

\*\* PUBLIC DISCLOSURE COPY \*\*

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI</b>		<b>D</b> Employer identification number <b>46-3309222</b>
	Doing business as		<b>E</b> Telephone number <b>314-918-2890</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>28,600,090.</b>
	<b>425 NORTH NEW BALLAS ROAD</b>		<b>200</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ST. LOUIS, MO 63141</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>F</b> Name and address of principal officer: <b>JOE BESTGEN</b> <b>SAME AS C ABOVE</b>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: <b>WWW.RCFSTL.ORG</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Year of formation: <b>2013</b>		<b>M</b> State of legal domicile: <b>MO</b>	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>INSPIRING GIVING AND CONNECTING DONORS TO CATHOLIC PARISHES, SCHOOLS AND MINISTRIES, SUSTAINING THE</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>33</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>8</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>39</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 3,019,776.	<b>Current Year</b> 7,217,760.
	<b>9</b> Program service revenue (Part VIII, line 2g)	264,033.	205,889.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-49,668.	1,689,558.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	284,220.	50,277.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,518,361.	9,163,484.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,682,980.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		755,145.	761,778.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		269,648.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		324,285.	534,362.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,762,410.	6,581,930.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-2,244,049.	2,581,554.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 58,459,218.	<b>End of Year</b> 67,874,003.
	<b>21</b> Total liabilities (Part X, line 26)	8,603,553.	9,110,486.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	49,855,665.	58,763,517.

## Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	DocuSigned by: <i>Joe Bestgen</i> Signature of officer	Date 5/15/2024
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JEFF PARKER</b>	Preparer's signature <b>JEFF PARKER</b>
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>	Date 05/13/24
	Firm's address <b>475 REGENCY PARK, SUITE 175 O'FALLON, IL 62269</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00970069</b>
		Firm's EIN <b>41-0746749</b> Phone no. (618) 233-1200

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [ ]

1 Briefly describe the organization's mission: INSPIRING GIVING AND CONNECTING DONORS TO CATHOLIC PARISHES, SCHOOLS AND MINISTRIES, SUSTAINING THE LOCAL CHURCH FOR FUTURE GENERATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,856,164. including grants of \$ 5,285,790. ) (Revenue \$ 205,889. ) CONNECTING DONORS AND THEIR PHILANTHROPIC GOALS WITH PARISHES, SCHOOLS, AGENCIES AND CHARITIES TO HELP BUILD A STEWARDSHIP WAY OF LIFE AND SUPPORT EXISTING EFFORTS OF THE CATHOLIC CHURCH IN THE ARCHDIOCESE OF ST. LOUIS.

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 \$ )

4e Total program service expenses 5,856,164.

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MISSOURI**

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<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? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 34		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 33		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
JOHN MODDER - (314) 918-2890  
425 N. NEW BALLAS RD., SUITE 200, ST. LOUIS, MO 63141

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH BESTGEN PRESIDENT/CEO/SECRETARY	50.00	X		X			168,164.	0.	35,654.	
(2) SCOTT WELZ VICE PRESIDENT/CFO	50.00			X			130,878.	0.	27,866.	
(3) MARK J. GUYOL TRUSTEE	0.20	X					13,591.	0.	12,047.	
(4) CASTOR ARMESTO TRUSTEE	0.20	X					0.	0.	0.	
(5) MICHELLE ARMESTO TRUSTEE	0.20	X					0.	0.	0.	
(6) DAN CHARLES TRUSTEE	0.20	X					0.	0.	0.	
(7) MARY CHARLES TRUSTEE	0.20	X					0.	0.	0.	
(8) GRANT DINO TRUSTEE	0.20	X					0.	0.	0.	
(9) TIFFANY DINO TRUSTEE	0.20	X					0.	0.	0.	
(10) LOUIS ECKELKAMP III TRUSTEE	0.20	X					0.	0.	0.	
(11) TINA ECKELKAMP TRUSTEE	0.20	X					0.	0.	0.	
(12) NIALL J. GANNON TRUSTEE	0.20	X					0.	0.	0.	
(13) CONNIE NOTESTINE TRUSTEE	0.20	X					0.	0.	0.	
(14) STEPHEN M. NOTESTINE TRUSTEE	0.20	X					0.	0.	0.	
(15) NANCY A. ROSS CO-CHAIRPERSON	0.20	X		X			0.	0.	0.	
(16) DONALD L. ROSS CO-CHAIRPERSON	0.40	X		X			0.	0.	0.	
(17) SUSAN L. SANSONE TRUSTEE	0.20	X					0.	0.	0.	

