

** 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 for instructions and the latest information.

2024
Open to Public Inspection

☐

Address change

☐

Name change

☐

Initial return

☐

Final return/terminated

☐

Amended return

☐

Application pending

C Name of organization
ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)Room/suite
425 NORTH NEW BALLAS ROAD200

City or town, state or province, country, and ZIP or foreign postal code
ST. LOUIS, MO 63141

F Name and address of principal officer: JOE BESTGEN
SAME AS C ABOVE

D Employer identification number
46-3309222

E Telephone number
314-918-2890

G Gross receipts \$
46,536,569.

H(a) Is this a group return for subordinates?☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.RCFSTL.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2013

M State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 32

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 31

5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 7

6 Total number of volunteers (estimate if necessary) 6 41

7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

Revenue

8 Contributions and grants (Part VIII, line 1h) 7,217,760. 8,218,939.

9 Program service revenue (Part VIII, line 2g) 205,889. 171,024.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,689,558. 2,086,407.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 50,277. 1,834.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,163,484. 10,478,204.

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,285,790. 5,714,865.

14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 761,778. 806,595.

16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.

b Total fundraising expenses (Part IX, column (D), line 25) 284,208.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 534,362. 573,011.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,581,930. 7,094,471.

19 Revenue less expenses. Subtract line 18 from line 12 2,581,554. 3,383,733.

Net Assets or Fund Balances

20 Total assets (Part X, line 16) Beginning of Current Year End of Year
67,874,003. 79,626,618.

21 Total liabilities (Part X, line 26) 9,110,486. 12,819,480.

22 Net assets or fund balances. Subtract line 21 from line 20 58,763,517. 66,807,138.

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.

Joe Bestgen
Signature of officer

5/12/2025
Date

Sign Here
JOE BESTGEN, PRESIDENT
Type or print name and title

Preparer's name
ERIKA MARTINEZ

Preparer's signature
ERIKA MARTINEZ

Date
05/09/25

Check if self-employed ☐

PTIN
P02297196

Preparer Use Only
Firm's name
CLIFTONLARSONALLEN LLP

Firm's EIN
41-0746749

Firm's address
475 REGENCY PARK, SUITE 175
O'FALLON, IL 62269

Phone no. (618) 233-1200

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

LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24 Form 990 (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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 ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 6,355,581. including grants of \$ 5,714,866.) (Revenue \$ 171,024.)
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 6,355,581.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 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>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a 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>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 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>	18	X
19 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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

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Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 24	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	7
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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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
1a Enter the number of voting members of the governing body at the end of the tax year	1a 32		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	1b 31		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

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

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				173,390.	0.	37,655.
(2) JOHN MODDER VICE PRESIDENT/CFO	50.00			X				136,087.	0.	14,269.
(3) CASTOR ARMESTO TRUSTEE	0.20	X						0.	0.	0.
(4) MICHELLE ARMESTO TRUSTEE	0.20	X						0.	0.	0.
(5) DAN CHARLES TRUSTEE	0.20	X						0.	0.	0.
(6) MARY CHARLES TRUSTEE	0.20	X						0.	0.	0.
(7) GRANT DINO TRUSTEE	0.20	X						0.	0.	0.
(8) TIFFANY DINO TRUSTEE	0.20	X						0.	0.	0.
(9) LOUIS ECKELKAMP III TRUSTEE	0.20	X						0.	0.	0.
(10) TINA ECKELKAMP TRUSTEE	0.20	X						0.	0.	0.
(11) NIALL J. GANNON TRUSTEE	0.20	X						0.	0.	0.
(12) CONNIE NOTESTINE TRUSTEE	0.20	X						0.	0.	0.
(13) STEPHEN M. NOTESTINE TRUSTEE	0.20	X						0.	0.	0.
(14) NANCY A. ROSS TRUSTEE	0.20	X						0.	0.	0.
(15) DONALD L. ROSS TRUSTEE	0.20	X						0.	0.	0.
(16) SUSAN L. SANSONE TRUSTEE (TERM END 11/24)	0.20	X						0.	0.	0.
(17) TIMOTHY G. SANSONE TRUSTEE (TERM END 11/24)	0.20	X						0.	0.	0.

