

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2025

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2025 calendar year, or tax year beginning and ending


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 ROAD 200 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 \$ 41,925,228. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.RCFSTL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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.		
Activities & Governance	2 Check this box <input type="checkbox"/> 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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	35
	7a 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)	Prior Year 8,218,939.	Current Year 7,348,942.
	9 Program service revenue (Part VIII, line 2g)	171,024.	268,587.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,086,407.	4,202,402.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,834.	1,310.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,478,204.	11,821,241.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		806,595.	875,184.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)		334,240.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		573,011.	606,379.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,094,471.	9,040,525.
19 Revenue less expenses. Subtract line 18 from line 12	3,383,733.	2,780,716.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 79,626,618.	End of Year 89,673,115.
	21 Total liabilities (Part X, line 26)	12,819,480.	14,088,482.
	22 Net assets or fund balances. Subtract line 21 from line 20	66,807,138.	75,584,633.

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.

	DocuSigned by:  Signature of officer	Date 4/29/2026
Sign Here	JOE BESTGEN, PRESIDENT Type or print name and title	Date
Paid	Preparer's name ERIKA MARTINEZ	Preparer's signature ERIKA MARTINEZ
Preparer Use Only	Firm's name CLIFTONLARSONALLEN LLP	Date 04/29/26
	Firm's address 475 REGENCY PARK, SUITE 175 O'FALLON, IL 62269	Check if self-employed <input type="checkbox"/> PTIN P02297196
		Firm's EIN 41-0746749 Phone no. (618) 233-1200

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

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

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Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 8,180,453. including grants of \$ 7,558,962.) (Revenue \$ 268,587.) 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 8,180,453.

**ROMAN CATHOLIC FOUNDATION OF EASTERN
MISSOURI**

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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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>		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>		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>	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>		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>		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>	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>	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>	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>		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>		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>		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>		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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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.</i> See instructions		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

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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 Compliance

Check 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)

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

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	25		
b Enter the number of voting members included on line 1a, above, who are independent	1b	24		
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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH BESTGEN PRESIDENT/CEO/SECRETARY	50.00	X		X				186,551.	0.	22,562.
(2) JOHN MODDER VICE PRESIDENT/CFO	50.00			X				149,268.	0.	8,124.
(3) MICHAEL WEISBROD SENIOR GIFT PLANNING OFFICER	50.00				X			115,211.	0.	7,821.
(4) CASTOR ARMESTO TRUSTEE	0.20	X						0.	0.	0.
(5) MICHELLE ARMESTO TRUSTEE	0.20	X						0.	0.	0.
(6) MIKE CONOYER TRUSTEE	0.20	X						0.	0.	0.
(7) CAROL CONOYER TRUSTEE	0.20	X						0.	0.	0.
(8) DAN CHARLES TRUSTEE	0.20	X						0.	0.	0.
(9) MARY CHARLES TRUSTEE	0.20	X						0.	0.	0.
(10) LOUIS ECKELKAMP III TRUSTEE	0.20	X						0.	0.	0.
(11) TINA ECKELKAMP TRUSTEE	0.20	X						0.	0.	0.
(12) NIALL GANNON TRUSTEE	0.20	X						0.	0.	0.
(13) MARK GUYOL CO-CHAIRPERSON	0.40	X		X				0.	0.	0.
(14) JOAN GUYOL CO-CHAIRPERSON	0.40	X		X				0.	0.	0.
(15) GERARD HEMPSTEAD TRUSTEE	0.20	X						0.	0.	0.
(16) JENNIFER HEMPSTEAD TRUSTEE	0.20	X						0.	0.	0.
(17) JERRY KEEVEN TRUSTEE	0.20	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LESA KEEVEN TRUSTEE	0.20	X					0.	0.	0.	
(19) FATHER CHRISTOPHER MARTIN TRUSTEE	0.20	X					0.	0.	0.	
(20) CONNIE NOTESTINE TRUSTEE	0.20	X					0.	0.	0.	
(21) STEPHEN M. NOTESTINE TRUSTEE	0.20	X					0.	0.	0.	
(22) JIM SHAUGHNESSY TRUSTEE/VICE-PRESIDENT/TREASURER	0.20	X		X			0.	0.	0.	
(23) KAREN SHAUGHNESSY TRUSTEE	0.20	X					0.	0.	0.	
(24) TIM SURDYKE TRUSTEE	0.20	X					0.	0.	0.	
(25) JANICE SURDYKE TRUSTEE	0.20	X					0.	0.	0.	
(26) MIKE WALSH TRUSTEE	0.20	X					0.	0.	0.	
1b Subtotal							451,030.	0.	38,507.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							451,030.	0.	38,507.	

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 3

	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

SEE PART VII, SECTION A CONTINUATION SHEETS

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Form 990 (2025)

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
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	7,348,942.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 3,783,692.				
	h	Total. Add lines 1a-1f		7,348,942.				
Program Service Revenue	2 a	PLANNED GIVING SERVICES	Business Code 541900	168,750.	168,750.			
	b	INVESTMENT MANAGEMENT FEES	523940	99,837.	99,837.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		268,587.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,699,326.			1699326.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					32,607,063.			
b	Less: cost or other basis and sales expenses	7b	30,103,987.					
c	Gain or (loss)	7c	2,503,076.					
d	Net gain or (loss)		2,503,076.			2503076.		
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	11 a	MISCELLANEOUS INCOME	Business Code 900099	1,310.			1,310.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		1,310.				
12	Total revenue. See instructions		11,821,241.	268,587.	0.	4203712.		

