: 1b) .		4	0
Activities &	5		per of individuals employed in calendar year 2019 (Part V, line 2a)			5	1
ivit	6		per of volunteers (estimate if necessary)			6	
Act	7a		ated business revenue from Part VIII, column (PECEIVEI	7	]	7a	0
	b		ted business taxable income from Form 990 T, line 39	<del>ر</del> ن <del>ار :</del>		7b	0
			28 050 1 4 000		Prior Yea	ır	Current Year
ارو	8	Contribution	ons and grants (Part VIII, line 1h) 🖁 .SEP. 14.2020		4	179,802	148,979
eun	9		ervice revenue (Part VIII, line 2g)	<u> jừ</u>	<u>:</u>		
Revenue	10		t income (Part VIII, column (A), lines 3, 4, and 7		<u></u>	553,701	539,260
_	11		nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,157	
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12	2)		734,660	688,239
	13		d similar amounts paid (Part IX, column (A), lines 1-3)	٠ 📙		252,265	220,000
	14	•	aid to or for members (Part IX, column (A), line 4)	<u>;</u>		0.000	11 100
enses	15 10-		ther compensation, employee benefits (Part IX, column (A), lines 5–10	"	· · · <del>-</del> · · · ·	9,888	11,139
	16a		al fundraising fees (Part IX, column (A), line 11e)	. —			
Exp	17		enses (Part IX, column (A), lines 11a–11d, 11f–24e)			163,060	166,217
	18	•	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	.		425,213	397,356
	19	-	ess expenses. Subtract line 18 from line 12	·		309,447	290,983
es c		0.701100 10	555 Superiode Good doctation to notificial (E. ).	Bed	inning of Cur		End of Year
Net Assets or Fund Balances	20	Total asset	ts (Part X, line 16)	.	<u> </u>	063,925	11,082,040
Ass I Ba	21		ties (Part X, line 26)			(327)	1,149
Fun	22		or fund balances Subtract line 21 from line 20	. $lacksquare$	11,	063,925	11,082,891
	rt II		re Block				
Und	ler pena	Ities of perjury	, I declare that I have examined this return, including accompanying schedules and e Declaration of preparer (other than offiger) is based on all information of which pre	stateme	nts, and to the	best of m	y knowledge and belief, it is
	, сол сс	T A	b bestaration proparer (order trial orger) to based on all information of winds pro				
Sig	n	Curnot	Jarry 3. May		Date		
_		y Signat	ure of Cartos		Date	9-	8-20
He	· C	Type o	Ansy E GRAT - RE45Urer				
		17	preparer's name Preparer's signature	Date	, ,		
Pai		I AFE WA	HEELER, CPA	9/	(4/2)	Check Self-empl	oved Pone40105
	pare	r		19	of CU		P00649195 20-5421654
Us	e Onl	y Firm's nar	tress ► 535 WELLINGTON WAY, STE 240, LEXINGTON, KY 40503		Phon	s EIN ▶	859-219-2400
		Frinisade	11033 - 000 TILLENTY OF 1717, OTL 270, LEXITOTON, INT 40000		Frion	C 110	300 210 2700

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the Separate instructions.

✓ Yes No
Form 990 (2019)