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

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) KAREN SHAUGHNESSY TRUSTEE	0.20	X						0.	0.	0.
(19) JIM SHAUGHNESSY TRUSTEE	0.20	X						0.	0.	0.
(20) DIANE SNIVELY TRUSTEE	0.20	X						0.	0.	0.
(21) DAVID F. SNIVELY TRUSTEE/VICE-PRESIDENT/TREASURER	0.20	X		X				0.	0.	0.
(22) MIKE WALSH TRUSTEE	0.20	X						0.	0.	0.
(23) MATT WITTE TRUSTEE (TERM END 11/24)	0.20	X						0.	0.	0.
(24) GINA WITTE TRUSTEE (TERM END 11/24)	0.20	X						0.	0.	0.
(25) MARK J. GUYOL CO-CHAIRPERSON	0.40	X		X				0.	0.	0.
(26) BISHOP MARK S. RIVITUSO TRUSTEE	0.20	X						0.	0.	0.
1b Subtotal								309,477.	0.	51,924.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								309,477.	0.	51,924.

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 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

ROMAN CATHOLIC FOUNDATION OF EASTERN
MISSOURI

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,218,939.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,603,836.				
	h Total. Add lines 1a-1f				8,218,939.		
Program Service Revenue			Business Code				
	2 a PLANNED GIVING SERVICES		541900	93,750.	93,750.		
	b INVESTMENT MANAGEMENT FEES		523940	77,274.	77,274.		
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f				171,024.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,457,141.			1457141.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	36,687,631.				
	b Less: cost or other basis and sales expenses	7b	36,058,365.				
	c Gain or (loss)	7c	629,266.				
	d Net gain or (loss)			629,266.			629,266.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18			8a			
	b Less: direct expenses			8b			
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19			9a				
b Less: direct expenses			9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances			10a				
b Less: cost of goods sold			10b				
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISCELLANEOUS INCOME		900099	1,834.			1,834.
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d				1,834.		
12 Total revenue. See instructions				10,478,204.	171,024.	0.	2088241.

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Part IX Statement of Functional Expenses

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

Check if Schedule O contains a 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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,018,720.	4,018,720.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,696,145.	1,696,145.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	309,477.	100,988.	106,215.	102,274.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	338,024.	101,709.	162,293.	74,022.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,641.	8,041.	8,457.	8,143.
9 Other employee benefits	83,244.	27,164.	28,570.	27,510.
10 Payroll taxes	51,209.	15,982.	21,219.	14,008.
11 Fees for services (nonemployees):				
a Management	92,697.	42,296.	39,585.	10,816.
b Legal	548.		548.	
c Accounting	39,655.	18,094.	16,934.	4,627.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	236,475.	236,475.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	85,942.	47,150.	25,451.	13,341.
14 Information technology				
15 Royalties				
16 Occupancy	84,691.	29,201.	33,932.	21,558.
17 Travel	20,797.	5,387.	9,073.	6,337.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	12,206.	8,229.	2,405.	1,572.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,094,471.	6,355,581.	454,682.	284,208.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

