EXTENDED TO MAY 15, 2023

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information. ax year beginning JUL 1 , 2021 and ending JUN 30 .

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning $$ JUL $1,2021$	JUN 30, 2022	
B	Check if applicable:	C Name of organization	D Employer identifi	cation number
а		THE FOUNDATION OF THE ROMAN CATHODIC		
	Address change	DIOCESE OF RALEIGH, INC.		
	Name change	Doing business as	83-16094	83
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/	4700 HOMEWOOD COURT 320	919-568-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	8,757,935.
Ļ	Amende return Applica-	RADEIGH, NC 27009	H(a) Is this a group re	
	tion tending	F Name and address of principal officer: MAUREEN O REEFFE LINDS		
		SAME AS C ABOVE	H(b) Are all subordinates i	
		npt status: 501(c)(3)		list. See instructions
		: ► HTTPS: //WWW.FOUNDATIONDOR.ORG		n number ► 0928
		rganization: X Corporation Trust Association Other L Summary	Year of formation: 2018	M State of legal domicile: NC
Г		riefly describe the organization's mission or most significant activities: THE FOUN	אס דראו אס דר	שבה הט
S	1 B	CULTIVATE ENDOWED AND MAJOR GIFTS FOR THE LO	NIC-LEBM BENEE	TT OF THE
nan	I –	theck this box if the organization discontinued its operations or disposed of		
Ver	1		l .	l 6
ၓၟ		lumber of independent voting members of the governing body (Part VI, line 1b)		6
ې مې	1	otal number of individuals employed in calendar year 2021 (Part V, line 1a)		4
iţie		otal number of volunteers (estimate if necessary)		5
Activities & Governance		otal unrelated business revenue from Part VIII, column (C), line 12		0.
⋖		let unrelated business taxable income from Form 990-T, Part I, line 11		0.
		· ·	Prior Year	Current Year
Φ	8 C	ontributions and grants (Part VIII, line 1h)	2,058,963.	4,357,593.
'n	9 P	rogram service revenue (Part VIII, line 2g)	0.	0.
Revenue	10 Ir	ovestment income (Part VIII, column (A), lines 3, 4, and 7d)	743,485.	14,798,691.
<u>—</u>	11 C	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,802,448.	
	13 G	irants and similar amounts paid (Part IX, column (A), lines 1-3)	3,028,879.	2,675,617.
		enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	288,152.	301,023.
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ϋ́	1	otal fundraising expenses (Part IX, column (D), line 25) 179,222.	410 642	202 400
_	1	other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	418,643.	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,735,674.	3,300,049.
_ <u>S</u>		evenue less expenses. Subtract line 18 from line 12	-933,226.	15,856,235.
ots ance	00 +	otal assets (Dark V. line 10)	Beginning of Current Year 76,385,050.	End of Year 68,615,625.
Asse Bala	20 T	otal assets (Part X, line 16)	753,378.	964,414.
Net Assets or Fund Balances	21 T	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	75,631,672.	67,651,211.
		Signature Block	, 3 , 0 3 2 , 0 7 2 0	0.700171111
		ies of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of m	y knowledge and belief, it is
true	, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
				_
Sig	n	Signature of officer	Date	
Her	е	DEAN PENNY, TREASURER		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	<u> </u>	ASHLEY J. KHAN ASHLEY J. KHAN	01/09/23 if self-employ	P01338511
		Firm's name BERNARD ROBINSON & COMPANY, LLP	Firm's EIN ▶	56-0571159
Use	Only	Firm's address 4700 HOMEWOOD COURT, STE 105		0 060 000;
		RALEIGH, NC 27609	Phone no.91	9-862-0004
Mav	the IR	S discuss this return with the preparer shown above? See instructions		X Yes No