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Form 990 (2025)

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	6,090,054.	6,090,054.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,468,908.	1,468,908.		
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	353,016.	108,202.	123,781.	121,033.
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	385,409.	125,471.	159,465.	100,473.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,105.	9,534.	10,907.	10,664.
9 Other employee benefits	47,771.	14,642.	16,750.	16,379.
10 Payroll taxes	57,883.	18,260.	22,074.	17,549.
11 Fees for services (nonemployees):				
a Management	42,601.	17,217.	19,024.	6,360.
b Legal				
c Accounting	50,942.		50,942.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	239,919.	239,919.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	23,435.	9,472.	10,465.	3,498.
12 Advertising and promotion	37,477.	15,146.	16,736.	5,595.
13 Office expenses	38,496.	9,249.	19,969.	9,278.
14 Information technology	61,793.	14,846.	32,054.	14,893.
15 Royalties				
16 Occupancy	70,015.	24,140.	28,052.	17,823.
17 Travel	26,570.	6,155.	12,062.	8,353.
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	15,131.	9,238.	3,551.	2,342.
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	9,040,525.	8,180,453.	525,832.	334,240.
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

Form 990 (2025)

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	1,171,117.	1	1,817,210.	
	2 Savings and temporary cash investments	8,064,907.	2	7,740,013.	
	3 Pledges and grants receivable, net	7,500.	3	7,500.	
	4 Accounts receivable, net		4	4,285.	
	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	25,906.	9	22,103.	
	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.	0.	10c	0.
	11 Investments - publicly traded securities	69,974,822.	11	79,768,312.	
	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	382,366.	15	313,692.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	79,626,618.	16	89,673,115.		
Liabilities	17 Accounts payable and accrued expenses	4,485.	17	26,651.	
	18 Grants payable	3,434,245.	18	3,333,234.	
	19 Deferred revenue		19	11,785.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	9,211,439.	21	10,613,998.	
	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	169,311.	24	102,814.	
	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	12,819,480.	26	14,088,482.	
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	1,577,406.	27	1,752,110.	
	28 Net assets with donor restrictions	65,229,732.	28	73,832,523.	
	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	66,807,138.	32	75,584,633.	
33 Total liabilities and net assets/fund balances	79,626,618.	33	89,673,115.		

Form **990** (2025)

**ROMAN CATHOLIC FOUNDATION OF EASTERN
MISSOURI**

Form 990 (2025)

46-3309222 Page **12**

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)	11,821,241.
2	Total expenses (must equal Part IX, column (A), line 25)	9,040,525.
3	Revenue less expenses. Subtract line 2 from line 1	2,780,716.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	66,807,138.
5	Net unrealized gains (losses) on investments	5,996,779.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain on Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	75,584,633.

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? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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** (2025)

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

2025

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
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.
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).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Schedule A (Form 990) 2025

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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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6103576.	3019776.	7217760.	8218939.	7348942.	31908993.
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	6103576.	3019776.	7217760.	8218939.	7348942.	31908993.
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)						7653237.
6 Public support. Subtract line 5 from line 4.						24255756.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	6103576.	3019776.	7217760.	8218939.	7348942.	31908993.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1044871.	1546733.	1269392.	1457141.	1699326.	7017463.
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.)	1,272.	1,360.	1,649.	1,834.	1,310.	7,425.
11 Total support. Add lines 7 through 10						38933881.
12 Gross receipts from related activities, etc. (see instructions)					12	1,239,439.
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 2025 (line 6, column (f), divided by line 11, column (f))	14	62.30 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	66.66 %
16a 33 1/3% support test - 2025. 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 - 2024. 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 - 2025. 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 - 2024. 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) 2025

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Schedule A (Form 990) 2025

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

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

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2024 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2025. 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 - 2024. 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) 2025

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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Schedule A (Form 990) 2025

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

**ROMAN CATHOLIC FOUNDATION OF EASTERN
MISSOURI**

Schedule A (Form 990) 2025

46-3309222 Page 6

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

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

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

Schedule A (Form 990) 2025

**ROMAN CATHOLIC FOUNDATION OF EASTERN
MISSOURI**

Schedule A (Form 990) 2025

46-3309222 Page 7

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 - <i>provide details in Part VI</i>)	5
6 Total annual distributions. Add lines 1 through 5.	6
7 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8 Distributable amount for 2025 from Section C, line 6	8
9 Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI

Schedule A (Form 990) 2025

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

MISCELLANEOUS INCOME

2021 AMOUNT: \$ 1,272.
2022 AMOUNT: \$ 1,360.
2023 AMOUNT: \$ 1,649.
2024 AMOUNT: \$ 1,834.
2025 AMOUNT: \$ 1,310.

**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 ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI	Employer identification number 46-3309222
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>148,958.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>151,913.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>156,522.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>163,272.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>169,988.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>201,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>205,472.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>455,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>635,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>749,148.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>1,999,760.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCK _____ _____ _____	\$ <u>148,958.</u>	<u>12/31/25</u>
2	STOCK _____ _____ _____	\$ <u>151,913.</u>	<u>12/19/25</u>
4	STOCK _____ _____ _____	\$ <u>137,585.</u>	<u>04/17/25</u>
8	STOCK _____ _____ _____	\$ <u>204,472.</u>	<u>12/24/25</u>
12	STOCK _____ _____ _____	\$ <u>393,148.</u>	<u>02/04/25</u>
13	STOCK _____ _____ _____	\$ <u>1,999,760.</u>	<u>06/10/25</u>

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

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

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

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

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

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

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

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

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

SCHEDULE D
(Form 990)

(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	56	
2 Aggregate value of contributions to (during year)	5,680,406.	
3 Aggregate value of grants from (during year)	5,426,445.	
4 Aggregate value at end of year	15,407,543.	
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?