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY G. SANSONE TRUSTEE	0.20	X					0.	0.	0.	
(19) KAREN SHAUGHNESSY TRUSTEE	0.20	X					0.	0.	0.	
(20) JIM SHAUGHNESSY TRUSTEE	0.20	X					0.	0.	0.	
(21) DIANE SNIVELY TRUSTEE	0.20	X					0.	0.	0.	
(22) DAVID F. SNIVELY TRUSTEE/VICE-PRESIDENT/TREASURER	0.20	X		X			0.	0.	0.	
(23) MIKE WALSH TRUSTEE	0.20	X					0.	0.	0.	
(24) MATT WITTE TRUSTEE	0.20	X					0.	0.	0.	
(25) GINA WITTE TRUSTEE	0.20	X					0.	0.	0.	
(26) NANCY J. WERNER TRUSTEE	0.20	X					0.	0.	0.	
<b>1b Subtotal</b> .....							312,633.	0.	75,567.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							312,633.	0.	75,567.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**SEE PART VII, SECTION A CONTINUATION SHEETS**





**ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI**

Form 990 (2023)

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	7,217,760.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,245,953.				
	<b>h Total.</b> Add lines 1a-1f .....			7,217,760.			
<b>Program Service Revenue</b>	<b>2 a</b> PLANNED GIVING SERVICES	<b>Business Code</b>					
		541900	156,250.	156,250.			
	<b>b</b> INVESTMENT MANAGEMENT FEES	523940	49,639.	49,639.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			205,889.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,269,392.			1269392.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	19,856,772.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	19,436,606.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	420,166.				
<b>d</b> Net gain or (loss) .....			420,166.		420,166.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> RECOVERY OF BAD DEBT	<b>Business Code</b>					
		900099	48,628.			48,628.	
	<b>b</b> MISCELLANEOUS INCOME	900099	1,649.			1,649.	
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			50,277.				
<b>12 Total revenue.</b> See instructions .....			9,163,484.	205,889.	0.	1739835.	

**ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI**

Form 990 (2023)

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,642,563.	3,642,563.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,643,227.	1,643,227.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	312,633.	93,178.	132,221.	87,234.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	289,035.	86,145.	122,241.	80,649.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25,978.	7,620.	10,298.	8,060.
<b>9</b> Other employee benefits .....	87,322.	25,613.	34,617.	27,092.
<b>10</b> Payroll taxes .....	46,810.	13,840.	19,983.	12,987.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	87,082.	42,047.	35,139.	9,896.
<b>b</b> Legal .....	6,226.		6,226.	
<b>c</b> Accounting .....	33,061.	15,963.	13,341.	3,757.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	218,365.	218,365.		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	84,529.	28,692.	41,596.	14,241.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	74,014.	25,519.	29,654.	18,841.
<b>17</b> Travel .....	17,427.	5,223.	6,854.	5,350.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,568.		1,568.	
<b>23</b> Insurance .....	12,090.	8,169.	2,380.	1,541.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> _____				
<b>b</b> _____				
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,581,930.	5,856,164.	456,118.	269,648.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI**

Form 990 (2023)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,093,684.	<b>1</b>	1,041,729.	
	<b>2</b> Savings and temporary cash investments .....	5,600,185.	<b>2</b>	6,065,905.	
	<b>3</b> Pledges and grants receivable, net .....	144,549.	<b>3</b>	3,560.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	20,347.	<b>9</b>	30,665.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	18,825.			
	<b>b</b> Less: accumulated depreciation .....	18,825.	1,568.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities .....	51,088,989.	<b>11</b>	60,284,197.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	509,896.	<b>15</b>	447,947.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	58,459,218.	<b>16</b>	67,874,003.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	5,352.	<b>17</b>	10,752.	
	<b>18</b> Grants payable .....	3,340,148.	<b>18</b>	3,299,964.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	4,960,897.	<b>21</b>	5,565,681.	
	<b>22</b> Loans and other 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	297,156.	<b>24</b>	234,089.	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,603,553.	<b>26</b>	9,110,486.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	2,198,018.	<b>27</b>	1,363,966.	
	<b>28</b> Net assets with donor restrictions .....	47,657,647.	<b>28</b>	57,399,551.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	49,855,665.	<b>32</b>	58,763,517.	
<b>33</b> Total liabilities and net assets/fund balances .....	58,459,218.	<b>33</b>	67,874,003.		

Form **990** (2023)

**ROMAN CATHOLIC FOUNDATION OF EASTERN  
MISSOURI**

Form 990 (2023)

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,163,484.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,581,930.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	2,581,554.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	49,855,665.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	6,326,298.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	58,763,517.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</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 _____	<b>3b</b>	

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

<b>Name of the organization</b> ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI	<b>Employer identification number</b> 46-3309222
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**Part I 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).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI**

Schedule A (Form 990) 2023

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3122083.	6772356.	6103576.	3019776.	7217760.	26235551.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3122083.	6772356.	6103576.	3019776.	7217760.	26235551.
<b>5</b> 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) .....						4035485.
<b>6 Public support.</b> Subtract line 5 from line 4.						22200066.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	3122083.	6772356.	6103576.	3019776.	7217760.	26235551.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1171850.	877,292.	1044871.	1546733.	1269392.	5910138.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	9,583.	1,527.	1,272.	1,360.	1,649.	15,391.
<b>11 Total support.</b> Add lines 7 through 10						32161080.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,547,148.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	69.03	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	74.68	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <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 .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</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 .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990) 2023

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Schedule A (Form 990) 2023

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI**

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**ROMAN CATHOLIC FOUNDATION OF EASTERN  
MISSOURI**

Schedule A (Form 990) 2023

46-3309222 Page 6

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
<b>2</b>	Enter 0.85 of line 1.		
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)		
<b>4</b>	Enter greater of line 2 or line 3.		
<b>5</b>	Income tax imposed in prior year		
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

**ROMAN CATHOLIC FOUNDATION OF EASTERN  
MISSOURI**

Schedule A (Form 990) 2023

46-3309222 Page 7

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2019 AMOUNT: \$ 9,583.