	990 (2021) DIOCESE OF				83-160	9483	Page 2	<u>></u>
Pa	t III Statement of Program Service	e Accomplishn	nents					
	Check if Schedule O contains a respon	se or note to any lir	e in this Part II	I			\square	
1	Briefly describe the organization's mission: THE FOUNDATION WAS FORM					FOR '	THE	
	LONG-TERM BENEFIT OF THE							-
	PROVIDING EFFECTIVE ANI							-
	INVESTED FUNDS.							-
2	Did the organization undertake any significan	t program services	during the year	which were not listed	on the			-
_						Voc	X No	
						L Tes	_21_ INO	
_	If "Yes," describe these new services on Sch				d 0	Yes	V	
3	Did the organization cease conducting, or ma		ges in now it co	onducts, any program	services?	res	_2 <u>1</u> NO	
_	If "Yes," describe these changes on Schedule							
4	Describe the organization's program service a							
	Section 501(c)(3) and 501(c)(4) organizations		ort the amount	of grants and allocatio	ns to others, the total of	expenses, a	and	
	revenue, if any, for each program service repo	orted.		2 (75 (17				_
4a				2,675,617)
	THE FOUNDATION, HEADQUA							_
	CULTIVATE ENDOWED AND M							_
	PARISHES, SCHOOLS, PROC						OF	
	RALEIGH WHILE PROVIDING		E AND E	FICIENT MAN	NAGEMENT AND)		
	DISTRIBUTION OF INVEST	ED FUNDS.						
								_
								_
								_
								-
								_
4b	(Code:) (Expenses \$	includin	grants of \$) (Revenue \$)
			, s <u> </u>					′
								-
								-
								-
								-
								-
								_
								_
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								_
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								_
								_
4c	(Code:) (Expenses \$	includin	g grants of \$		_) (Revenue \$)
								_
								_
								_
4d	Other program services (Describe on Schedu	le O.)						
	, ,	ding grants of \$) (Revenue \$)		
40	Total program service expenses	2.764.25	5.			•		-

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		х
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? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Па	- 21	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.		х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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	20	163	X
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//f	00-		X
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions <i>in res</i> , complete schedule will bid the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	1	
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		l	
	Part V, line 1	34	Х	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

83-1609483

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с								
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х						
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8								
9 Sponsoring organizations maintaining donor advised funds.										
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12									
a b	Initiation fees and capital contributions included on Part VIII, line 12									
11	Section 501(c)(12) organizations. Enter:									
'' a	Gross income from members or shareholders									
h	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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
Sec	tion 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	X	
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
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?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
40	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			v
	taxable entity during the year?	16a		Х
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	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE			
17 10		e only	\ avail	able
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) for public inspection. Indicate how you made these available. Check all that apply.	s or iry	, avalla	abie
	Own website Another's website X 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, an	d fina-	ncial	
13	statements available to the public during the tax year.	u iiilal	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MAUREEN O'KEEFFE LINDGREN - (919) 568-1066			
	4700 HOMEWOOD COURT, NO. 320, RALEIGH, NC 27609			

DIOCESE OF RALEIGH, INC.

Page 7

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, 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.

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

See the instructions for the order in which to list the persons above.

(A)	(B)				C)	пре	iisai	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)) than	one	Reportable	Reportable	Estimated
	hours per	box				is bot	h an	compensation	compensation	amount of
	week (list any		l a					from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			en sa te		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrus	nal tru		oyee	ombe		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MAUREEN O'KEEFFE LINDGREN	line) 40.00	프	ű	₽	- S	当	훈			
EXECUTIVE DIRECTOR	40.00			х				119,869.	0.	0.
(2) TIMOTHY A. MANN	3.00							113,003.	0.	
PRESIDENT		Х		x				0.	0.	0.
(3) JOHN W. BYRNE	3.00									
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(4) H. DEAN PENNY	3.00			 				•		
SECRETARY/TREASURER	1.00	х		х				0.	0.	0.
(5) MICHAEL GOODMON	3.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) ANNE W. STAHEL	3.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) RICARDO HERRERA	3.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
		1								
-				\vdash						
		1								
				T						
		1								
										- 000

Form **990** (2021)

Form 990 (2021) DIOCESE	OF RALE	IGI	Η,	11	VC	•			83-1	<u>609</u>	483	Pag	е 8
Part VII Section A. Officers, Directors, True	stees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	(C) Position heck more than one ss person is both an d a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	on	Est am	(F) timated ount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensation om the anization I related nization	n d
								110 060					^
Subtotal Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A						▶	119,869. 0. 119,869.		0. 0.			0 . 0 . 0 .
2 Total number of individuals (including but compensation from the organization							no r),000 of reportab				
3 Did the organization list any former officer			•		•		_		•				No
line 1a? If "Yes," complete Schedule J for a For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		3		X X
 and related organizations greater than \$15 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con 	accrue compe	nsat	ion 1	from	any	/ uni	elat	ted organization or indiv	idual for services	;	5		X X
Section B. Independent Contractors	npiete Geriedai	001	0/ 00	aon	porc	3011							_
Complete this table for your five highest contains the organization. Report compensation for										npens	ation fr	om	
(A) Name and business	s address	NO	INC	Ξ				(B) Description of s	services		(C Compen		
2 Total number of independent contractors		not li	mite	d to		se li	stec	d above) who received n	nore than				