Cat No 11282Y

Statement of Program Service Accomplishments   Check if Schedule O contains a response or note to any line in this Part III	om 99	90 (2019)	Page <b>2</b>
1 Brelly describe the organization's mission: PHILANTHORICO GORANIZATION WHICH PROVIDES FUNDING FOR RESEARCH TO VARIOUS CHILDRENS HEALTH ORGANIZATIONS AND OTHER CHARITABLE ORGANIZATIONS  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27.   "Yes," describe these new services on Schedule O.  3 Did the organization case conducting, or make significant changes in how it conducts, any program services services?   "Yes," describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(6)(3) and 501(6)(4) and 501	Part		-
PRILAMTHROPIC ORGANIZATION WHICH PROVIDES FUNDING FOR RESEARCH TO VARIOUS CHILDRENS HEALTH ORGANIZATIONS AND OTHER CHARITABLE ORGANIZATIONS  Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-E27.  If "Yes," describe these new services on Schedule O.  Did the organization desea conducting, or make significant changes in how it conducts, any program services services?  If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.  4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Code (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  Act (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Revenue \$ )			<u> Ц</u>
ORGANIZATIONS AND OTHER CHARITABLE ORGANIZATIONS    Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27   "Yes," describe these new services on Schedule O.   Did the organization case conducting, or make significant changes in how it conducts, any program services services?   If "Yes," describe these changes on Schedule O.	1		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27			
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pnor Form 990 or 990-E27			••
If "Yes," describe these new services on Schedule O.  Dut the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Did the organization undertake any significant program services during the year which were not listed on the	_
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  4 Describe the organization's program service accomplishments for each of its three largest program services. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.  4a (Code:) (Expenses \$		prior Form 990 or 990-EZ?	✓ No
services?			
If "Yes," describe these changes on Schedule O.	3		
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service required to report the amount of grants and allocations to othe the total expenses. As measured expenses, and revenue, if any, for each program service required to report the amount of grants and allocations to othe the total expenses. Including grants of \$ ) (Revenue \$ )  4b (Code:) (Expenses \$		<del></del>	☑ No
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the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  4d Other program services (Describe on Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )	4		
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(Expenses \$ including grants of \$ ) (Revenue \$ )			
(Expenses \$ including grants of \$ ) (Revenue \$ )	44	Other program services (Describe on Schedule O.)	
	74		
Total program scribes expenses	4e	Total program service expenses ▶	

MARTA

Form 99	00 (2019)	$\cup$	F	Page 3
Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	<b>y</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		<b>√</b>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		<b>√</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>✓</b>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		<b>✓</b>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>√</b>
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<b>√</b>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If	106		,
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		✓ ✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		✓
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		<b>✓</b>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>√</b>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		<b>✓</b>
۷۱	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	

Part	V Checklist of Required Schedules (continued)			_
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>√</b>
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		✓.
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b	ļ	✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>✓</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>✓</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31 ′		<b>✓</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>✓</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<b>✓</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38		1
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>✓</b>	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>/</b>
b	If "Yes," enter the name of the foreign country ►			'
<b>-</b> -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>√</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		1
C	· · · · · · · · · · · · · · · · · · ·	50	-	<b>-</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		ļ	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>√</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>✓</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_		اــــــا
^	sponsoring organization have excess business holdings at any time during the year?	8		<b>✓</b>
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		1
10	Section 501(c)(7) organizations. Enter:	. 30		\ <u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			:
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand		,	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		ļ
	If "Yes," complete Form 4720, Schedule O.			l