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)?

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)

ROMAN CATHOLIC FOUNDATION OF EASTERN

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

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
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	47,425,538.	42,789,131.	36,780,172.	46,214,990.	39,909,962.
b Contributions	1,174,614.	1,370,965.	1,157,487.	1,578,738.	1,954,406.
c Net investment earnings, gains, and losses	7,620,241.	5,268,875.	6,279,149.	-8,857,528.	6,518,646.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,490,751.	2,003,433.	1,427,677.	2,156,028.	2,168,024.
f Administrative expenses					
g End of year balance	53,729,642.	47,425,538.	42,789,131.	36,780,172.	46,214,990.

- 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:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 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.

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

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

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	17,578,101.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	5,996,779.	
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	5,996,779.	
3	Subtract line 2e from line 1	3	11,581,322.	
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	239,919.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	239,919.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,821,241.	

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	8,800,606.
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	8,800,606.	
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	239,919.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	239,919.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,040,525.	

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 X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, EXEMPT FROM FEDERAL INCOME TAXES ON RELATED, EXEMPT INCOME. THE FOUNDATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. MANAGEMENT BELIEVES ALL POSITIONS TAKEN WOULD BE UPHELD WHEN EXAMINED. THE FOUNDATION'S FEDERAL TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

ROMAN CATHOLIC FOUNDATION OF EASTERN

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

Part XIII Supplemental Information *(continued)*

Lined area for supplemental information.

**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
LIFE TEEN, INC. PO BOX 117299 ATLANTA, GA 30368-7299	86-0602592	501(C)(3)	800,835.	0.			DONOR RECOMMENDED GRANTS
ROBINSON ADVANCEMENT FOUNDATION FOR ST. VINCENT, INC. - 50 ROBINSON INDUSTRIAL DR - PERRYVILLE, MO 63775-3074	88-4308518	501(C)(3)	570,984.	0.			DONOR RECOMMENDED GRANTS
THE PAPAL FOUNDATION 2501 SEAPORT DR STE SH300 CHESTER, PA 19013-2249	23-2511991	501(C)(3)	500,000.	0.			DONOR RECOMMENDED GRANTS
AUGUSTINE INSTITUTE, INC. 6160 S SYRACUSE WAY STE 310 ENGLEWOOD, CO 80111-4781	20-2349108	501(C)(3)	260,500.	0.			DONOR RECOMMENDED GRANTS
ST. LOUIS ROMAN CATHOLIC THEOLOGICAL SEMINARY - 5200 GLENNON DR - SAINT LOUIS, MO 63119-4330	35-2193656	501(C)(3)	227,471.	0.			DONOR RECOMMENDED GRANTS
CATHEDRAL BASILICA OF SAINT LOUIS PARISH-101 - 4431 LINDELL BLVD - SAINT LOUIS, MO 63108-2496	43-0653268	501(C)(3)	191,503.	0.			DONOR RECOMMENDED GRANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 128.