Part VIII Statement of Revenue

			Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
-				,	(A)	(B)	(C)	_ (D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
σω	_							000110110112 011
lit ar			Federated campaigns 1a					
اع ق			Membership dues 1b					
A,			Fundraising events1c					
를 를		d	Related organizations 1d	3,025,860.				
ıs,		е	Government grants (contributions) 1e					
후		f	All other contributions, gifts, grants, and					
를			similar amounts not included above 1f	1,331,733.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f	412,485.				
g E		h	Total. Add lines 1a-1f		4,357,593.			
				Business Code				
يو ا	2	а						
Š		b						
Ser		c						
E B		d						
gra Re		u						
Program Service Revenue		e •	All other pregrees somiles records					
_			All other program service revenue					
_		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte		1 520 150			1 520 150
			other similar amounts)		1,532,158.			1,532,158.
	4		Income from investment of tax-exempt bond	-				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 2,868,184	Ŀ.				
		b	Less: cost or other basis					
e ne			and sales expenses 7b -10,398,349).				
l en		С	Gain or (loss) 7c 13,266,533	3.				
ther Revenue		d	Net gain or (loss)		13,266,533.	13,266,533.		
Ē			Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
		h	Less: direct expenses 8	_				
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
	9	a		ا				
		L	Part IV, line 19 9 Less: direct expenses 9					
				-				
			Net income or (loss) from gaming activities	D				
	10	а	Gross sales of inventory, less returns					
		_	and allowances 10					
			Less: cost of goods sold10					
_		С	Net income or (loss) from sales of inventory					
sn	_			Business Code				
Miscellaneous Revenue	11							
lar en		b						
Re.		С						
Ĕ			All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		19,156,284.	13,266,533.	0.	1,532,158.

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).

Dο	Check if Schedule O contains a response to include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	2 675 615	2 675 617		
	and domestic governments. See Part IV, line 21	2,675,617.	2,675,617.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	140 000	26 254	42 605	72 061
	trustees, and key employees	142,920.	26,254.	43,605.	73,061
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 205	10 000	22 050	FF 27C
7	Other salaries and wages	108,325.	19,899.	33,050.	55,376
8	Pension plan accruals and contributions (include	0 040	1 642	2 720	A E71
_	section 401(k) and 403(b) employer contributions)	8,942. 21,610.	1,643.	2,728.	4,571
9	Other employee benefits		3,970.	6,593.	11,047
10	Payroll taxes	19,226.	3,532.	5,866.	9,828
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	67 457		C7 457	
f	Investment management fees	67,457.		67,457.	
g	Other. (If line 11g amount exceeds 10% of line 25,	100 646	10 065	160 501	
	column (A), amount, list line 11g expenses on Sch 0.)	180,646.	18,065.	162,581.	
12	Advertising and promotion	11 206	565	/ E10	6 212
13	Office expenses	11,296.	565.	4,518.	6,213
14	Information technology				
15	Royalties	42 626	10 701	21 210	0 507
16	Occupancy	42,636.	12,791.	21,318.	8,527
17	Travel	17,332.	867.	6,933.	9,532
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	2 550	710	1 770	1 000
22	Depreciation, depletion, and amortization	3,558.	712.	1,779.	1,067
23	Insurance				
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 0.)				
а	MISCELLANEOUS	484.	340.	144.	
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,300,049.	2,764,255.	356,572.	179,222
26	Joint costs. Complete this line only if the organization	-	-	-	<u> </u>
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	πχ	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			279,443.	1	87,422
	2	Savings and temporary cash investments			641,776.	2	1,933,927
	3	Pledges and grants receivable, net			95,463.	3	70,815
	4	Accounts receivable, net			7,208.	4	843
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	nese per	sons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons descri	ection 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			3,162.	9	3,272
	10a	Land, buildings, and equipment: cost or othe		ı			
		basis. Complete Part VI of Schedule D	. 10a	27,225.			
	b	Less: accumulated depreciation			19,725.	10c	16,167
	11	Investments - publicly traded securities			75,091,862.	11	66,271,206
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	246,411.	15	231,973		
	16	Total assets. Add lines 1 through 15 (must e			76,385,050.	16	68,615,625
	17	Accounts payable and accrued expenses			79,316.	17	9,413
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple	te Part I\	of Schedule D		21	
es	22	Loans and other payables to any current or for	ormer off	icer, director,			
≝		trustee, key employee, creator or founder, su	bstantia	contributor, or 35%			
Liabilities		controlled entity or family member of any of t	nese per	sons		22	
_	23	Secured mortgages and notes payable to un	related tl	nird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	l parties		24	
	25	Other liabilities (including federal income tax,	payable	s to related third			
		parties, and other liabilities not included on lin	nes 17-2	4). Complete Part X			
		of Schedule D			674,062.		955,001
	26	Total liabilities. Add lines 17 through 25			753,378.	26	964,414
S		Organizations that follow FASB ASC 958, or	heck he	re 🕨 🗓			
ဥင		and complete lines 27, 28, 32, and 33.			24 522 422		04 005 040
ala:	27				34,722,130.	27	31,335,043
Ä	28	Net assets with donor restrictions			40,909,542.	28	36,316,168
Ĕ		Organizations that do not follow FASB ASC	958, cl	neck here 🕨 📖			
ř		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current fun			29		
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			75 631 686	31	C7 CF1 014
ž	32	Total net assets or fund balances			75,631,672.	32	67,651,211
	33	Total liabilities and net assets/fund balances			76,385,050.	33	68,615,625