ROMAN CATHOLIC FOUNDATION OF EASTERN
MISSOURI

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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
Assets	1 Cash - non-interest-bearing	1,041,729.	1	1,171,117.
	2 Savings and temporary cash investments	6,065,905.	2	8,064,907.
	3 Pledges and grants receivable, net	3,560.	3	7,500.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,665.	9	25,906.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,825.		
	b Less: accumulated depreciation	10b 18,825.	10c 0.	0.
	11 Investments - publicly traded securities	60,284,197.	11	69,974,822.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	447,947.	15	382,366.
16 Total assets. Add lines 1 through 15 (must equal line 33)	67,874,003.	16	79,626,618.	
Liabilities	17 Accounts payable and accrued expenses	10,752.	17	4,485.
	18 Grants payable	3,299,964.	18	3,434,245.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,565,681.	21	9,211,439.
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	234,089.	24	169,311.
	25 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		25	
	26 Total liabilities. Add lines 17 through 25	9,110,486.	26	12,819,480.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,363,966.	27	1,577,406.
	28 Net assets with donor restrictions	57,399,551.	28	65,229,732.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	58,763,517.	32	66,807,138.
	33 Total liabilities and net assets/fund balances	67,874,003.	33	79,626,618.

Form 990 (2024)

ROMAN CATHOLIC FOUNDATION OF EASTERN
MISSOURI

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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 ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,478,204.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,094,471.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,383,733.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58,763,517.
5	Net unrealized gains (losses) on investments	5	4,659,888.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,807,138.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
c 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a 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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

432021 01-14-25

Schedule A (Form 990) 2024

ROMAN CATHOLIC FOUNDATION OF EASTERN
MISSOURI

Schedule A (Form 990) 2024

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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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6772356.	6103576.	3019776.	7217760.	8218939.	31332407.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6772356.	6103576.	3019776.	7217760.	8218939.	31332407.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6310516.
6 Public support. Subtract line 5 from line 4.						25021891.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6772356.	6103576.	3019776.	7217760.	8218939.	31332407.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	877,292.	1044871.	1546733.	1269392.	1457141.	6195429.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,527.	1,272.	1,360.	1,649.	1,834.	7,642.
11 Total support. Add lines 7 through 10						37535478.
12 Gross receipts from related activities, etc. (see instructions)					12	1,349,384.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	66.66 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	69.03 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2024

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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**

Schedule A (Form 990) 2024

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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) 2024

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Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

Part V

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule B
(Form 990)

(Rev. December 2024)
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 for the latest information.

OMB No. 1545-0047

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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).

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

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		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 441,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 210,410.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,312,778.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 275,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 399,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 169,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 564,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 210,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)

Page 3

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

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
2	STOCK	\$ 399,813.	05/10/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	STOCK	\$ 184,410.	12/26/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	STOCK	\$ 399,080.	12/05/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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

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)

(Rev. December 2024)

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

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	60	
2 Aggregate value of contributions to (during year)	5,917,602.	
3 Aggregate value of grants from (during year)	3,416,576.	
4 Aggregate value at end of year	13,556,591.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Part II

Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)

☐ Preservation of a historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

\$

(ii) Assets included in Form 990, Part X

\$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

\$

b Assets included in Form 990, Part X

\$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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27

2024.03040 ROMAN CATHOLIC FOUNDATION A2459301

ROMAN CATHOLIC FOUNDATION OF EASTERN

Schedule D (Form 990) (Rev. 12-2024) MISSOURI

46-3309222 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 0.
d Additions during the year	1d 0.
e Distributions during the year	1e 0.
f Ending balance	1f 0.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	42789131.	36780172.	46214990.	39909962.	36149664.
b Contributions	1,370,965.	1,157,487.	1,578,738.	1,954,406.	563,758.
c Net investment earnings, gains, and losses	5,268,875.	6,279,149.	-8857528.	6,518,646.	5,008,706.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,003,433.	1,427,677.	2,156,028.	2,168,024.	1,812,166.
f Administrative expenses					
g End of year balance	47425538.	42789131.	36780172.	46214990.	39909962.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %

b Permanent endowment 100 %

c Term endowment .0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		18,825.	18,825.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				0.

Schedule D (Form 990) (Rev. 12-2024)

ROMAN CATHOLIC FOUNDATION OF EASTERN

Schedule D (Form 990) (Rev. 12-2024) MISSOURI

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.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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.

1	Total revenue, gains, and other support per audited financial statements	1	14,901,617.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,659,888.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	4,659,888.
3	Subtract line 2e from line 1	3	10,241,729.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	236,475.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	236,475.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,478,204.