2020 AMOUNT: \$ 1,527.

2021 AMOUNT: \$ 1,272.

2022 AMOUNT: \$ 1,360.

2023 AMOUNT: \$ 1,649.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

ROMAN CATHOLIC FOUNDATION OF EASTERN  
MISSOURI

Employer identification number

46-3309222

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization <b>ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI</b>	Employer identification number <b>46-3309222</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>761,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>300,938.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>167,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>325,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI</b>	Employer identification number <b>46-3309222</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>1,499,670.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>635,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>420,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>265,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI</b>	Employer identification number <b>46-3309222</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>207,824.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI</b>	Employer identification number <b>46-3309222</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK _____ _____ _____	\$ <u>72,855.</u>	<u>12/21/23</u>
7	STOCK _____ _____ _____	\$ <u>1,499,670.</u>	<u>06/02/23</u>
13	STOCK _____ _____ _____	\$ <u>207,824.</u>	<u>08/01/23</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI</b>	Employer identification number <b>46-3309222</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI Employer identification number 46-3309222

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year (56), aggregate value of contributions (5,639,738), aggregate value of grants (3,146,302), aggregate value at end of year (10,128,830), and two questions about donor property and grant fund usage (both checked 'Yes').

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historically important land area, certified historic structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and enforcement questions (checkboxes for Yes/No).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Text of footnote for art collection. 1b: Revenue and assets for art collection. 2: Revenue and assets for art collection for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023



ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Schedule D (Form 990) 2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, and sub-rows (A) through (H). Total row at the bottom.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9). Total row at the bottom.

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9). Total row at the bottom.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Section 1 includes rows (1) Federal income taxes, (2) through (9). Total row at the bottom.

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

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Schedule D (Form 990) 2023

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	15,222,789.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	6,326,298.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,326,298.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,896,491.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	218,365.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	48,628.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	266,993.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,163,484.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,314,937.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,314,937.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	218,365.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	48,628.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	266,993.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,581,930.

**Part XIII Supplemental Information**

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

**PART IV, LINE 2B:**

FUNDRAISING EFFORTS ARE ASSISTED BY LOCAL PARISHES, SCHOOLS, AND MINISTRIES. AS A RESULT OF THIS ASSISTANCE CERTAIN AMOUNTS ARE PROVIDED TO THOSE LOCAL PARISHES, SCHOOLS, AND MINISTRIES AS DESIGNATED BY THE DONOR.

**PART V, LINE 4:**

THE PURPOSE OF THE ENDOWMENT IS TO FUND EDUCATION ACTIVITIES AND SCHOLARSHIPS IN ACCORDANCE WITH THE FOUNDATION'S OVERALL MISSION.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

RECOVERY OF BAD DEBT 48,628.

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MISSOURI

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**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERY OF BAD DEBT 48,628.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI** Employer identification number **46-3309222**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AID TO THE CHURCH IN NEED 725 LEONARD STREET, PO BOX 220384 BROOKLYN, NY 11222	86-1089466	501(C)(3)	5,100.	0.			DONOR RECOMMENDED GRANTS
ARCHDIOCESE OF SAINT LOUIS 20 ARCHBISHOP MAY DR SAINT LOUIS, MO 63119-5738	43-0653244	501(C)(3)	133,988.	0.			DONOR RECOMMENDED GRANTS
ART OF LIVING MINISTRY - RETHINK PO BOX 53072 LAFAYETTE, LA 70505-3072	82-1117811	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
ASSUMPTION CATHOLIC CHURCH- MATTESE - 4725 MATTIS RD - SAINT LOUIS, MO 63128-2821	43-0653252	501(C)(3)	13,200.	0.			DONOR RECOMMENDED GRANTS
BACKSTOPPERS INC. 10411 CLAYTON ROAD, SUITE 203 ST. LOUIS, MO 63131	43-6032561	501(C)(3)	10,100.	0.			DONOR RECOMMENDED GRANTS
BECKET FUND 1919 PENNSYLVANIA AVE. NW, #400 WASHINGTON, DC 20006	52-1858532	501(C)(3)	12,000.	0.			DONOR RECOMMENDED GRANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 90.