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change					
	Check if Schedule O contains a response or note to any line in this Part VI					. <u> </u>
Secti	on A. Governing Body and Management					
_		٠. ما	ı -	,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	<u>1a</u>	<u>'</u>	١,		.
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.			ļ^ ,	1	
b	Enter the number of voting members included on line 1a, above, who are independent .	1b	(	, -		
2	Did any officer, director, trustee, or key employee have a family relationship or a business		L	1 *	·	. <b> </b>
_	any other officer, director, trustee, or key employee?			2		1
3	Did the organization delegate control over management duties customarily performed by or	unde	r the direct		_	
	supervision of officers, directors, trustees, or key employees to a management company or o			3		✓
4	Did the organization make any significant changes to its governing documents since the prior For			4		<b>/</b>
5	Did the organization become aware during the year of a significant diversion of the organization	on's a	assets?.	5		<b>✓</b>
6	Did the organization have members or stockholders?			6	<b>√</b>	
7a	Did the organization have members, stockholders, or other persons who had the power to		or appoint	l_		
	one or more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approva	by)	members,		,	
	stockholders, or persons other than the governing body?			7b		7 . 6
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	aerta	iken during	, 3		[ ^]
а	The governing body?			8a	<del>-</del>	
b	Each committee with authority to act on behalf of the governing body?			8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot	ot be	reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule			9		1
Secti	on B. Policies (This Section B requests information about policies not required by th		ernal Rever	nue C	ode.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities o affiliates, and branches to ensure their operations are consistent with the organization's exemption.			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		ng the form?	11a	<b>√</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u></u>		لىثا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		<b>✓</b>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the	oolicy	? If "Yes,"			
40	describe in Schedule O how this was done	• •		12c		<del>- ,</del>
13 14	Did the organization have a written whistleblower policy?			13		1
	Did the process for determining compensation of the following persons include a review a	ond o	nproval by	~		· ·
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation			s .	٠	
а	The organization's CEO, Executive Director, or top management official			15a		<b>-</b>
b	Other officers or key employees of the organization			15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				٠,	1
I6a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim	lar ar	rangement	sean :	··	
	with a taxable entity during the year?			16a		<b>✓</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio			' .	•	
	participation in joint venture arrangements under applicable federal tax law, and take steps			بيب	<u></u>	
00.51	organization's exempt status with respect to such arrangements?	• •		16b	l	
	on C. Disclosure					_
17	List the states with which a copy of this Form 990 is required to be filed ►		0 1 000			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicabl (3)s only) available for public inspection. Indicate how you made these available Check all that Own website Another's website Upon request Other (explain on Section 1024-A).	t app	ly.	ı (Sed	tion !	5U1(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing dociand financial statements available to the public during the tax year.	ımen	ts, conflict o	of inte	rest p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization of the person of the person who possesses the organization of the person of the pers	on's t	ooks and re	cords	<b>&gt;</b>	

Form	aan	/201	ı۵۱

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	any relate	d org	anız	atic	n c	ompe	nsa	ated any current	officer, director,	or trustee.
	(C)									
(A)	(B)	(do n	ot cł			than o	one	(D)	(E)	(F)
Name and title	Average hours	box, unless person is both an						Reportable compensation	Reportable compensation	Estimated amount of other
	per week	office	r and		lirector/trustee)			from the	from related	compensation
	(list any	or de	nstr	Officer	Key employee	mg dg	Former	organization (W-2/1099-MISC)	organizations	from the
	hours for related	rect	<del>2</del>	Ĕ	Emg.	est o	룍	(VV-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	익불	na		Š	e com	٠			J
	below dotted line)	Individual trustee or director	trus		%	pens				
	·	u	ee			Highest compensated employee				
(1) ROBERT BEAN	2									
EXECUTIVE DIRECTOR	<b></b>	✓	İ	✓				) o	0	0
(2)	2									
VICE PRESIDENT	2	✓		✓				0	0	0
(3)	2									
2ND VICE PRESIDENT		✓		✓				0	0	0
(4) LARRY GRAY	20									
SECRETARY		1		<u></u>				0	0	0
(5) WILLIAM RIGGS	20									
TREASURER		<b>✓</b>		<b>Y</b>	<b>✓</b>			4200	0	0
(6)	2									
BOARD MEMBER		<b>✓</b>		✓				0	0	0
(7)	2									
BOARD MEMBER		<b>/</b>		<u> </u>				0	0	0
(8) WILLETTA RIGGS	20				١.		١.		_	_
OFFICE STAFF	ļ			_	<b>'</b>		✓	4200	0	0
(9)	 									
(10)					-					
(10)										
(11)					$\vdash$					
V-2/		1								
(12)										-
(13)							$\vdash$			
S.71										
(14)										