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.

1	Total expenses and losses per audited financial statements	1	6,857,996.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,857,996.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	236,475.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	236,475.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,094,471.

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 XIII	Supplemental Information <i>(continued)</i>
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SCHEDULE I
(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

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 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)	142,268.	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)	26,100.	0.			DONOR RECOMMENDED GRANTS
AUGUSTINE INSTITUTE 6160 S SYRACUSE WAY, STE 310 ENGLEWOOD, CO 80111-4781	20-2349108	501(C)(3)	282,200.	0.			DONOR RECOMMENDED GRANTS
BACKSTOPPERS INC. 10411 CLAYTON ROAD ST. LOUIS, MO 63131	43-6032561	501(C)(3)	12,700.	0.			DONOR RECOMMENDED GRANTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **92.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

**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
BECKET FUND 1919 PENNSYLVANIA AVE. NW, #400 WASHINGTON, DC 20006	52-1858532	501(C)(3)	12,000.	0.			DONOR RECOMMENDED GRANTS
BISHOP DUBOURG HIGH SCHOOL 5850 EICHELBERGER ST SAINT LOUIS, MO 63109	35-2792462	501(C)(3)	16,524.	0.			DONOR RECOMMENDED GRANTS
BOYS HOPE GIRLS HOPE 8027 ELINOR AVE RICHMOND HTS, MO 63117-2031	43-1202596	501(C)(3)	5,500.	0.			DONOR RECOMMENDED GRANTS
CARMEL OF SAINT JOSEPH 9150 CLAYTON RD SAINT LOUIS, MO 63124-1898	43-0796808	501(C)(3)	8,750.	0.			DONOR RECOMMENDED GRANTS
CARMELITE SISTERS OF DIVINE HEART OF JESUS - 10341 MANCHESTER ROAD - ST. LOUIS, MO 63122-1520	43-0745682	501(C)(3)	27,000.	0.			DONOR RECOMMENDED GRANTS
CATHEDRAL BASILICA OF SAINT LOUIS PARISH-101 - 4431 LINDELL BLVD - SAINT LOUIS, MO 63108-2496	43-0653268	501(C)(3)	56,214.	0.			DONOR RECOMMENDED GRANTS
CATHOLIC CHARITIES OF SAINT LOUIS 4445 LINDELL BLVD ST. LOUIS, MO 63108	43-0653270	501(C)(3)	74,800.	0.			DONOR RECOMMENDED GRANTS
CATHOLIC RELIEF SERVICES, INC. 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	13,600.	0.			DONOR RECOMMENDED GRANTS
CATHOLICVOTE EDUCATION FUND P.O. BOX 3310 CARMEL, IN 46082	20-2603413	501(C)(3)	20,100.	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
CHAMINADE COLLEGE PREPARATORY SCHOOL (6-12) - 425 S LINDBERGH BLVD - SAINT LOUIS, MO 63131-2729	43-0653275	501(C)(3)	30,000.	0.			DONOR RECOMMENDED GRANTS