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				84.		
2	Total expenses (must equal Part IX, column (A), line 25)	2				49.		
3	Revenue less expenses. Subtract line 2 from line 1	3				35.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				72.		
5	Net unrealized gains (losses) on investments	5	-23,	74	6,4	78.		
6	Donated services and use of facilities	6						
7	Investment expenses	7				_		
8	Prior period adjustments	8				18.		
9	Other changes in net assets or fund balances (explain on Schedule O)							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B)) 10 67							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		L	За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE FOUNDATION OF THE ROMAN CATHOLIC

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

DIOCESE OF RALEIGH, INC. 83-1609483 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		59,454,140.	2,432,295.	2,058,963.	4,357,593.	68,302,991.
2	Tax revenues levied for the organ-						
	ization'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						
	Total. Add lines 1 through 3		59,454,140.	2,432,295.	2,058,963.	4,357,593.	68,302,991.
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)						
	Public support. Subtract line 5 from line 4.						68,302,991.
	<u></u>	(-) 0047	(1-) 0040	(-) 0040	(-I) 0000	(-) 0004	/6\ T-+-1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018 59,454,140.	(c) 2019 2,432,295.	(d) 2020 2,058,963.	(e) 2021 4,357,593.	(f) Total 68,302,991.
	Amounts from line 4		39,434,140.	2,432,293.	2,030,303.	4,337,393.	00,302,331.
ŏ	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources		321,224.	1,325,659.	1,415,598.	1,532,158.	4,594,639.
۵	Net income from unrelated business		321,2210	1,323,033.	1,113,330.	1,332,130.	1,331,033.
3	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.)			3,203.			3,203.
11	Total support. Add lines 7 through 10						72,900,833.
	Gross receipts from related activities	. etc. (see instructi	ions)			12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stop			•			X
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (line 6, column (f), o	divided by line 11, o	column (f))		14	%
15	Public support percentage from 2020) Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organization				▶□
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						▶□
17a	10% -facts-and-circumstances tes	t - 2021. If the org	ganization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstand	ces test, check this	box and stop her	e. Explain in Part	VI how the organization	ation
	meets the facts-and-circumstances to	•			•		▶□
b	10% -facts-and-circumstances tes	t - 2020. If the org	ganization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t				-		. —
	organization meets the facts-and-circ	umstances test. T	he organization qua	alifies as a publicly	supported organ	ization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶Ш

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support	, 1	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	1					
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support				_	_	
Cale	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11							
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
							<u></u> ▶∟⊥
	ction C. Computation of Publ					11	
	Public support percentage for 2021 (I					15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					Land	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						I / IS not
	more than 33 1/3%, check this box a						P
k	33 1/3% support tests - 2020. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Sa		
3b		
3c		
- 55		
4a		
4b		
4c		
40		
5a		
- Gu		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
3.2		
9c		
10a		
10b	- 000°	0001

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

Schedule A (Form 990) 2021

83-1609483 Page 6 DIOCESE OF RALEIGH, INC.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations		
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	st complete	Sections A through E.	1	
Sect	ion 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			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990) 2021

	t V Type III Non-Functionally Integrated 509		anizations (continu	(Jad)	3-1009403 Page
	ion D - Distributions	(2),(3) = 3.6 3.6	COMMI	Jeu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets	11		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
_					

Schedule A (Form 990) 2021

e Excess from 2021

THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH. INC.

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Scriedule A	(Form 990) 2021 DIOCEDE OF INTELLIGIT, 114C. 03 1003 403 Fage 6
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH, INC.