3 Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISHOP DUBOURG HIGH SCHOOL 5850 EICHELBERGER ST SAINT LOUIS, MO 63109	35-2792462	501(C)(3)	16,975.	0.			DONOR RECOMMENDED GRANTS
BROADER VISION FOR SCHOOLS IN AFRICA, INC. - 3842 FLAD AVE - SAINT LOUIS, MO 63110-4024	45-0698944	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
CARMELITE SISTERS OF DIVINE HEART OF JESUS - 10341 MANCHESTER ROAD - ST. LOUIS, MO 63122-1520	43-0745682	501(C)(3)	5,400.	0.			DONOR RECOMMENDED GRANTS
CATHEDRAL BASILICA OF SAINT LOUIS PARISH-101 - 4431 LINDELL BLVD - SAINT LOUIS, MO 63108-2496	43-0653268	501(C)(3)	44,207.	0.			DONOR RECOMMENDED GRANTS
CATHOLIC CHARITIES OF SAINT LOUIS 4445 LINDELL BLVD ST. LOUIS, MO 63108	43-0653270	501(C)(3)	32,285.	0.			DONOR RECOMMENDED GRANTS
CATHOLIC RELIEF SERVICES, INC. 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	13,270.	0.			DONOR RECOMMENDED GRANTS
CATHOLICVOTE EDUCATION FUND P.O. BOX 3310 CARMEL, IN 46082	20-2603413	501(C)(3)	10,100.	0.			DONOR RECOMMENDED GRANTS
CHAMINADE COLLEGE PREPARATORY SCHOOL (6-12) - 425 S LINDBERGH BLVD - SAINT LOUIS, MO 63131-2729	43-0653275	501(C)(3)	25,000.	0.			DONOR RECOMMENDED GRANTS
CHESTERTON ACADEMY OF ST. LOUIS P.O. BOX 410410 CREVE COEUR, MO 63141	88-1322947	501(C)(3)	104,000.	0.			DONOR RECOMMENDED GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR LIFE 11780 BORMAN DRIVE, SUITE 128 ST. LOUIS, MO 63146-4135	45-2782303	501(C)(3)	24,600.	0.			DONOR RECOMMENDED GRANTS
COR JESU ACADEMY 10230 GRAVOIS ROAD ST. LOUIS, MO 63123	43-0766432	501(C)(3)	30,000.	0.			DONOR RECOMMENDED GRANTS
COVENANT HOUSE MISSOURI 2727 N KINGSHIGHWAY BLVD ST. LOUIS, MO 63113	43-1821599	501(C)(3)	29,020.	0.			DONOR RECOMMENDED GRANTS
COVENANT NETWORK CATHOLIC RADIO 4424 HAMPTON AVE ST. LOUIS, MO 63109	43-1768606	501(C)(3)	8,000.	0.			DONOR RECOMMENDED GRANTS
CROSS CATHOLIC OUTREACH 2700 N. MILITARY TRAIL, STE 300 BOCA RATON, FL 33427-3908	65-1156061	501(C)(3)	6,350.	0.			DONOR RECOMMENDED GRANTS
D6 MINISTRIES 6707 METROPOLITAN BLVD. BARNHART, MO 63012	85-2234047	501(C)(3)	34,000.	0.			DONOR RECOMMENDED GRANTS
DE SMET JESUIT HIGH SCHOOL 233 N NEW BALLAS RD SAINT LOUIS, MO 63141	43-1102368	501(C)(3)	54,250.	0.			DONOR RECOMMENDED GRANTS
EAST SIDE HEART & HOME FAMILY CENTER - 705 SUMMIT AVENUE - EAST ST. LOUIS, IL 62201	37-1352360	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM, NORTHERN LIUETENANCY - P.O. BOX 540004 - OMAHA, NE 68154	94-3211363	501(C)(3)	24,500.	0.			DONOR RECOMMENDED GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST - FRIENDS OF IMMIGRANTS & REFUGEES OF ST. LOUIS - 120 SOUTH CENTRAL AVENUE, SUITE 500 - ST. LOUIS, MO 63105	20-4777590	501(C)(3)	9,000.	0.			DONOR RECOMMENDED GRANTS
FOCUS - FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS - PO BOX 17408 - DENVER, CO 80217	84-1522811	501(C)(3)	5,100.	0.			DONOR RECOMMENDED GRANTS
FOCUS MISSION FOUNDATION P.O. BOX 17408 DENVER, CO 80217	88-2519554	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
FOLDS OF HONOR FOUNDATION 5971 N PATRIOT DRIVE OWASSO, OK 74055	75-3240683	501(C)(3)	25,000.	0.			DONOR RECOMMENDED GRANTS
FRIENDS OF THE CATHEDRAL BASILICA 4431 LINDELL BOULEVARD ST. LOUIS, MO 63108	43-0653268	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
GOOD SHEPHERD CHILDREN AND FAMILY SERVICES - 1340 PARTRIDGE AVENUE - ST. LOUIS, MO 63130	43-1297933	501(C)(3)	8,635.	0.			DONOR RECOMMENDED GRANTS
GREAT RIVERS HABITAT ALLIANCE P.O. BOX 50014 SAINT LOUIS, MO 63105-5014	43-1893744	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
HOLY FAMILY SCHOOL OF FAITH INSTITUTE - 13240 CRAIG STREET - OVERLAND PARK, KS 66213	20-3126204	501(C)(3)	6,000.	0.			DONOR RECOMMENDED GRANTS
HOLY SPIRIT CHURCH 3601 E. DUDLEY LANE SIOUX FALLS, SD 57103	77-0630762	501(C)(3)	40,000.	0.			DONOR RECOMMENDED GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMACOLATA PARISH-235 8900 CLAYTON RD SAINT LOUIS, MO 63117-1093	43-0653345	501(C)(3)	41,262.	0.			DONOR RECOMMENDED GRANTS
INCARNATE WORD ACADEMY 2788 NORMANDY DRIVE ST. LOUIS, MO 63121	43-0893321	501(C)(3)	10,100.	0.			DONOR RECOMMENDED GRANTS
INCARNATE WORD PARISH-200 13416 OLIVE BLVD CHESTERFIELD, MO 63017-3111	43-0832057	501(C)(3)	6,100.	0.			DONOR RECOMMENDED GRANTS
JESUITS USA CENTRAL & SOUTHERN PROVINCE - 4511 WEST PINE BOULEVARD - ST. LOUIS, MO 63108-2109	43-0416129	501(C)(3)	20,000.	0.			DONOR RECOMMENDED GRANTS
JUNE JESSEE MEMORIAL FOUNDATION P.O. BOX 37016 SAINT LOUIS, MO 63141	82-4339655	501(C)(3)	7,500.	0.			DONOR RECOMMENDED GRANTS
KENRICK-GLENNON SEMINARY 5200 GLENNON DRIVE ST. LOUIS, MO 63119	35-2193656	501(C)(3)	131,368.	0.			DONOR RECOMMENDED GRANTS
LIFE TEEN, INC. P.O. BOX 117299 ATLANTA, GA 30368-7299	86-0602592	501(C)(3)	30,000.	0.			DONOR RECOMMENDED GRANTS
MISSIONARIES OF CHARITY 3629 COTTAGE AVENUE ST. LOUIS, MO 63113	13-1837418	501(C)(3)	16,500.	0.			DONOR RECOMMENDED GRANTS
MISSOURI RIGHT TO LIFE EDUCATION FUND - P.O. BOX 651 - JEFFERSON CITY, MO 65102-0651	43-1907408	501(C)(3)	5,700.	0.			DONOR RECOMMENDED GRANTS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTHER OF GOOD COUNSEL HOME 6825 NATURAL BRIDGE ROAD ST. LOUIS, MO 63121	43-0653375	501(C)(3)	96,100.	0.			DONOR RECOMMENDED GRANTS
MT. ST. MARY'S ABBEY 300 ARNOLD STREET WRENTHAM, MA 02093	04-6039381	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
OLD NEWSBOYS FUND FOR CHILDREN 120 SOUTH CENTRAL, STE. 450 ST. LOUIS, MO 63105	43-1466450	501(C)(3)	15,000.	0.			DONOR RECOMMENDED GRANTS
ONE CLASSROOM P.O. BOX 221447 ST. LOUIS, MO 63122-8447	47-3675282	501(C)(3)	9,000.	0.			DONOR RECOMMENDED GRANTS
ORDER OF MALTA P.O. BOX 95000 PHILADELPHIA, PA 19195-0001	23-7095245	501(C)(3)	5,250.	0.			DONOR RECOMMENDED GRANTS
OUR LADY'S INN 8790 MANCHESTER ROAD, SUITE 202 ST. LOUIS, MO 63144	43-1213751	501(C)(3)	9,775.	0.			DONOR RECOMMENDED GRANTS
OUR LITTLE HAVEN PO BOX 23010 ST. LOUIS, MO 63156	43-1567500	501(C)(3)	8,900.	0.			DONOR RECOMMENDED GRANTS
PONTIFICAL NORTH AMERICAN COLLEGE P.O. BOX 96551 WASHINGTON, DC 20090-6551	23-7201921	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
RELIGIOUS SISTERS OF MERCY OF ALMA, MICHIGAN - 5047 WASHINGTON PLACE - SAINT LOUIS, MO 63108		501(C)(3)	12,500.	0.			DONOR RECOMMENDED GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBINSON ADVANCEMENT FOUNDATION FOR ST. VINCENT, INC. - 50 ROBINSON INDUSTRIAL DRIVE - PERRYVILLE, MO 63775	88-4308518	501(C)(3)	150,000.	0.			DONOR RECOMMENDED GRANTS
ROSATI-KAIN ACADEMY 4389 LINDELL BLVD SAINT LOUIS, MO 63108-2701	92-0677719	501(C)(3)	23,245.	0.			DONOR RECOMMENDED GRANTS
SAINT ALBAN ROE PARISH-199 2001 SHEPARD RD WILDWOOD, MO 63038	43-1203701	501(C)(3)	30,000.	0.			DONOR RECOMMENDED GRANTS
SAINT ANSELM PARISH-299 530 S MASON RD SAINT LOUIS, MO 63141-8522	43-0861752	501(C)(3)	29,323.	0.			DONOR RECOMMENDED GRANTS
SAINT CECILIA PARISH-140 5418 LOUISIANA AVE SAINT LOUIS, MO 63111-1812	43-0653453	501(C)(3)	12,000.	0.			DONOR RECOMMENDED GRANTS
SAINT CLEMENT OF ROME PARISH-256 1510 BOPP RD SAINT LOUIS, MO 63131-4137	43-0679164	501(C)(3)	28,400.	0.			DONOR RECOMMENDED GRANTS
SAINT JOSEPH PARISH-335 6020 OLD ANTONIA RD IMPERIAL, MO 63052-2268	43-0653498	501(C)(3)	190,000.	0.			DONOR RECOMMENDED GRANTS
SAINT MARGARET MARY ALACOQUE PARISH-289 - 4900 RINGER RD - SAINT LOUIS, MO 63129-1751	43-0826222	501(C)(3)	7,823.	0.			DONOR RECOMMENDED GRANTS
SAINT MICHAEL CATHOLIC CHURCH OF FAIRBURY - P.O. BOX 406 - FAIRBURY, NE 68352	47-0384571	501(C)(3)	7,000.	0.			DONOR RECOMMENDED GRANTS