3 Enter total number of other organizations listed in the line 1 table 0.

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

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

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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. AGATHA CENTER 204 N MAIN ST O FALLON, MO 63366-2299	43-0653535	501(C)(3)	174,204.	0.			DONOR RECOMMENDED GRANTS
ARCHDIOCESE OF ST. LOUIS 20 ARCHBISHOP MAY DR SAINT LOUIS, MO 63119-5738	43-0653244	501(C)(3)	168,813.	0.			DONOR RECOMMENDED GRANTS
WORLD VILLAGES FOR CHILDREN 4200 PARLIAMENT PL STE 230 LANHAM, MD 20706-1825	52-1440944	501(C)(3)	143,000.	0.			DONOR RECOMMENDED GRANTS
SAINT PATRICK PARISH-372 405 S CHURCH ST WENTZVILLE, MO 63385-1606	43-0718845	501(C)(3)	125,000.	0.			DONOR RECOMMENDED GRANTS
MOTHER OF GOOD COUNSEL HOME 6825 NATURAL BRIDGE RD SAINT LOUIS, MO 63121-5314	43-0653375	501(C)(3)	121,800.	0.			DONOR RECOMMENDED GRANTS
AUGUSTINE INSTITUTE 16805 NEW HALLS FERRY RD FLORISSANT, MO 63034-1034	20-2349108	501(C)(3)	118,750.	0.			DONOR RECOMMENDED GRANTS
ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI - 425 N NEW BALLAS RD STE 200 - SAINT LOUIS, MO 63141-6814	46-3309222	501(C)(3)	99,363.	0.			DONOR RECOMMENDED GRANTS
CHAMINADE COLLEGE PREPARATORY SCHOOL (6-12) - 425 S LINDBERGH BLVD - SAINT LOUIS, MO 63131-2729	43-0653275	501(C)(3)	95,300.	0.			DONOR RECOMMENDED GRANTS
FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277-0001	11-0303001	501(C)(3)	78,253.	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
ST. FRANCES CABRINI ACADEMY 3022 OREGON AVE SAINT LOUIS, MO 63118-1412	35-2195630	501(C)(3)	61,000.	0.			DONOR RECOMMENDED GRANTS
SOCIETY OF ST. VINCENT DE PAUL 1310 PAPIN ST SAINT LOUIS, MO 63103-3132	13-5562362	501(C)(3)	60,900.	0.			DONOR RECOMMENDED GRANTS
HOLY FAMILY PARISH-302 2300 CHURCH RD ARNOLD, MO 63010-2110	43-0653346	501(C)(3)	60,500.	0.			DONOR RECOMMENDED GRANTS
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF SAINT LOUIS - 4445 LINDELL BLVD - SAINT LOUIS, MO 63108-2403	43-0653270	501(C)(3)	58,800.	0.			DONOR RECOMMENDED GRANTS
CARMELITE SISTERS OF DIVINE HEART OF JESUS - 10341 MANCHESTER RD - SAINT LOUIS, MO 63122-1520	43-0745682	501(C)(3)	48,500.	0.			DONOR RECOMMENDED GRANTS
VILLA DUCHESNE AND OAK HILL SCHOOL (7-12) - 10801 CONWAY RD - SAINT LOUIS, MO 63131-2631	43-1063899	501(C)(3)	45,000.	0.			DONOR RECOMMENDED GRANTS
HOLY SPIRIT CATHOLIC CHURCH 3601 E DUDLEY LN SIOUX FALLS, SD 57103-5827	46-0400625	501(C)(3)	40,000.	0.			DONOR RECOMMENDED GRANTS
CHESTERTON ACADEMY OF ST. LOUIS PO BOX 410410 CREVE COEUR, MO 63141-0410	88-1322947	501(C)(3)	40,000.	0.			DONOR RECOMMENDED GRANTS
ST. PIUS X HIGH SCHOOL 1030 SAINT PIUS DR FESTUS, MO 63028-3746	43-0653242	501(C)(3)	34,499.	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
DE SMET JESUIT HIGH SCHOOL 233 N NEW BALLAS RD SAINT LOUIS, MO 63141-7530	43-1102368	501(C)(3)	33,825.	0.			DONOR RECOMMENDED GRANTS
LOYOLA ACADEMY 3851 WASHINGTON AVE SAINT LOUIS, MO 63108-3405	43-1859076	501(C)(3)	32,500.	0.			DONOR RECOMMENDED GRANTS
IMMACOLATA PARISH-235 8900 CLAYTON RD SAINT LOUIS, MO 63117-1093	43-0653345	501(C)(3)	32,093.	0.			DONOR RECOMMENDED GRANTS
ST. MARGARET MARY ALACOQUE SCHOOL 4900 RINGER RD SAINT LOUIS, MO 63129-1751	43-0826222	501(C)(3)	31,455.	0.			DONOR RECOMMENDED GRANTS
SAINT CLEMENT OF ROME PARISH-256 1510 BOPP RD SAINT LOUIS, MO 63131-4137	43-0679164	501(C)(3)	31,000.	0.			DONOR RECOMMENDED GRANTS
ST. DOMINIC HIGH SCHOOL 31 ST DOMINIC DR O FALLON, MO 63366-2395	43-0653242	501(C)(3)	30,500.	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)	30,000.	0.			DONOR RECOMMENDED GRANTS
SAINT ALBAN ROE PARISH-199 2001 SHEPARD RD WILDWOOD, MO 63038-1340	43-1203701	501(C)(3)	30,000.	0.			DONOR RECOMMENDED GRANTS
ST. PATRICK CENTER PO BOX 953745 SAINT LOUIS, MO 63195-3745	43-1263499	501(C)(3)	29,900.	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
BECKET FUND 1919 PENNSYLVANIA AVE NW STE 400 WASHINGTON, DC 20006-3453	52-1858532	501(C)(3)	28,000.	0.			DONOR RECOMMENDED GRANTS
AFRICAN MISSION HEALTHCARE FOUNDATION - 101 N WOODLAND BLVD STE 500 - DELAND, FL 32720-4296	27-3663856	501(C)(3)	25,500.	0.			DONOR RECOMMENDED GRANTS
HOLY FAMILY HOSPITAL OF BETHLEHEM FOUNDATION - 2000 P ST NW STE 310 - WASHINGTON, DC 20036-6923	52-2050117	501(C)(3)	25,500.	0.			DONOR RECOMMENDED GRANTS
AVE MARIA UNIVERSITY 5050 AVE MARIA BLVD AVE MARIA, FL 34142-9505	03-0482006	501(C)(3)	25,000.	0.			DONOR RECOMMENDED GRANTS
EVERGREEN HILLS HOMES CHARITABLE FOUNDATION - PO BOX 400 - DITTMER, MO 63023-0400	43-1093578	501(C)(3)	25,000.	0.			DONOR RECOMMENDED GRANTS
MT. STERLING COMMUNITY CENTER, NFP PO BOX 247 MOUNT STERLING, IL 62353-0247	82-0575051	501(C)(3)	25,000.	0.			DONOR RECOMMENDED GRANTS
ROMAN CATHOLIC DIOCESE OF NASHVILLE - 2800 MCGAVOCK PIKE - NASHVILLE, TN 37214-1402	62-0476286	501(C)(3)	25,000.	0.			DONOR RECOMMENDED GRANTS
ST. VINCENT DE PAUL - ARCHDIOCESAN COUNCIL OF ST. LOUIS - 1310 PAPIN ST - SAINT LOUIS, MO 63103-3131	43-0652684	501(C)(3)	25,000.	0.			DONOR RECOMMENDED GRANTS