Employer identification number 83-1609483

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds o	r Accounts. Complete if the
	organization answered Tes Off Offices, Fartiv, in	(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year	. ,		.,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advised	funds
	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a h	nistorically important land area
	Protection of natural habitat		Preservation of a c	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contrib	ution in the form of	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or	terminated by the or	rganization during the tax
	year ▶			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the per			
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conser	vation easements during the year
-		dition of circlestons and on	£	and the second s
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and er	forcing conservation	n easements during the year
8	▶ \$ Does each conservation easement reported on line 2(d) above	vo patiofy the requiremen	to of acotion 170/h)	(4\/D\/i\
0				
9	and section 170(h)(4)(B)(ii)?			
3	balance sheet, and include, if applicable, the text of the foot		· ·	
	organization's accounting for conservation easements.	note to the organization s	ililailciai stateilleili	to that describes the
Par	t III Organizations Maintaining Collections o	f Art. Historical Tre	easures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	-	,	
1a	If the organization elected, as permitted under FASB ASC 95		enue statement and	I balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·	•	•
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				L 4
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			· ·
а	Revenue included on Form 990, Part VIII, line 1	-		> \$
b	Assets included in Form 990, Part X			

132051 10-28-21

Schedule D (Form 990) 2021

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

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar Ass	ets(continued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that make	significant use of i	:s
	collection items (check all that apply):					
а	Public exhibition	d	Loan or exc	hange program		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain	how they further th	ne organization's ex	empt purpose in Pa	art XIII.
5	During the year, did the organization solicit or	receive donations o	f art, historical trea	sures, or other simil	ar assets	
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's co	ollection?		Yes No
Pai	t IV Escrow and Custodial Arrang	- :	te if the organizatio	n answered "Yes" o	n Form 990, Part I\	/, line 9, or
	reported an amount on Form 990, Par					
ıa	Is the organization an agent, trustee, custodic					Yes No
	on Form 990, Part X?				∟	Yes NO
D	If "Yes," explain the arrangement in Part XIII a	and complete the fol	owing table:			Amount
_	Decimal and a lease				4.	Amount
	Beginning balance					
	Additions during the year					
_	Distributions during the year					
f Oo	Ending balance Did the organization include an amount on Fo					Yes No
	· ·		•			
	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete if					
	Ziras William Lander Complete II	(a) Current year	(b) Prior year			k (e) Four years back
10	Beginning of year balance	74,741,578.	60,612,451.	• • • • • • • • • • • • • • • • • • • •	(4)	(e) rear years such
_	Contributions	3,727,449.	895,931.		59,444,140	
b	Net investment earnings, gains, and losses	-8,790,931.	16,384,459.		 	
	Grants or scholarships	2,284,627.	2,561,566.		 	
	Ε	2,204,027.	2,301,300.	1,352,043.	230,473	<u>•</u>
е	Other expenditures for facilities					
	and programs	628,900.	589,697.	535,801.	421,821	
	Administrative expenses End of year balance	66,764,569.	74,741,578.	-	· · · · · · · · · · · · · · · · · · ·	
_	Provide the estimated percentage of the curr				01,100,331	<u>•</u>
2	Board designated or quasi-endowment	45.5000	% Columnia (2	ij) rielu as.		
	Permanent endowment 21.3500	%				
	Term endowment 33.1500 9					
·	The percentages on lines 2a, 2b, and 2c should be contaginated as a second seco					
32	Are there endowment funds not in the posses	•	tion that are held a	nd administered for	the organization	
Ja	by:	331011 Of the organiza	tion that are neid a	na administered for	the organization	Yes No
	(i) Unrelated organizations					
	(ii) Related organizations					···
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?			55.(/
4	Describe in Part XIII the intended uses of the					[52]
Ė	t VI Land, Buildings, and Equipm		William and			
	Complete if the organization answered		, Part IV, line 11a. S	See Form 990, Part)	(, line 10.	
	Description of property	(a) Cost or ot			Accumulated	(d) Book value
	- sample and property	basis (investm	' '		epreciation	(-,
	Land	<u> </u>				_
	Buildings					
	Leasehold improvements					
d	Equipment			3,709.	3,709.	0.
е	Other		2	3,516.	7,349.	16,167.
	I. Add lines 1a through 1e. (Column (d) must ed		K, column (B), line 1	0c.)		16,167.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