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PETER PARISH-220 243 W ARGONNE DR SAINT LOUIS, MO 63122-4203	43-0653552	501(C)(3)	11,000.	0.			DONOR RECOMMENDED GRANTS
SAINTS JOACHIM AND ANN PARISH-390 4112 MCCLAY RD SAINT CHARLES, MO 63304-7918	43-1253468	501(C)(3)	6,250.	0.			DONOR RECOMMENDED GRANTS
SISTERS OF ST. JOSEPH OF CARONDELET - 6400 MINNESOTA AVENUE - ST. LOUIS, MO 63111	43-6000007	501(C)(3)	10,500.	0.			DONOR RECOMMENDED GRANTS
SOCIETY OF ST. VINCENT DE PAUL 1310 PAPIN STREET ST. LOUIS, MO 63103-3132	13-5562362	501(C)(3)	34,200.	0.			DONOR RECOMMENDED GRANTS
SSM CARDINAL GLENNON FOUNDATION 3800 PARK AVENUE ST. LOUIS, MO 63110-2514	43-1754347	501(C)(3)	19,500.	0.			DONOR RECOMMENDED GRANTS
ST. AGATHA CENTER 204 NORTH MAIN STREET O' FALLON, MO 63366	43-0653425	501(C)(3)	255,490.	0.			DONOR RECOMMENDED GRANTS
ST. AUSTIN SCHOOL PO BOX 6906 CHESTERFIELD, MO 63006-6906	45-1623593	501(C)(3)	101,131.	0.			DONOR RECOMMENDED GRANTS
ST. CECILIA SCHOOL AND ACADEMY 906 EICHELBERGER AVE SAINT LOUIS, MO 63111-1603	45-5598827	501(C)(3)	6,175.	0.			DONOR RECOMMENDED GRANTS
ST. DOMINIC HIGH SCHOOL 31 ST.DOMINIC DR O FALLON, MO 63366-2395	43-0653242	501(C)(3)	6,000.	0.			DONOR RECOMMENDED GRANTS