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emj	plo	yee	s, an	id F	lighest Compe	nsated Emp	loyees	; (cont	inued)
	(A) Name and title	(B) Average hours per week	box,	unles er and	Pos neck ss pe d a d	rson	e than on the street that the	n an tee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	-	(F) mated ar of othe ompensa	r
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		from the panization ed organi	n and
(15)													
(16)													
(17)													•
(18)													
(19)											<u> </u>		
(20)											1		
(21)				_				-					
(22)													
(23)											-		
(24)													
(25)												-	
1b c d	Subtotal	VII, Sectio	n A					<b>&gt;</b>	8400 0 8400		0		0
2	Total number of individuals (including bur reportable compensation from the organic	t not limited						e) w	1	<u> </u>	<u> </u>		
												Yes	No
3	Did the organization list any <b>former</b> employee on line 1a? <i>If</i> "Yes," <i>complete</i>	Schedule J	for st	uch	ındı	vidi	ual				_3		1
4	For any individual listed on line 1a, is the organization and related organizations	greater th									ch		
5	Did any person listed on line 1a receive of												\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Secti	for services rendered to the organization on B. Independent Contractors	? If "Yes," c	compi	ete	Scr	iedi	ule J i	or s	such person .		5		✓
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add							ĺ	(B) Description of sen		- (	C) ensation	<u> </u>
								-	- · · · · · · · · · · · · · · · · · · ·				
<u></u>								-					
2	Total number of independent contractor received more than \$100,000 of compens							o th	nose listed abov	e) who			

Part	VIII	Statement of Rev				<del></del>				
		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	rt VIII		· · ·
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ıts Its	1a	Federated campaign	ns .		1a					
irar	b	Membership dues			1b					
S, E	С	Fundraising events			1c					Ì
ar if	d	Related organization			1d					i
S'E	е	Government grants			1e					
is is	f	All other contribution			4.5	149.070				
is et		and similar amounts no			1f	148,979				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution lines 1a-1f			100	<b> </b>				
Sel	h	Total. Add lines 1a-			<u>1g</u>	<b>▶</b>	148,979			
	!!	Total. Add lines 1a			·	Business Code			· · · · · · · · · · · · · · · · · · ·	
e l	2a									
ام کے	b									
Se	C									
gram Ser Revenue	d						***************************************		****	
Program Service Revenue	е									
Y	f	All other program se								
	g	Total. Add lines 2a-	-2f .			•				
	3	Investment income								
		other similar amounts)					282,565,	*		
	4		nent o	of tax-exem	npt bo	ond proceeds ►				
	5	Royalties	<u>· · ·                                 </u>							
	_	•		(ı) Rea	<u> </u>	(II) Personal				
	6a	Gross rents Less rental expenses	6a 6b	-						
	b	Rental income or (loss)								
	d	Net rental income o				. •				
			1 1.03.	(i) Securit	ties	(II) Other				
	7a	sales of assets								
		other than inventory	7a	2,56	64,710	28,639				
<u>a</u>	b	Less: cost or other basis								
er Revenue		and sales expenses .	7b	2,33	6,654					
lev		Gain or (loss)	7c	22	8,056	28,639				
<u> </u>		Net gain or (loss)			·	<u>,, </u>	256,695,	4		
Othe	8a	Gross income from		ındraisıng						İ
0		events (not including								
		of contributions rep 1c). See Part IV, line						,	,	1
		Less direct expens			8a 8b				,	
		Net income or (loss)				Lents . ▶				
	c 9a	Gross income f			9 506					
	Эа	activities. See Part I			9a					
	b	Less: direct expens			9b					•
	С	Net income or (loss)			ctivitie	es <b>&gt;</b>				
	10a	Gross sales of in	nvent	ory, less					_	
		returns and allowan			10a					
	b	Less <sup>,</sup> cost of goods			10b	· <del></del>				
	С	Net income or (loss)	) from	sales of ir	rvento					
sn						Business Code				
ne ne	11a									
scellaneo Revenue	b							-		
Je.	C	All alban re-							<del> </del>	-
Miscellaneous Revenue	d	All other revenue	. 44.		•			<del></del>		
	12	Total revenue See				· · · · <u>}</u>	688 230	<del></del>		

# Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line	in this Part IX .	<u> </u>	<u> </u>
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	220,000	220,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,400		8,400	
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$ .				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			-	
9	Other employee benefits				
10	Payroll taxes	2 739		2,739	·
11	Fees for services (nonemployees).				
a	Management				
b	Legal	0.075			
С	Accounting	8,875		8,875	
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	93,533		93,533	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O) .	123		123	
12	Advertising and promotion	899		899	
13	Office expenses	3,502		3,502	
14	Information technology				
15	Royalties				
16	Occupancy	3,400		3,400	
17	Travel	2,934		2,934	
18	Payments of travel or entertainment expenses	2,001		2,004	
10	for any federal, state, or local public officials		:		
40	•	40.405	<del></del>	40.405	
19	Conferences, conventions, and meetings .	13,495		13,495	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .			_	
23	Insurance	2,141		2,141	
24	Other expenses. Itemize expenses not covered		•		
	above (List miscellaneous expenses on line 24¢. If				. 1
	linc 24c amount exceeds 10% of line 25, column		i i	•	
	(A) amount, list line 24e expenses on Schedule O.)				
а	OFFICER EXPENSE	15,800		15,800	
b	RARA MAGIZINE	16,000		16,000	
С	RARA DIAMOND	4,030		4,030	
d					
e	All other expenses				
		4.406		4.405	
25 26	Total functional expenses. Add lines 1 through 24e	1,485		1,485	
20	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ► ☐ if	307 356	220,000	177 266	

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	t X		🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			85,820	1	93,941
	2	Savings and temporary cash investments			253,563	2	448,095
	3	Pledges and grants receivable, net				3	
	4					4	
	5	Loans and other receivables from any current	or for	ner officer, director.		ľ	1 .
		trustee, key employee, creator or founder, subst				l	
		controlled entity or family member of any of thes	se per	sons		5	
	6	Loans and other receivables from other disquaunder section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net			7	**	
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deferred charges .				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		719			
	b	Less accumulated depreciation	10b	719	0	10c	0
	11	Investments - publicly traded securities	· · ·		10,724,540	11	10,540,003
	12	Investments—other securities. See Part IV, line	11 .	[		12	
	13	Investments-program-related See Part IV, line	11 .	[		13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			11,063,925		11,082,040
	17	Accounts payable and accrued expenses .		_		17	·····
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		<u></u>		20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or			,		
Ħ		trustee, key employee, creator or founder, subst					
iak	00	controlled entity or family member of any of thes	-			22	
_	23 24	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	i			· -		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D			(327)	25	1,149
	26				(327)	26	1,149
-s		Organizations that follow FASB ASC 958, che			(4-1)		(
ces		and complete lines 27, 28, 32, and 33.	OK IIC				
<u>a</u>	27	Net assets without donor restrictions			11,064,252	27	11,080,891
Ä	28	Net assets with donor restrictions		[		28	
Ē		Organizations that do not follow FASB ASC 9	58, ch	neck here ▶ 🗀			
Ę		and complete lines 29 through 33.	-	_		<u>                                     </u>	
Net Assets or Fund Balan	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ed	quipm	ent fund		30	
Ass	31	Retained earnings, endowment, accumulated in	, or other funds $\ldots$		31		
et,	32		[	11,064,252	32	11,080,891	
<u>z</u>	33	Total liabilities and net assets/fund balances .			11,063,925	33	11,082,891

çrm 99	90 (2019)			Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		68	38,239
2	Total expenses (must equal Part IX, column (A), line 25)	2		39	7,356
3	Revenue less expenses Subtract line 2 from line 1	3		29	90,883
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		11,06	34,252
5	Net unrealized gains (losses) on investments	5		(27	4,244
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		11,08	30,891
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔻
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Cash Other MODIFIED CAS		_   " _ ;	,	
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain ir	י   ַ		, `
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled o	r .		
	reviewed on a separate basis, consolidated basis, or both.		, i	'	-
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>		*
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	1 , 1	·	ř
	separate basis, consolidated basis, or both:			,	.4 .
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		<u> </u>	<u> </u>	14
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight o	f		
	the audit, review, or compilation of its financial statements and selection of an independent accounta	ant? .	2c		✓