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Part VII Investments - Other Securities. Complete if the organization answered "Yes" of			1005405 Page C
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
(1) Financial derivatives	(b) Dook raids	(c) memor or rangament coor or one	your market raids
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(1) D
	escription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" of	on Form 000 Port IV line	o 11 o or 11f Soo Form 000 Dort V line 25	
(-) D	on on 990, Fait IV, iii	e 11e 01 111. See 1 0111 990, Fait X, line 23.	(b) Book value
			(b) DOOK Value
(1) Federal income taxes (2) CHARITABLE GIFT ANNUITY			
ODI TO A MITONIO			955,001.
(-)			955,001
(4)			
(5)			
<u>(6)</u>		+	
(7)			
(8)			
(9) Tatal (Column (b) must equal Form 900, Part V col. (P) line	25 \		955,001.
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide	nie revr oi riie toothote.	to the organization's illiancial statements the	acteports 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... X

Schedule D (Form 990) 2021

DIOCESE OF RALEIGH, INC.

Pa	rt XI	Reconciliation of Revenue per Audited Financial Statem	nents Witl	n Revenue per R	etur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	-4,747,869.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net ur	realized gains (losses) on investments	2a - 2	23,746,478.		
b	Donat	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	(Describe in Part XIII.)	2d	-90,218.		
е	Add lir	nes 2a through 2d			2e	-23,836,696.
3	Subtra	ct line 2e from line 1			3	19,088,827.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	67,457.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	67,457.
		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	19,156,284.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Stater	ments Wit	th Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total e	expenses and losses per audited financial statements			1	3,232,592.
2		nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donat	ed services and use of facilities	2a			
b	Prior y	ear adjustments	2b			
С	Other	losses	2c			
d	Other	(Describe in Part XIII.)	2d			
е	Add lir	nes 2a through 2d			2e	0.
3	Subtra	ct line 2e from line 1			3	3,232,592.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	67,457.		
b	Other	(Describe in Part XIII.)	4b			
С	Add lir	nes 4a and 4b			4c	67,457.
5	Total e	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,300,049.

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 V, LINE 4:

THE FOUNDATION'S ENDOWMENTS CONSIST OF APPROXIMATELY 158 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING THE LONG-TERM BENEFIT OF THE MINISTRIES OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH. THE OWNERSHIP OF THESE FUNDS WERE TRANSFERRED TO THE FOUNDATION FOR ADMINISTRATION IN JUNE 2019. THE ENDOWMENTS INCLUDE DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE DIOCESAN FINANCE COUNCIL AND THE BOARD OF DIRECTORS OF THE FOUNDATION TO FUNCTION AS ENDOWMENTS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). IN 132054 10-28-21

Schedule D (Form 990) 2021 DIOCESE OF RALEIGH, INC. Part XIII | Supplemental Information (continued) ACCORDANCE WITH IRC REGULATIONS, THE FOUNDATION IS TAXED ON UNRELATED BUSINESS INCOME, WHICH CONSISTS OF EARNINGS FROM ACTIVITIES NOT RELATED TO THE EXEMPT PURPOSE OF THE FOUNDATION. THE FOUNDATION HAS EVALUATED ALL ITS TAX POSITIONS AND DETERMINED THAT IT HAD NO UNCERTAIN INCOME TAX POSITIONS AS OF JUNE 30, 2022 AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN ESTIMATED VALUE OF CHARITABLE GIFT ANNUITIES OBLIGATIONS -75,780.CHANGE IN ESTIMATED VALUE OF CHARITABLE GIFT ANNUITY RECEIVABLES -14,438.TOTAL TO SCHEDULE D, PART XI, LINE 2D -90,218.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE FOUNDATIO

THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH, INC.

Employer identification number 83-1609483

DIOCESE O	F RALEIGE	i, INC.					03-1009403
Part I General Information on Grants a	nd Assistance						
Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	ic Governments. C	omplete if the org	anization answered "\	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is need	led.			
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
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							
RALEIGH, NC 27613	56-0591293	501(C)(3)	64,889.	0.			ASSISTANCE FOR THE NEEDY
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							CATHOLIC SCHOOLS AND
RALEIGH, NE 27613	56-0591293	501(C)(3)	163,708.	0.			EDUCATION INITIATIVES
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							
RALEIGH, NC 27613	56-0591293	501(C)(3)	100,700.	0.			CHILD AND FAMILY PROGRAMS
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							DIOCESAN SUPPORT AND
RALEIGH, NC 27613	56-0591293	501(C)(3)	126,300.	0.			ASSISTANCE
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							LAY FORMATION AND
RALEIGH, NC 27613	56-0591293	501(C)(3)	84,700.	0.			EDUCATION
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							
RALEIGH, NC 27613	56-0591293	501(C)(3)	190,964.	0.			OTHER
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table				13.
3 Enter total number of other organization							