CHRIST THE KING PARISH-245 7316 BALSON AVE SAINT LOUIS, MO 63130-2901	43-0653278	501(C)(3)	17,500.	0.			DONOR RECOMMENDED GRANTS
COALITION FOR LIFE 11780 BORMAN DRIVE ST. LOUIS, MO 63146-4135	45-2782303	501(C)(3)	29,400.	0.			DONOR RECOMMENDED GRANTS
COR JESU ACADEMY 10230 GRAVOIS ROAD ST. LOUIS, MO 63123	43-0766432	501(C)(3)	32,000.	0.			DONOR RECOMMENDED GRANTS
DAUGHTERS OF ST. PAUL 9804 WATSON ROAD ST. LOUIS, MO 63126-1825	04-2966563	501(C)(3)	5,500.	0.			DONOR RECOMMENDED GRANTS
DE SMET JESUIT HIGH SCHOOL 233 N NEW BALLAS RD SAINT LOUIS, MO 63141	43-1102368	501(C)(3)	117,000.	0.			DONOR RECOMMENDED GRANTS
EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM, NORTHERN LIEUTENANCY - P.O. BOX 540004 - OMAHA, NE 68154	94-3211363	501(C)(3)	25,800.	0.			DONOR RECOMMENDED GRANTS
ETERNAL WORD TELEVISION NETWORK 5817 OLD LEEDS RD IRONDALE, AL 35210-2164	63-0801391	501(C)(3)	6,550.	0.			DONOR RECOMMENDED GRANTS
FIRST - FRIENDS OF IMMIGRANTS & REFUGEES OF ST. LOUIS - 120 SOUTH CENTRAL AVENUE - ST. LOUIS, MO 63105	20-4777590	501(C)(3)	9,000.	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
FOCUS - FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS - P.O. BOX 17408 - DENVER, CO 80217	84-1522811	501(C)(3)	19,700.	0.			DONOR RECOMMENDED GRANTS
FOCUS MISSION FOUNDATION P.O. BOX 17408 DENVER, CO 80217	88-2519554	501(C)(3)	25,000.	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
HAITI HEALTH PROMISE OF HOLY NAME PO BOX 804 LUDLOW, MA 01056-0804	43-1660199	501(C)(3)	6,800.	0.			DONOR RECOMMENDED GRANTS
HOLY CROSS ACADEMY - OUR LADY OF PROVIDENCE CAMPUS - 8874 PARDEE RD - SAINT LOUIS, MO 63123-1017	45-3755182	501(C)(3)	20,000.	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
IMMACOLATA PARISH-235 8900 CLAYTON RD SAINT LOUIS, MO 63117-1093	43-0653345	501(C)(3)	31,440.	0.			DONOR RECOMMENDED GRANTS
IMMACULATE CONCEPTION PARISH-346 110 MARYKNOLL RD OLD MONROE, MO 63369-2329	43-0653354	501(C)(3)	6,513.	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
INCARNATE WORD ACADEMY 2788 NORMANDY DRIVE ST. LOUIS, MO 63121	43-0893321	501(C)(3)	148,256.	0.			DONOR RECOMMENDED GRANTS
INCARNATE WORD PARISH-200 13416 OLIVE BLVD CHESTERFIELD, MO 63017-3111	43-0832057	501(C)(3)	13,600.	0.			DONOR RECOMMENDED GRANTS
INSTITUTE OF CATHOLIC HUMANISM PO BOX 1271 MARYLAND HEIGHTS, MO 63043-0271	86-1837452	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
INTERNATIONAL CATHOLIC MIGRATION COMMISSION - 415 MICHIGAN AVE NE STE 225 - WASHINGTON, DC 20017-4503	52-1470887	501(C)(3)	5,300.	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)	10,200.	0.			DONOR RECOMMENDED GRANTS