Schedule I (Form 990)



**ROMAN CATHOLIC FOUNDATION OF EASTERN  
MISSOURI**

Schedule I (Form 990)

46-3309222

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCES CABRINI ACADEMY 3022 OREGON ST. LOUIS, MO 63118	35-2195630	501(C)(3)	61,000.	0.			DONOR RECOMMENDED GRANTS
ST. JOSEPH SCHOOL - IMPERIAL 6024 OLD ANTONIA ROAD IMPERIAL, MO 63052	43-0653498	501(C)(3)	20,000.	0.			DONOR RECOMMENDED GRANTS
ST. LOUIS COMMUNITY FOUNDATION #2 OAK KNOLL PARK ST. LOUIS, MO 63105	43-1758789	501(C)(3)	13,500.	0.			DONOR RECOMMENDED GRANTS
ST. LOUIS UNIVERSITY HIGH SCHOOL 4970 OAKLAND AVENUE ST. LOUIS, MO 63110	43-0662506	501(C)(3)	59,222.	0.			DONOR RECOMMENDED GRANTS
ST. MARGARET MARY ALACOQUE SCHOOL 4900 RINGER ROAD ST. LOUIS, MO 63129	43-0826222	501(C)(3)	26,761.	0.			DONOR RECOMMENDED GRANTS
ST. MARY'S SOUTH SIDE CATHOLIC HIGH SCHOOL - 4701 S GRAND BLVD - SAINT LOUIS, MO 63111-1409	43-0653242	501(C)(3)	21,978.	0.			DONOR RECOMMENDED GRANTS
ST. PATRICK CENTER P.O. BOX 953745 ST. LOUIS, MO 63195-3745	43-1263499	501(C)(3)	38,725.	0.			DONOR RECOMMENDED GRANTS
ST. PIUS X HIGH SCHOOL 1030 SAINT PIUS DR FESTUS, MO 63028-3746	43-0653242	501(C)(3)	7,150.	0.			DONOR RECOMMENDED GRANTS
ST. VINCENT DE PAUL - ARCHDIOCESAN COUNCIL OF ST. LOUIS - 1310 PAPIN STREET - ST. LOUIS, MO 63103	43-0652684	501(C)(3)	25,000.	0.			DONOR RECOMMENDED GRANTS

Schedule I (Form 990)