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

Schedule I (Form 990) 2021

Schedule I (Form 990)

(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
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							PARISH SUPPORT AND
RALEIGH, NC 27613	56-0591293	501(C)(3)	69,600.	0.			ASSISTANCE
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							
RALEIGH, NC 27613	56-0591293	501(C)(3)	78,804.	0.			CHURCH EXPANSION
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							SEMINARIAN EDUCATION AND
RALEIGH, NC 27613	56-0591293	501(C)(3)	437,000.	0.			WELFARE
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							TUITION ASSISTANCE AND
RALEIGH, NC 27613	56-0591293	501(C)(3)	216,222.	0.			SCHOLARSHIPS
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							
RALEIGH, NC 27613	56-0591293	501(C)(3)	103,600.	0.			SPECIAL MINISTRIES
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							SEMINARIAN PARTNERSHIP
RALEIGH, NC 27613	56-0591293	501(C)(3)	249,347.	0.			PROGRAM
ROMAN CATHOLIC DIOCESE OF RALEIGH							
AND AFFILIATES(LIST AVAILABLE ON							
REQUEST) - 7200 STONEHENGE DR							
RALEIGH, NC 27613	56-0591293	501(C)(3)	789,783.	0.			CEMETERY MAINTENANCE
-							
	1						

THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH, INC.

83-1609483

Page 2

Schedule I (Form 990) 2021 DIOCESE OF RALE	EIGH, INC	•			83-1609483	Page
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(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
Part IV Supplemental Information. Provide the information red	quired in Part I, lir	ne 2; Part III, columr	n (b); and any other a	dditional information.		•
PART I, LINE 2:						
THE FOUNDATION ONLY MAKES GRANTS T	O THE DI	OCESE OF F	RALEIGH AND	AFFILIATES		
OF THE FOUNDATION WHICH INCLUDES I	PARISHES,	SCHOOLS,	AND CATHOL	IC CHARITIES		
(LIST AVAILABLE UPON REQUEST). THE	E CLOSE R	ELATIONSHI	P BETWEEN	THE		
ORGANIZATIONS SERVES TO MONITOR TH	HE USE OF	THE FUNDS	FOR THE I	NTENDED		
PURPOSES.						

SCHEDULE J (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

► Go to www.irs.gov/Form990 for instructions and the latest information. THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH, INC.

Employer identification number 83-1609483

			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
L	If any of the haves on line 1e are checked did the avantization follows switten nation regarding narmont as			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		ID		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked of fine 14?			
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 11 504/ V0) 504/ V4) 1504/ V00) 11 12 13 14 15 5			
_	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:			Х
a	The organization?	5a		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b		<u> </u>
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
а	The organization?	6a		х
h	Any related organization?	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
-	not described on lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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.

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

16

17 18

19

20 21

22 23

24 25

26

27

28 29 Other

Other

Other Other

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

Attach to Form 990.

Real estate - Commercial

Real estate - Other

Collectibles Food inventory

Drugs and medical supplies

Taxidermy Historical artifacts

Scientific specimens Archeological artifacts

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

Open to Public Inspection

THE FOUNDATION OF THE ROMAN CATHOLIC **Employer identification number** Name of the organization DIOCESE OF RALEIGH, INC. 83-1609483 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 58 412,485.PROCEEDS OF STOCK Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15

	for which the organization completed Form 8283, Part V, Donee Acknowledgement	29				
					Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, line	s 1 th	rough 28, that it			
	must hold for at least three years from the date of the initial contribution, and which isn't require	ed to I	oe used for			
	exempt purposes for the entire holding period?			30a		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 nonstandar	d con	tributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sel	l nonc	ash			
	contributions?			32a		X
h	If "Yes " describe in Part II					

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

Number of Forms 8283 received by the organization during the tax year for contributions

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

Schedule M (Form 990) 2021

describe in Part II.

THE FOUNDATION OF THE ROMAN CATHOLIC

Schedule M	(Form 990) 2021	DIOCESE	OF	RALEIGH,	INC.	83-1609483	Page 2
Part II	Supplemental	Information	. Pro	vide the informatio	on required by Part I, lines 30b, 32b, and 33 ons, the number of items received, or a com	and whether the organiza	ation

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH, INC.