COALITION LIFE 11780 BORMAN DR STE 128 SAINT LOUIS, MO 63146-4135	45-2782303	501(C)(3)	24,150.	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
CATHOLIC RELIEF SERVICES, INC. PO BOX 5278 TIPTON, IA 52772-0517	13-5563422	501(C)(3)	23,500.	0.			DONOR RECOMMENDED GRANTS
EQUESTRIAN ORDER OF THE HOLY SEPULCHRE OF JERUSALEM, NORTHERN LIEUTENANCY - PO BOX 540004 - OMAHA, NE 68154-0004	94-3211363	501(C)(3)	23,200.	0.			DONOR RECOMMENDED GRANTS
FOCUS - FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS - PO BOX 17408 - DENVER, CO 80217-0408	84-1522811	501(C)(3)	22,700.	0.			DONOR RECOMMENDED GRANTS
ROSATI-KAIN ACADEMY 4389 LINDELL BLVD SAINT LOUIS, MO 63108-2701	92-0677719	501(C)(3)	20,812.	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)	20,293.	0.			DONOR RECOMMENDED GRANTS
JESUITS USA CENTRAL & SOUTHERN PROVINCE - 4511 W PINE BLVD - SAINT LOUIS, MO 63108-2109	43-0416129	501(C)(3)	20,225.	0.			DONOR RECOMMENDED GRANTS
THE SOCIETY FOR THE PROPAGATION OF THE FAITH - 70 W 36TH ST, 8TH FLOOR - NEW YORK, NY 10018-1256	13-1624191	501(C)(3)	20,000.	0.			DONOR RECOMMENDED GRANTS
FOCUS MISSION FOUNDATION PO BOX 17408 DENVER, CO 80217-0408	88-2519554	501(C)(3)	20,000.	0.			DONOR RECOMMENDED GRANTS
PETER AND PAUL COMMUNITY SERVICES 2612 WYOMING ST SAINT LOUIS, MO 63118-2402	43-1349643	501(C)(3)	20,000.	0.			DONOR RECOMMENDED GRANTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY OF GRACE PO BOX 177 KOKOMO, IN 46903-0177	82-1675363	501(C)(3)	20,000.	0.			DONOR RECOMMENDED GRANTS
SAINT FERDINAND PARISH-216 1765 CHARBONIER RD FLORISSANT, MO 63031-5403	43-0729361	501(C)(3)	19,620.	0.			DONOR RECOMMENDED GRANTS
ST. AUSTIN SCHOOL PO BOX 6906 CHESTERFIELD, MO 63006-6906	45-1623593	501(C)(3)	19,079.	0.			DONOR RECOMMENDED GRANTS
SAINT PETER PARISH-220 243 W ARGONNE DR SAINT LOUIS, MO 63122-4203	43-0653552	501(C)(3)	19,000.	0.			DONOR RECOMMENDED GRANTS
CARMELITE MONASTERY 9150 CLAYTON RD SAINT LOUIS, MO 63124-1898	43-0796808	501(C)(3)	18,750.	0.			DONOR RECOMMENDED GRANTS
OUR LADY'S INN 8790 MANCHESTER RD STE 202 SAINT LOUIS, MO 63144-2731	43-1213751	501(C)(3)	17,700.	0.			DONOR RECOMMENDED GRANTS
SSM CARDINAL GLENNON FOUNDATION 3800 PARK AVE SAINT LOUIS, MO 63110-2514	43-1754347	501(C)(3)	17,227.	0.			DONOR RECOMMENDED GRANTS
ST. NORBERT COLLEGE 100 GRANT ST DEPERE, WI 54115-2099	39-1399196	501(C)(3)	16,818.	0.			DONOR RECOMMENDED GRANTS
BISHOP DUBOURG HIGH SCHOOL 5850 EICHELBERGER ST SAINT LOUIS, MO 63109-3454	35-2792462	501(C)(3)	16,798.	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
ASSUMPTION PARISH-227 4725 MATTIS RD SAINT LOUIS, MO 63128-2821	43-0653252	501(C)(3)	15,650.	0.			DONOR RECOMMENDED GRANTS
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERTA LEA, MN 56007-9847	13-5660870	501(C)(3)	15,150.	0.			DONOR RECOMMENDED GRANTS
PARTNERS IN SUSTAINABLE DEVELOPMENT INTERNATIONAL - 600 WEST BLVD S - COLUMBIA, MO 65203-2757	20-1718533	501(C)(3)	15,100.	0.			DONOR RECOMMENDED GRANTS
INCARNATE WORD ACADEMY 2788 NORMANDY DR SAINT LOUIS, MO 63121-4705	43-0893321	501(C)(3)	15,000.	0.			DONOR RECOMMENDED GRANTS
SYCAMORE FOUNDATION INC 5439 GRAVOIS AVE SAINT LOUIS, MO 63116-2333	26-1251835	501(C)(3)	15,000.	0.			DONOR RECOMMENDED GRANTS
UNITED STATES ASSOCIATION FOR UNHCR - 1310 L ST NW STE 450 - WASHINGTON, DC 20005-4862	52-1662800	501(C)(3)	15,000.	0.			DONOR RECOMMENDED GRANTS
SAINT LOUIS UNIVERSITY 1 N GRAND BLVD RM 319 SAINT LOUIS, MO 63103-2006	43-0662506	501(C)(3)	14,000.	0.			DONOR RECOMMENDED GRANTS
SAINTS JOACHIM AND ANN PARISH-390 4112 MCCLAY RD SAINT CHARLES, MO 63304-7918	43-1253468	501(C)(3)	13,750.	0.			DONOR RECOMMENDED GRANTS
DUCHESNE HIGH SCHOOL 2550 ELM ST SAINT CHARLES, MO 63301-1443	43-0653242	501(C)(3)	13,750.	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
INCARNATE WORD PARISH-200 13416 OLIVE BLVD CHESTERFIELD, MO 63017-3111	43-0832057	501(C)(3)	13,600.	0.			DONOR RECOMMENDED GRANTS
RELIGIOUS SISTERS OF MERCY OF ALMA, MICHIGAN - 5047 WASHINGTON PL - SAINT LOUIS, MO 63108-1112	38-2350857	501(C)(3)	13,000.	0.			DONOR RECOMMENDED GRANTS
MISSOURI RIGHT TO LIFE EDUCATION FUND - PO BOX 651 - JEFFERSON CITY, MO 65102-0651	43-1907408	501(C)(3)	12,700.	0.			DONOR RECOMMENDED GRANTS
ST. ROSE OF LIMA SCHOOL 523 S 4TH ST DE SOTO, MO 63020-1903	43-0553565	501(C)(3)	12,000.	0.			DONOR RECOMMENDED GRANTS
ST. PETER CATHOLIC CAREER & TECHNICAL HIGH SCHOOL - 6220 LA SALETTE ST BUILDING C - HOUSTON, TX 77021-1323	88-0600409	501(C)(3)	11,700.	0.			DONOR RECOMMENDED GRANTS
VITAE FOUNDATION PO BOX 791 JEFFERSON CITY, MO 65109-0791	43-1138252	501(C)(3)	11,400.	0.			DONOR RECOMMENDED GRANTS
SAINT JOSEPHINE BAKHITA PARISH-102 2431 N GRAND BLVD SAINT LOUIS, MO 63106-1018	55-0839743	501(C)(3)	11,100.	0.			DONOR RECOMMENDED GRANTS
KRESS INN 300 GRANT ST DE PERE, WI 54115-2119	52-1209792	501(C)(3)	10,894.	0.			DONOR RECOMMENDED GRANTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PL - MEMPHIS, TN 38105-1905	62-0646012	501(C)(3)	10,600.	0.			DONOR RECOMMENDED GRANTS