**ROMAN CATHOLIC FOUNDATION OF EASTERN  
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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT EDUCATIONAL FOUNDATION PO BOX 203 PERRYVILLE, MO 63775	43-1294513	501(C)(3)	100,000.	0.			DONOR RECOMMENDED GRANTS
THE COVERING HOUSE P.O. BOX 12206 ST. LOUIS, MO 63157	27-1372748	501(C)(3)	15,000.	0.			DONOR RECOMMENDED GRANTS
THE MISSIONARY SISTERS OF ST. PETER CLAVER - P.O. BOX 6067 - CHESTERFIELD, MO 63006	43-1037531	501(C)(3)	7,000.	0.			DONOR RECOMMENDED GRANTS
THE PAPAL FOUNDATION 2501 SEAPORT DRIVE CHESTER, PA 19013	23-2511991	501(C)(3)	200,000.	0.			DONOR RECOMMENDED GRANTS
TODAY & TOMORROW EDUCATIONAL FOUNDATION - 20 ARCHBISHOP MAY DRIVE - ST. LOUIS, MO 63119	43-1633656	501(C)(3)	64,500.	0.			DONOR RECOMMENDED GRANTS
UNBOUND P.O. BOX 219114 KANSAS CITY, MO 64121	43-1243999	501(C)(3)	17,820.	0.			DONOR RECOMMENDED GRANTS
VALLEY OF GRACE P.O. BOX 177 KOKOMO, IN 46903	82-1675363	501(C)(3)	20,000.	0.			DONOR RECOMMENDED GRANTS
VILLA DUCHESNE AND OAK HILL SCHOOL (7-12) - 10801 CONWAY ROAD - SAINT LOUIS, MO 63131	43-1063899	501(C)(3)	42,500.	0.			DONOR RECOMMENDED GRANTS
VITAE FOUNDATION PO BOX 791 JEFFERSON CITY, MO 65102	43-1138252	501(C)(3)	9,600.	0.			DONOR RECOMMENDED GRANTS

Schedule I (Form 990)

**ROMAN CATHOLIC FOUNDATION OF EASTERN  
MISSOURI**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELCOME NEIGHBOR STL 3672 ARSENAL STREET SAINT LOUIS, MO 63116	83-1211260	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
WORLD VILLAGES FOR CHILDREN 4200 PARLIAMENT PLACE, SUITE 230 LANHAM, MD 20706	52-1440944	501(C)(3)	156,000.	0.			DONOR RECOMMENDED GRANTS
MARQUETTE CATHOLIC HIGH SCHOOL 219 E 4TH STREET ALTON, IL 62002	37-1122740	501(C)(3)	7,150.	0.			DONOR RECOMMENDED GRANTS
REGINA CLERI HOME OF THE ARCHDIOCESE OF ST. LOUIS - 10 ARCHBISHOP MAY DRIVE - ST. LOUIS, MO 63119	43-1145800	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS

**ROMAN CATHOLIC FOUNDATION OF EASTERN  
MISSOURI**

Schedule I (Form 990) 2023

46-3309222

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**Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	1099	1,643,227.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

EACH ORGANIZATION THAT RECEIVES AN ACADEMIC CAPACITY ENHANCEMENT GRANT IS REQUIRED TO SUBMIT AN OUTCOME REPORT EVERY SIX MONTHS. THE OUTCOME REPORT ALLOWS THE FOUNDATION TO (A) ASSESS GRANTEE'S PROGRESS WITH IMPLEMENTING GRANT ACTIVITIES, (B) IDENTIFY AND WORK WITH GRANTEE'S TO MITIGATE POTENTIAL CONCERNS, AND (C) ENSURE THAT ALL FUNDS ARE SPENT IN ACCORDANCE WITH THE GRANT AGREEMENT. THE FINAL OUTCOME REPORT MUST INCLUDE A BUDGET WITH ACTUAL EXPENDITURES. FOR DONOR RECOMMENDED GRANTS, THE ORGANIZATION RECEIVING THE GRANT IS RESEARCHED TO ENSURE IT IS LEGITIMATE AND ALIGNS

ROMAN CATHOLIC FOUNDATION OF EASTERN  
MISSOURI

Schedule I (Form 990)

46-3309222 Page 2

**Part IV** Supplemental Information

WITH THE POLICIES OF THE FOUNDATION.

SCHOLARSHIP FUNDS ARE REMITTED DIRECTLY TO THE SCHOOL TO APPLY TOWARDS  
AWARDED STUDENTS TUITION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization **ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI** Employer identification number **46-3309222**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

**ROMAN CATHOLIC FOUNDATION OF EASTERN  
MISSOURI**

46-3309222

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH BESTGEN PRESIDENT/CEO/SECRETARY	(i)	168,164.	0.	0.	0.	35,654.	203,818.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SCOTT WELZ VICE PRESIDENT/CFO	(i)	130,878.	0.	0.	0.	27,866.	158,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

ROMAN CATHOLIC FOUNDATION OF EASTERN  
MISSOURI

Schedule J (Form 990) 2023

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**Part III Supplemental Information**

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

PART I, LINE 3:

COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNANCE COMMITTEE. THE REVIEW  
INCLUDES CONSIDERATION OF COMPARABLE COMPENSATION DATA OF OTHER SIMILAR  
ORGANIZATIONS AS WELL AS SURVEY DATA. THE CANDID NONPROFIT COMPENSATION  
REPORT IS THE SOURCE OF COMPARISON INFORMATION AS WELL AS 990 FILINGS OF  
SIMILAR ORGANIZATIONS. ALL DELIBERATION AND DECISIONS ARE DOCUMENTED AND  
RECORDED IN MINUTES TO THE MEETING.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI** Employer identification number **46-3309222**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	54	746,283.	SELLING PRICE
10 Securities - Closely held stock	X	1	1,499,670.	SELLING PRICE
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

ROMAN CATHOLIC FOUNDATION OF EASTERN

Schedule M (Form 990) 2023

MISSOURI

46-3309222

Page 2

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI	Employer identification number 46-3309222
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

LOCAL CHURCH FOR FUTURE GENERATIONS.