KENRICK-GLENNON SEMINARY 5200 GLENNON DRIVE ST. LOUIS, MO 63119	35-2193656	501(C)(3)	77,282.	0.			DONOR RECOMMENDED GRANTS
LIFE TEEN, INC. P.O. BOX 117299 ATLANTA, GA 30368-7299	86-0602592	501(C)(3)	124,000.	0.			DONOR RECOMMENDED GRANTS
LITTLE BROTHERS OF THE LAMB, INC. 921 HOMER AVE KANSAS CITY, KS 66101-3620	46-4231701	501(C)(3)	13,000.	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
LITTLE SISTERS OF THE POOR, ST. JOSEPH'S HOME FOR THE AGED - AUDUBON PLAZA DR - LOUISVILLE, KY 40217-1318	61-0487466	501(C)(3)	15,000.	0.			DONOR RECOMMENDED GRANTS
LOYOLA ACADEMY 3851 WASHINGTON AVE SAINT LOUIS, MO 63108-3405	43-1859076	501(C)(3)	20,000.	0.			DONOR RECOMMENDED GRANTS
MADONNA RENEWAL CENTER 1209B S WALNUT AVE FREEPORT, IL 61032-5555	47-2229824	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
MARY QUEEN OF ANGELS 211 E. ELM STREET, UNIT 2 O'FALLON, MO 63366-2650	27-2052752	501(C)(3)	15,000.	0.			DONOR RECOMMENDED GRANTS
MEDS AND FOOD FOR KIDS 8050 WATSON RD, STE 355 SAINT LOUIS, MO 63119-5325	20-1257910	501(C)(3)	7,500.	0.			DONOR RECOMMENDED GRANTS
MISSIONARIES OF CHARITY 3629 COTTAGE AVENUE ST. LOUIS, MO 63113	13-1837418	501(C)(3)	6,500.	0.			DONOR RECOMMENDED GRANTS
MISSOURI RIGHT TO LIFE EDUCATION FUND - P.O. BOX 651 - JEFFERSON CITY, MO 65102-0651	43-1907408	501(C)(3)	10,200.	0.			DONOR RECOMMENDED GRANTS
MOTHER OF GOOD COUNSEL HOME 6825 NATURAL BRIDGE ROAD ST. LOUIS, MO 63121	43-0653375	501(C)(3)	69,275.	0.			DONOR RECOMMENDED GRANTS
NORTH AMERICAN LA SALETTE MISSION CENTER - 4650 SOUTH BROADWAY - SAINT LOUIS, MO 63111-1398	06-1481513	501(C)(3)	21,000.	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
ORDER OF MALTA P.O. BOX 95000 PHILADELPHIA, PA 19195-0001	23-7095245	501(C)(3)	13,650.	0.			DONOR RECOMMENDED GRANTS
OUR LADY OF MOUNT CARMEL CATHOLIC CHURCH - 708 W BELMONT AVE - CHICAGO, IL 60657-4153	36-2170893	501(C)(3)	5,100.	0.			DONOR RECOMMENDED GRANTS
OUR LITTLE HAVEN PO BOX 23010 ST. LOUIS, MO 63156	43-1567500	501(C)(3)	5,500.	0.			DONOR RECOMMENDED GRANTS
PONY BIRD, INC. 1615 VINE SCHOOL RD HERCULANEUM, MO 63048-1590	43-1188096	501(C)(3)	5,150.	0.			DONOR RECOMMENDED GRANTS
RELIGIOUS SISTERS OF MERCY OF ALMA, MICHIGAN - 5047 WASHINGTON PLACE - SAINT LOUIS, MO 63108	38-2350857	501(C)(3)	12,500.	0.			DONOR RECOMMENDED GRANTS
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)	23,451.	0.			DONOR RECOMMENDED GRANTS
RURAL PARISH CLINIC 20 ARCHBISHOP MAY DR SAINT LOUIS, MO 63119-5738	84-3396327	501(C)(3)	11,277.	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