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**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. JOSEPH SCHOOL - IMPERIAL 6024 OLD ANTONIA RD IMPERIAL, MO 63052-2268	43-0653498	501(C)(3)	10,590.	0.			DONOR RECOMMENDED GRANTS
SAINT VINCENT DE PAUL PARISH-349 1000 ROSATI CT PERRYVILLE, MO 63775-2319	43-0653251	501(C)(3)	10,522.	0.			DONOR RECOMMENDED GRANTS
ST. JOSEPH'S ACADEMY 2307 S LINDBERGH BLVD SAINT LOUIS, MO 63131-3596	43-1484983	501(C)(3)	10,500.	0.			DONOR RECOMMENDED GRANTS
HOLY FAMILY SCHOOL OF FAITH INSTITUTE - 13240 CRAIG ST - OVERLAND PARK, KS 66213-1401	20-3126204	501(C)(3)	10,500.	0.			DONOR RECOMMENDED GRANTS
ST. FRANCIS BORGIA HIGH SCHOOL 1000 BORGIA DR WASHINGTON, MO 63090-4112	43-0653242	501(C)(3)	10,412.	0.			DONOR RECOMMENDED GRANTS
TODAY & TOMORROW EDUCATIONAL FOUNDATION - 20 ARCHBISHOP MAY DR - SAINT LOUIS, MO 63119-5738	43-1633656	501(C)(3)	10,250.	0.			DONOR RECOMMENDED GRANTS
FINCA INTERNATIONAL, INC. 1301 K ST NW STE 300W WASHINGTON, DC 20005-7043	13-3240109	501(C)(3)	10,150.	0.			DONOR RECOMMENDED GRANTS
CATHOLICVOTE EDUCATION FUND PO BOX 3310 CARMEL, IN 46082-3310	20-2603413	501(C)(3)	10,100.	0.			DONOR RECOMMENDED GRANTS
THE CARTER CENTER 453 JOHN LEWIS FREEDOM PKWY NE ATLANTA, GA 30307-1406	58-1454716	501(C)(3)	10,100.	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
ART OF LIVING MINISTRY - RETHINK PO BOX 53072 LAFAYETTE, LA 70505-3072	82-1117811	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
COR JESU ACADEMY 10230 GRAVOIS RD SAINT LOUIS, MO 63123-4030	43-0766432	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
IMAGE OF GOD INSTITUTE PO BOX 1271 MARYLAND HEIGHTS, MO 63043-0271	86-1837452	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
KPMG U.S. FOUNDATION, INC. 3 CHESTNUT RIDGE RD MONTVALE, NJ 07645-1842	22-3263347	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
MEMORY CARE HOME SOLUTIONS 4389 WEST PINE BLVD SAINT LOUIS, MO 63108-2205	02-0641248	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
PINK RIBBON GOOD, INC. 350 HULS DR ENGLEWOOD, OH 45315-8982	32-0020270	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
SAINT GABRIEL THE ARCHANGEL PARISH-149 - 6303 NOTTINGHAM AVE - SAINT LOUIS, MO 63109-3157	43-0653471	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
UNITED WAY OF GREATER ST. LOUIS 910 N 11TH ST SAINT LOUIS, MO 63101-1018	43-0714167	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS
URBAN LEAGUE OF METROPOLITAN ST. LOUIS - 1408 N KINGSHIGHWAY BLVD - SAINT LOUIS, MO 63113-1400	43-0653605	501(C)(3)	10,000.	0.			DONOR RECOMMENDED GRANTS