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

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3b

# SCHEDULE A

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB № 1545-0047

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

ROYAL ARCH RESEARCH ASSISTANCE INC 23-7410576 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2019 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 151,640 160,353 145,862 179,802 148,979 786,636 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . The value of services or facilities 3 furnished by a governmental unit to the organization without charge . . . 160,353 148.979 Total. Add lines 1 through 3 151,640 145,862 179.802 786.636 4 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 786,636 Public support. Subtract line 5 from line 4 Section B. Total Support (a) 2015 (b) 2016 (d) 2018 (e) 2019 Calendar year (or fiscal year beginning in) ▶ (c) 2017 (f) Total Amounts from line 4 . . . 151,640 160,353 145,862 179,802 148,979 786,636 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources . . 229,427 197,036 242,484 254,584 282,539 1,206,070 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI). 1,992,706 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 282,256 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ightharpoonsSection C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 39 5 % Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . 15 15 41 4 16a 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop he 331/3% support this box and ste 17a 10%-facts-and

box and <b>stop here.</b> The organization qualifies as a publicly supported organization	Ø
33¹/₃% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33¹/₃% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	
Schedule A (Form 990 or 990-EZ) 2	2019

Part	Support Schedule for Organiza (Complete only if you checked the				nization failed	l to qualify up	dor/Dort II
	If the organization fails to qualify						der Part II.
Secti	on A. Public Support	under the te	sis listed bei	ow, please co	Jinpiete Fait	1.)	
	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 201⁄9	(f) Total
1	Gifts, grants, contributions, and membership fees	(-,		(0, 22.11	(4,)	(4,==	(4)
	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise						<u> </u>
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf			/	1		
5	The value of services or facilities						
	furnished by a governmental unit to the				l i		
	organization without charge						
6	Total. Add lines 1 through 5						_
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		/	1			
b	Amounts included on lines 2 and 3						
	received from other than disqualified					ľ	
	persons that exceed the greater of \$5,000			}			
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	-	1	:		-6	
	line 6.)	. /	ļ´.		, "	. 1 31	
	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	/					
	royalties, and income from similar sources	, 					
b	Unrelated business taxable income (less/						
	section 511 taxes) from businesses						
	acquired after June 30, 1975 .	···					
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,			}		1	
	and 12.)		<u> </u>				
14	First five years. If the Form 990 is for the	ie organizatior			i, or fifth tax ye	ear as a section	1 501(c)(3)
01	organization, check this box and stop he		· · · ·	· · · ·		· · · ·	<u> </u>
	on C. Computation of Public Suppor			10 1 (0)		145	
15	Public support percentage for 2019 (line 8			13, column (t))		15	<u>%</u>
16 Secti	Public support percentage from 2018 Schoon D. Computation of Investment Inc			<u> </u>		16	<u>%</u>
<u> </u>	lovestment income percentage for 2019 (			ov line 13 colu	mn (fl)	17	0/
18	investment income percentage for 2019 (investment income percentage from 2018					18	<u>%</u> %
19a	33 <sup>1</sup> /3% support tests—2019. If the organi						
	17 is not more than 33½%, check this box						
/ь	33 <sup>1</sup> /3% support tests—2018. If the organiz						
/ "	line 18 is not more than 331/3%, check this is						
20	Private foundation. If the organization di				·	•	_
			1	<u>, , , , , , , , , , , , , , , , , , , </u>			

# Part IV Supporting Organizations

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

Section	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	<u></u>	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		<u> </u>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a		
_	designated in the organization's organizing document?	5b 5c		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	0.41. 0.6. 4700 4	10b		

Part	Supporting Organizations (continued)			ugo o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	_	-
	A family member of a person described in (a) above?  A 25% controlled entity of a person described in (a) ar (b) above? If "Yes" to a, b, et a, provide detail in Part W.	11b 11c		<del>                                     </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	116	L	<u> </u>
<del></del>	on billypolicing organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		İ	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported	1		-
_	organization operate for the benefit of any supported organization other than the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization o			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>	l	
0001	on primitype in cupperang organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			[
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ.,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	•		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		1
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ <u>.</u>
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ction	s).
a b	☐ The organization satisfied the Activities Test Complete line 2 below. ☐ The organization is the parent of each of its supported organizations Complete line 3 below.			
c	The organization is the parent of each of its supported organizations complete <b>line's</b> below.	see in	struct	ions)
2	Activities Test Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u> </u>		
h	ŕ	2a		<del> </del> ,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		ļI
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		ĺ