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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 CLEMENT OF ROME PARISH-256 1510 BOPP RD SAINT LOUIS, MO 63131-4137	43-0679164	501(C)(3)	30,500.	0.			DONOR RECOMMENDED GRANTS
SAINT JOSEPH PARISH-335 6020 OLD ANTONIA RD IMPERIAL, MO 63052-2268	43-0653498	501(C)(3)	275,000.	0.			DONOR RECOMMENDED GRANTS
SAINT MARGARET MARY ALACOQUE PARISH-289 - 4900 RINGER RD - SAINT LOUIS, MO 63129-1751	43-0826222	501(C)(3)	7,869.	0.			DONOR RECOMMENDED GRANTS
SAINT PATRICK PARISH-372 405 S CHURCH ST WENTZVILLE, MO 63385-1606	43-0718845	501(C)(3)	90,000.	0.			DONOR RECOMMENDED GRANTS
SAINT PETER PARISH-220 243 W ARGONNE DR SAINT LOUIS, MO 63122-4203	43-0653552	501(C)(3)	11,000.	0.			DONOR RECOMMENDED GRANTS
SAINT VINCENT DE PAUL PARISH-320 13497 S STATE HIGHWAY 94 MARTHASVILLE, MO 63357-2212	43-0653578	501(C)(3)	17,000.	0.			DONOR RECOMMENDED GRANTS
SAINT VINCENT DE PAUL PARISH-349 1000 ROSATI CT PERRYVILLE, MO 63775-2319	43-0653251	501(C)(3)	8,800.	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 FOR THE PROPAGATION OF THE FAITH - 20 ARCHBISHOP MAY DR - SAINT LOUIS, MO 63119-5738	43-0653600	501(C)(3)	5,200.	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
SOCIETY OF ST. VINCENT DE PAUL 1310 PAPIN STREET ST. LOUIS, MO 63103-3132	13-5562362	501(C)(3)	53,675.	0.			DONOR RECOMMENDED GRANTS
SSM CARDINAL GLENNON FOUNDATION 3800 PARK AVENUE ST. LOUIS, MO 63110-2514	43-1754347	501(C)(3)	217,851.	0.			DONOR RECOMMENDED GRANTS
ST. AGATHA CENTER 204 NORTH MAIN STREET O' FALLON, MO 63366	43-0653425	501(C)(3)	220,140.	0.			DONOR RECOMMENDED GRANTS
ST. AUSTIN SCHOOL PO BOX 6906 CHESTERFIELD, MO 63006-6906	45-1623593	501(C)(3)	8,182.	0.			DONOR RECOMMENDED GRANTS
ST. DOMINIC HIGH SCHOOL 31 ST. DOMINIC DR O FALLON, MO 63366-2395	43-0653242	501(C)(3)	33,870.	0.			DONOR RECOMMENDED GRANTS
ST. FRANCES CABRINI ACADEMY 3022 OREGON ST. LOUIS, MO 63118	35-2195630	501(C)(3)	60,750.	0.			DONOR RECOMMENDED GRANTS
ST. FRANCIS BORGIA REGIONAL HIGH SCHOOL - 1000 BORGIA DR - WASHINGTON, MO 63090-4112	43-0653242	501(C)(3)	10,423.	0.			DONOR RECOMMENDED GRANTS
ST. JOHN PAUL II PREPARATORY SCHOOL - 1418 SOUTH FIRST CAPITOL DRIVE - ST. CHARLES, MO 63303	27-0680639	501(C)(3)	9,963.	0.			DONOR RECOMMENDED GRANTS
ST. JOSEPH'S ACADEMY 2307 S LINDBERGH BLVD SAINT LOUIS, MO 63131-3596	43-1484983	501(C)(3)	17,265.	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
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PL - MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,100.	0.			DONOR RECOMMENDED GRANTS
ST. LOUIS UNIVERSITY HIGH SCHOOL 4970 OAKLAND AVENUE ST. LOUIS, MO 63110	43-0662506	501(C)(3)	50,750.	0.			DONOR RECOMMENDED GRANTS
ST. MARGARET MARY ALACOQUE SCHOOL 4900 RINGER ROAD ST. LOUIS, MO 63129	43-0826222	501(C)(3)	26,834.	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)	21,408.	0.			DONOR RECOMMENDED GRANTS
ST. PATRICK CENTER P.O. BOX 953745 ST. LOUIS, MO 63195-3745	43-1263499	501(C)(3)	18,625.	0.			DONOR RECOMMENDED GRANTS
ST. PIUS X HIGH SCHOOL 1030 SAINT PIUS DR FESTUS, MO 63028-3746	43-0653242	501(C)(3)	25,444.	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)	30,200.	0.			DONOR RECOMMENDED GRANTS
THE IMMOKALEE FOUNDATION 2375 TAMIAAMI TRL N, STE 308 NAPLES, FL 34103-4439	65-0315664	501(C)(3)	5,500.	0.			DONOR RECOMMENDED GRANTS
THE MISSIONARY SISTERS OF ST. PETER CLAVER - P.O. BOX 6067 - CHESTERFIELD, MO 63006	43-1037531	501(C)(3)	8,500.	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
TODAY & TOMORROW EDUCATIONAL FOUNDATION - 20 ARCHBISHOP MAY DRIVE - ST. LOUIS, MO 63119	43-1633656	501(C)(3)	65,250.	0.			DONOR RECOMMENDED GRANTS
VALLEY OF GRACE P.O. BOX 177 KOKOMO, IN 46903	82-1675363	501(C)(3)	25,000.	0.			DONOR RECOMMENDED GRANTS
VILLA DUCHESNE AND OAK HILL SCHOOL (7-12) - 10801 CONWAY ROAD - SAINT LOUIS, MO 63131	43-1063899	501(C)(3)	40,000.	0.			DONOR RECOMMENDED GRANTS
VITAE FOUNDATION PO BOX 791 JEFFERSON CITY, MO 65102	43-1138252	501(C)(3)	10,800.	0.			DONOR RECOMMENDED GRANTS
WORLD VILLAGES FOR CHILDREN 4200 PARLIAMENT PLACE LANHAM, MD 20706	52-1440944	501(C)(3)	15,000.	0.			DONOR RECOMMENDED GRANTS