Schedule I (Form 990)

**ROMAN CATHOLIC FOUNDATION OF EASTERN
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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
FIRST - FRIENDS OF IMMIGRANTS & REFUGEES OF ST. LOUIS - 120 S CENTRAL AVE STE 500 - SAINT LOUIS, MO 63105-1733	20-4777590	501(C)(3)	9,975.	0.			DONOR RECOMMENDED GRANTS
SODALITY OF ST. PETER CLAVER FOR THE AFRICAN MISSIONS - 667 S WOODS MILL RD - CHESTERFIELD, MO 63017-5801	43-1037531	501(C)(3)	9,500.	0.			DONOR RECOMMENDED GRANTS
ETERNAL WORD TELEVISION NETWORK 5817 OLD LEEDS RD IRONDALE, AL 35210-2164	63-0801391	501(C)(3)	8,800.	0.			DONOR RECOMMENDED GRANTS
CHRISTIAN FELLOWSHIP COMMUNITY 1901 BUTTERFIELD RD STE 306A DOWNERS GROVE, IL 60515-5493	36-4643915	501(C)(3)	8,400.	0.			DONOR RECOMMENDED GRANTS
RURAL PARISH WORKERS OF CHRIST THE KING - 15540 CANNON MINES RD - CADET, MO 63630-9455	43-6215715	501(C)(3)	8,250.	0.			DONOR RECOMMENDED GRANTS
WHITE HOUSE RETREAT, INC. 7400 CHRISTOPHER DR SAINT LOUIS, MO 63129-5701	43-0800058	501(C)(3)	8,000.	0.			DONOR RECOMMENDED GRANTS
ST. FRANCIS BORGIA SCHOOL - WASHINGTON - 225 CEDAR ST - WASHINGTON, MO 63090-2334	43-0653465	501(C)(3)	7,933.	0.			DONOR RECOMMENDED GRANTS
HAITI HEALTH PROMISE OF HOLY NAME PO BOX 804 LUDLOW, MA 01056-0804	43-1660199	501(C)(3)	7,850.	0.			DONOR RECOMMENDED GRANTS
ALL SAINTS SCHOOL 5 MCMENAMY RD SAINT PETERS, MO 63376-1517	43-0653238	501(C)(3)	7,800.	0.			DONOR RECOMMENDED GRANTS

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
SAINT MARGARET MARY ALACOQUE PARISH-289 - 4900 RINGER RD - SAINT LOUIS, MO 63129-1751	43-0826222	501(C)(3)	7,616.	0.			DONOR RECOMMENDED GRANTS
OUR LADY OF LOURDES PARISH-379 1014 MADISON AVE WASHINGTON, MO 63090-4806	43-0740903	501(C)(3)	7,000.	0.			DONOR RECOMMENDED GRANTS
IMMACULATE CONCEPTION PARISH-346 110 MARYKNOLL RD OLD MONROE, MO 63369-2329	43-0653354	501(C)(3)	6,854.	0.			DONOR RECOMMENDED GRANTS
ALL SAINTS ACADEMY-ST. FERDINAND CAMPUS - 1735 CHARBONIER RD - FLORISSANT, MO 63031-5403	82-5370620	501(C)(3)	6,700.	0.			DONOR RECOMMENDED GRANTS
TEN8 PROJECT PO BOX 891 CHESTERFIELD, MO 63006-0891	87-3870976	501(C)(3)	6,600.	0.			DONOR RECOMMENDED GRANTS
OUR LADY OF MOUNT CARMEL CATHOLIC CHURCH - 708 W BELMONT AVE - CHICAGO, IL 60657-4513	36-2170893	501(C)(3)	6,250.	0.			DONOR RECOMMENDED GRANTS
CARDINAL RITTER COLLEGE PREP 701 N SPRING AVE SAINT LOUIS, MO 63108-3603	43-1926087	501(C)(3)	6,106.	0.			DONOR RECOMMENDED GRANTS
MISSIONARIES OF CHARITY 3629 COTTAGE AVE SAINT LOUIS, MO 63113-3539	06-1013589	501(C)(3)	6,000.	0.			DONOR RECOMMENDED GRANTS
REGINA CLERI HOME 10 ARCHBISHOP MAY DR SAINT LOUIS, MO 63119-5738	43-1145800	501(C)(3)	6,000.	0.			DONOR RECOMMENDED GRANTS