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	·	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	ŀ	•	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	tegrated Type III supporti	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızatıons	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016	·		
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
ь	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1 For result greater than zero, explain in <b>Part VI.</b> See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			,
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			,
U	Excess from 2017		· ,	
d	Excess from 2018 .			
е	Excess from 2019			

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

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization Employer identification number ROYAL ARCH RESEARCH ASSISTANCE INC 23-7410576 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements c Number of conservation easements on a certified historic structure included in (a) . d Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 . (ii) Assets included in Form 990, Part X . . . . . . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

Assets included in Form 990, Part X . . . . . . . . . . .

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Pari	Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or O	her Similar A	Assets (continued)
3	Using the organization's acquisition, collection items (check all that apply)		her reco	rds, chec	k any of th	e follov	ving that make	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	ram	
b	Scholarly research							
С	☐ Preservation for future generations	<b>3</b>						
4	Provide a description of the organiza XIII.		and expla	ain how ti	hey further	the or	ganızatıon's ex	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Part	Complete if the organization 990, Part X, line 21.		" on For	m 990, F	Part IV, lin	e 9, or	reported an a	amount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	llowing ta	able:		1	Amount
С	Beginning balance					10	;	
d						10	1	
е	Distributions during the year					16	,	
f	Ending balance					11	:	
2a	Did the organization include an amount		art X, line	21, for e	scrow or c	ustodia	l account liabili	ity? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P.							
Par	V Endowment Funds.					•		
	Complete if the organization	answered "Yes	" on For	m 990, F	art IV, line	e 10.		
		(a) Current year	(b) Pre	or year	(c) Two year	rs back	(d) Three years ba	ack (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses				-			
g	End of year balance							
2	Provide the estimated percentage of t	he current vear er	d balanc	e (line 1a	. column (a	ı)) held	as:	
а	Board designated or quasi-endowmer				,	,,		
b	Permanent endowment ▶		' -					
C	Term endowment ▶%							
	The percentages on lines 2a, 2b, and	2c should equal 1	00%.					
3a	Are there endowment funds not in the organization by:	•		zation tha	at are held	and ad	mınistered for	the Yes No
	(i) Unrelated organizations							. 3a(i)
	(ii) Related organizations							. 3a(ii)
b	If "Yes" on line 3a(ii), are the related o							. 3b
4	Describe in Part XIII the intended uses	•						
Part							<del></del>	<del></del>
	Complete if the organization		" on For	m 990. F	Part IV, line	e 11a.	See Form 990	0. Part X. line 10.
	Description of property	(a) Cost or ot (investm	her basis	(b) Cost o	r other basis ther)	(c)	Accumulated epreciation	(d) Book value
1a	Land							<del></del>
b	Buildings							
c	Leasehold improvements						-	
ď	Equipment				719		719	
e	Other							
	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part )	K, column	(B), line 10	Oc).	>	0

Part VII	Complete if the organization answered "Yes" on For	m 990. Part IV.	line 11b. See Form	n 990. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation l-of-year market value
(1) Financia	derivatives			
	neld equity interests			
(3) Other		-		
(B)				
(C)				
				<u> </u>
(E)				<u> </u>
(F)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)	1		
Part VIII	Investments—Program Related.	000 Dart IV	11. O	. 000 David V Iva - 40
	Complete if the organization answered "Yes" on For			
	(a) Description of investment	(b) Book value		hod of valuation l-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				<del>_</del> .
(6)				
(7)				·
(8)				
(9) Tabal (Calu	man (h) marat a maral Form 000. Bort V. and (B) line 10.1			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Defining the control of	L		-
Partix	Complete if the organization answered "Yes" on For	m 990 Part IV I	ine 11d See Form	000 Part Y line 15
	(a) Description	111 000, 1 are 14, 1	inc 11d. occ 1 on	(b) Book value
(1)	(2) 2000 (210)		·	(b) Book Value
(2)				
(3)				
(4)			· · · · · · · · · · · · · · · · · · ·	
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)	<u> </u>		
Part X	Other Liabilities.  Complete if the organization answered "Yes" on For	m 990, Part IV, I	ine 11e or 11f. See	e Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal II			<del></del>	
	L LIABILITIES			1,149
(3)	<u> </u>			
(4)				
(5)				
(6)				
(7)		<del></del>		
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	r uncertain tax positions In Part XIII, provide the text of the footn		ion's financial statement	nto that reserve #= -
	s liability for uncertain tax positions under FASB ASC 740. Check			