Schedule I (Form 990)

ROMAN CATHOLIC FOUNDATION OF EASTERN

Schedule I (Form 990) (Rev. 12-2024) MISSOURI

46-3309222

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	1142	1,696,145.	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:
FOR DONOR RECOMMENDED GRANTS, THE ORGANIZATION RECEIVING THE GRANT IS RESEARCHED TO ENSURE IT IS LEGITIMATE AND ALIGNS WITH THE POLICIES OF THE FOUNDATION.

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

SCHEDULE J
(Form 990)

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI	Employer identification number	46-3309222
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Part I Questions Regarding Compensation

	Yes	No								
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. <table><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></table>	<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)		
<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	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table><tr><td><input checked="" type="checkbox"/> Compensation committee</td><td><input type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<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				
<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	<input checked="" type="checkbox"/>								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>								
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	<input checked="" type="checkbox"/>								
b Any related organization?	5b	<input checked="" type="checkbox"/>								
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	<input checked="" type="checkbox"/>								
b Any related organization?	6b	<input checked="" type="checkbox"/>								
If "Yes" on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

ROMAN CATHOLIC FOUNDATION OF EASTERN

Schedule J (Form 990) (Rev. 12-2024) MISSOURI

46-3309222

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 DECISTIONS ARE DOCUMENTED AND
RECORDED IN MINUTES TO THE MEETING.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

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

Go to 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	49	1,603,836.	SELLING PRICE
10 Securities - Closely held stock				
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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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.		

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.

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

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:
INSPIRING GIVING AND CONNECTING DONORS TO CATHOLIC PARISHES, SCHOOLS
AND MINISTRIES, SUSTAINING THE 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
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
JOAN GUYOL AND MARK GUYOL - FAMILY RELATIONSHIP
JANICE SURDYKE AND TIM SURDYKE - FAMILY RELATIONSHIP
BISHOP MARK RIVITUSO, FATHER CHRIS MARTIN, AND ARCHBISHOP MITCHELL ROZANSKI
- BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 WILL BE REVIEWED BY PRESIDENT & CEO ALONG WITH CFO AND THEN SHARED
WITH ENTIRE BOT FOR THEIR COMMENT PRIOR TO FILING.

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

Name of the organization	ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI	Employer identification number	46-3309222
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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 2024.

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 G
THE AMOUNT REPORTED ON PAGE 1, BOX G - GROSS RECEIPTS IN THE AMOUNT OF \$46,536,569 IS CALCULATED FROM PART VIII AND INCLUDES ALL GROSS REVENUE RECOGNIZED IN 2024 AND GROSS PROCEEDS FROM SALES OF INVESTMENTS DURING 2024.