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
FRIAR SUPPLIERS 583 S 7TH ST LINDENHURST, NY 11757-4648	20-5908261	501(C)(3)	6,000.	0.			DONOR RECOMMENDED GRANTS
LEGATUS PO BOX 444 ANN ARBOR, MI 48106-0444	75-3188603	501(C)(3)	6,000.	0.			DONOR RECOMMENDED GRANTS
PARADISUS DEI PO BOX 19127 HOUSTON, TX 77224-9127	06-1699099	501(C)(3)	6,000.	0.			DONOR RECOMMENDED GRANTS
GOOD SHEPHERD CHILDREN AND FAMILY SERVICES - 1340 PARTRIDGE AVE - SAINT LOUIS, MO 63130-1943	43-1297933	501(C)(3)	5,830.	0.			DONOR RECOMMENDED GRANTS
ST. CHARLES LWANGA CENTER 8240 WASHINGTON ST SAINT LOUIS, MO 63114-6236	43-0653244	501(C)(3)	5,622.	0.			DONOR RECOMMENDED GRANTS
AID TO THE CHURCH IN NEED PO BOX 220384 BROOKLYN, NY 11222-0384	86-1089466	501(C)(3)	5,500.	0.			DONOR RECOMMENDED GRANTS
DAUGHTERS OF ST. PAUL 9804 WATSON RD SAINT LOUIS, MO 63126-1825	04-2966563	501(C)(3)	5,500.	0.			DONOR RECOMMENDED GRANTS
MATER MEDIA 448 BLUFF MEADOW DR SAINT LOUIS, MO 63021-5993	46-1193202	501(C)(3)	5,500.	0.			DONOR RECOMMENDED GRANTS
SAINT GERTRUDE PARISH-336 6535 HIGHWAY YY WASHINGTON, MO 63090-4074	43-0685343	501(C)(3)	5,330.	0.			DONOR RECOMMENDED GRANTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHURCH EXTENSION SOCIETY OF USA - 150 S WACKER DR 20TH FL - CHICAGO, IL 60606-4103	36-6000520	501(C)(3)	5,300.	0.			DONOR RECOMMENDED GRANTS
WHY NOT LEADERSHIP 612 CLARK CIR SW ALBUQUERQUE, NM 87105-7554	85-0309347	501(C)(3)	5,292.	0.			DONOR RECOMMENDED GRANTS
FRIENDS OF OLD ST. FERDINAND, INC. 1 RUE SAINT FRANCOIS ST FLORISSANT, MO 63031-5126	43-6060711	501(C)(3)	5,250.	0.			DONOR RECOMMENDED GRANTS
LEUKEMIA AND LYMPHOMA SOCIETY PO BOX 22324 NEW YORK, NY 10087	13-5644916	501(C)(3)	5,250.	0.			DONOR RECOMMENDED GRANTS
USCCB 3211 4TH ST NE WASHINGTON, DC 20017-1104	53-0196617	501(C)(3)	5,050.	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	1058	1,468,908.	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**

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

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

ROMAN CATHOLIC FOUNDATION OF EASTERN

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

46-3309222

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH BESTGEN PRESIDENT/CEO/SECRETARY	(i)	186,551.	0.	0.	0.	22,562.	209,113.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN MODDER VICE PRESIDENT/CFO	(i)	149,268.	0.	0.	0.	8,124.	157,392.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

ROMAN CATHOLIC FOUNDATION OF EASTERN

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

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Part III Supplemental Information

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

PART I, LINE 3:

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2025

Open to Public Inspection

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	20	3,783,692.	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 Acknowledgment **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2025 Created 12/29/25

ROMAN CATHOLIC FOUNDATION OF EASTERN

Schedule M (Form 990) 2025

MISSOURI

46-3309222

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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.

Lined area for supplemental 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
TINA ECKELKAMP AND LOUIS ECKELKAMP III - FAMILY RELATIONSHIP
CONNIE NOTESTINE AND STEVE NOTESTINE - 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
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
TIFFANY DINO AND GRANT DINO - 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
REPORT IS THE SOURCE OF COMPARISON INFORMATION. ALL DELIBERATION AND
DECISIONS ARE DOCUMENTED AND RECORDED IN MINUTES TO THE MEETING. THIS

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization ROMAN CATHOLIC FOUNDATION OF EASTERN MISSOURI	Employer identification number 46-3309222
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PROCESS WAS LAST CONDUCTED IN 2025.

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
\$41,925,228 IS CALCULATED FROM PART VIII AND INCLUDES ALL GROSS REVENUE
RECOGNIZED IN 2025 AND GROSS PROCEEDS FROM SALES OF INVESTMENTS DURING
2025.