Par			-	Retur	n.
	Complete if the organization answered "Yes" on Form 990,				
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1			
а	Net unrealized gains (losses) on investments	2a	(274,244)		
b	Donated services and use of facilities	2b		]	
С	Recoveries of prior year grants	2c		]	
d	Other (Describe in Part XIII.)	2d	<u> </u>		
е	Add lines 2a through 2d	-		2e	688,239
3	Subtract line <b>2e</b> from line <b>1</b>	; .		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	688,239
Part				er Ret	urn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements .			1	397,356
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1	ı		
а	Donated services and use of facilities	2a		]	
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18)		5	397,356
Part					
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
2; Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part	to pro	ovide any additional in	tormat	ion.
			•••••		

# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2019

OMB No 1545-0047.

Open to Publi Inspection

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						<u> </u>	Cilipioyer identification number	_
ROYAL ARCH RESEARCH ASISTANCE INC	EINC						23-7410576	
Part I General Information on Grants and Assist	on Grants and	Assistance						
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees'</li> <li>the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	ain records to subsaward the grants	stantiate the amou or assistance? es for monitoring	unt of the grants or the use of grant fur	assistance, the g	rantees' eligibility fo	e the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and stance? monitoring the use of grant funds in the United States.	tance, and	<b>%</b> □
せ	ssistance to Do	mestic Organiz	ations and Dom	lestic Governm Il can be duplica	ents. Complete if	the organization a	nswered "Yes" on Fo	orm 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	grant
(1) AUTISM SPEAKS 1E 33RD ST, NEW YORK, N 10016		501C3	100,000				SEE PART IV	
(2) HEARING HEALTH FOUNDATION 363 7TH AVE NEW YORK, NY 10001		501C3	120,000				SEE PART IV	
(5)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	ernment organizat	tions listed in the li	ne 1 table			2	
Pag	see the Instruction	s for Form 990.			Cat No 50055P		Schedule I (Form 990) (2019)	990) (2019)
				<b>;</b>				1000

(f) Description of noncash assistance AUTISM SPEAKS - GRANT IN SUPPORT OF EARLY DIAGNOSIS AND EARLY INTROVENTION INITIATIVE TO INVESTIGATE AUDITORY PROCESSING DISORDERS IN CHILDREN Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance HEARING HEALTH FOUNDATION - GRANT FOR RESEARCH TO PREVENT AND CURE HEARING LOSS (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance WITH AUTISM Part IV Part III N က 4 ß 9

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization

OMB No 1545-0047

2019

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Employer identification number

ROYAL ARCH RESEARCH ASSISTANCE, INC	23-7410576
FORM 990, PART VI, LINE 6 - ORGANIZED WITH MEMBERS	
FORM 990, PART VI, LINE 7A - THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL	BY THE MEMBERS
	••••
FORM 990, PART VI, LINE 11B - FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT FROM THE	INFORMATION SUPLIED BY THE
GOVERNING BODY THE COMPLETED FORM 990 IS PREENTED TO TEH C	GOVERNING BODY FOR
REVIEW, SIGNATURE ADN FILING	
	·····
FORM 990, PART VI, LINE 19 - A COPY OF THE COMPLETED FOR 990 IS AVAILABLE UPON REQUEST BY	ANY INTERESTED PARTY
FORM 990, PART XI, LINE 9 - NET UNREALIZED LOSS ON INVESTMENTS IS \$814,893	
<u></u>	
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