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

THE EXECUTIVE COMMITTEE OF THE BOARD HAS THE AUTHORITY TO ACT ON BEHALF OF THE BOARD ON MATTERS THAT ARISE BETWEEN SCHEDULED BOARD MEETINGS OR WHEN IT IS NOT PRACTICAL OR FEASIBLE FOR THE BOARD TO MEET. THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CO-CHAIRS, THE ARCHBISHOP OF ST. LOUIS, AND THE CHAIR OF EACH OF THE STANDING COMMITTEES OF THE BOARD, ALL OF WHOM ARE ON THE BOARD. THE EXECUTIVE COMMITTEE DOES NOT HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO DISTRIBUTIONS TO BOARD MEMBER OR EMPLOYEES, THE DISSOLUTION OR MERGER OF THE FOUNDATION, ELECTION OR REMOVAL OF TRUSTEES, CHANGES TO THE ARTICLES OF INCORPORATION OR BYLAWS, AMENDING THE FOUNDATION'S MISSION, OR AMENDING OR REPEALING ANY RESOLUTION OF THE BOARD.

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

- MICHELLE ARMESTO AND CASTOR ARMESTO - FAMILY RELATIONSHIP
- TIFFANY DINO AND GRANT DINO - FAMILY RELATIONSHIP
- TINA ECKELKAMP AND LOUIS ECKELKAMP III - FAMILY RELATIONSHIP
- CONNIE NOTESTINE AND STEVE NOTESTINE - FAMILY RELATIONSHIP
- SUSAN SANSONE AND TIMOTHY SANSONE - FAMILY RELATIONSHIP
- KAREN SHAUGHNESSY AND JIM SHAUGHNESSY - FAMILY RELATIONSHIP
- DIANE SNIVELY AND DAVE SNIVELY - FAMILY RELATIONSHIP
- NANCY ROSS AND DONALD ROSS - FAMILY RELATIONSHIP
- MARY CHARLES AND DAN CHARLES - FAMILY RELATIONSHIP

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization	ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI	Employer identification number	46-3309222
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GINA WITTE AND MATT WITTE - FAMILY RELATIONSHIP

LESA KEEVEN AND JERRY KEEVEN - FAMILY RELATIONSHIP

JENNIFER HEMPSTEAD AND GERARD HEMPSTEAD - FAMILY RELATIONSHIP

MIKE CONOYER AND CAROL CONOYER - FAMILY RELATIONSHIP

NANCY WERNER, BISHOP MARK RIVITUSO, AND ARCHBISHOP MITCHELL ROZANSKI -  
BUSINESS RELATIONSHIP

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

MANAGEMENT, THE ORGANIZATION'S OFFICERS, AND BOARD MEMBERS WILL REVIEW THE FORM 990 BEFORE IT IS FILED WITH THE IRS. THE ENTIRE FORM 990 IS PROVIDED FOR A DETAILED REVIEW BY ALL BOARD MEMBERS.

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

BOARD MEMBERS ARE REQUIRED TO DISCLOSE, AND UPDATE ANNUALLY, ANY TRANSACTIONS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. ANY POTENTIAL CONFLICTS ARE REVIEWED BY THE CHIEF FINANCIAL OFFICER. IF ANY CONFLICTS EXIST, THEN THE INDIVIDUAL IS PROHIBITED FROM PARTICIPATING IN THE BOARD'S DECISIONS OR DISCUSSIONS RELATED TO THE TRANSACTION.

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

COMPENSATION IS REVIEWED ANNUALLY BY THE GOVERNANCE COMMITTEE. THE REVIEW INCLUDES CONSIDERATION OF COMPARABLE COMPENSATION DATA OF OTHER SIMILAR ORGANIZATIONS AS WELL AS SURVEY DATA. THE GUIDESTAR NONPROFIT COMPENSATION REPORT IS THE SOURCE OF COMPARISON INFORMATION. ALL DELIBERATION AND DECISIONS ARE DOCUMENTED AND RECORDED IN MINUTES TO THE MEETING.

THIS PROCESS WAS LAST CONDUCTED IN 2023.

Name of the organization ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Employer identification number 46-3309222

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S 990 IS AVAILABLE ON ITS WEBSITE AND THE 1023 IS AVAILABLE UPON REQUEST.

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

THE FOUNDATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

FORM 990, PAGE 12, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

PAGE 1, BOX K

THE REPORTING ORGANIZATION IS IN FACT A CORPORATION, NOT A TRUST AS HAS BEEN REPORTED IN PRIOR YEARS. THIS ERROR IS BEING CORRECTED IN THE CURRENT YEAR.