Employer identification number 83-1609483

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MINISTRIES OF THE DIOCESE OF RALEIGH WHILE PROVIDING EFFECTIVE AND

EFFICIENT MANAGEMENT AND DISTRIBUTION OF INVESTED FUNDS.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION SHALL HAVE ONE SOLE MEMBER BEING THE BISHOP OF THE ROMAN

CATHOLIC DIOCESE OF RALEIGH, NORTH CAROLINA OR IN THE EVENT OF A VACANCY IN

THE OFFICE OF BISHOP, THE ADMINISTRATOR OF THE ROMAN CATHOLIC DIOCESE OF

RALEIGH, NORTH CAROLINA WHO SHALL EX-OFFICIO BE THE SOLE MEMBER OF THE

CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE BISHOP OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH, NORTH CAROLINA, THE SOLE MEMBER OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING POWERS ARE RESERVED TO THE SOLE MEMBER OF THE FOUNDATION:

(A) APPROVE CHANGES IN THE PURPOSES, PHILOSOPHY, OR MISSION OF THE

FOUNDATION

- (B) APPROVE THE AMENDMENT OF, OR ADDITION TO, OR REVOCATION OF, THE ARTICLES OF INCORPORATION OR THE BY-LAWS OF THE FOUNDATION
- (C) APPOINT OR REMOVE, WITH OR WITHOUT CAUSE, THE MEMBERS OF THE BOARD OF DIRECTORS
- (D) APPROVE THE SALE, CONVEYANCE, ASSIGNMENT, TRANSFER, ALIENATION, PLEDGE,

 ENCUMBRANCE, OR LEASE OF ALL OR SUBSTANTIALLY ALL ASSETS OF THE FOUNDATION

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page **2**

Name of the organization THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH, INC.

Employer identification number 83-1609483

(E) APPROVE PLANS OF MERGER, CONSOLIDATION, OR AFFILIATION OF THE

FOUNDATION WITH ANY LEGAL ENTITY

(F) TO DISSOLVE OR TERMINATE THE EXISTENCE OF THE FOUNDATION AND DETERMINE

THE DISTRIBUTION OF ASSETS UPON THE TERMINATION OR DISSOLUTION

(G) APPOINTMENT OR REMOVAL OF THE EXECUTIVE DIRECTOR, WITH OR WITHOUT CAUSE

(H) APPROVAL OF THE FOUNDATION'S ANNUAL OPERATING AND CAPITAL BUDGETS

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

THE BOARD CHAIR WILL BE ASKED TO REVIEW THE 990 UPON COMPLETION EITHER VIA

EMAIL TRANSMISSION OR ON-SITE MEETING, AND TO REMIT COMMENTS (IF ANY) TO

THE EXECUTIVE DIRECTOR BEFORE FILING.

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

THE EXECUTIVE DIRECTOR REVIEWS THE CONFLICT OF INTEREST POLICY PRIOR TO

EACH BOARD MEETING AND IS PREPARED TO DISCUSS THE CONFLICT OF INTEREST

POLICY WITH ANY NON-COMPLIANT BOARD MEMBER PRIVATELY ALONG WITH THE BOARD PRESIDENT.

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

THE BOARD OF DIRECTORS HAS UTILIZED AN EMPLOYEE SEARCH FIRM THAT CONSULTS

LOCAL AND NATIONAL DIOCESAN FOUNDATIONS TO DETERMINE FAIR COMPENSATION OF

THE EXECUTIVE DIRECTOR.

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

GOVERNING DOCUMENTS WILL BE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN ESTIMATED VALUE OF CHARITABLE GIFT ANNUITY

Schedule O (Form 990) 2021	Page 2
Name of the organization THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH, INC.	Employer identification number 83-1609483
OBLIGATIONS	-75,780.
CHANGE IN ESTIMATED VALUE OF CHARITABLE GIFT ANNUITY	
RECEIVABLE	-14,438.
TOTAL TO FORM 990, PART XI, LINE 9	-90,218.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF RALEIGH, INC.

Employer identification number 83-1609483

	1	1 ,	1 (5	1 ,				
(a)	(b)	(c)	(d)	(e)			(f)	_
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets		ontrolling ntity	3
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tations. Complete if the organization a	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	related tax-exe	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	Section 5	g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity		t controlling	conti	o12(b)(13) rolled
of related organization		foreign country)	section	status (if section		entity		ity?
				501(c)(3))	1		Yes	No
ROMAN CATHOLIC DIOCESE OF RALEIGH AND	CATHOLIC ORGANIZATION OF							
AFFILIATES (LIST AVAILABLE ON REQUEST), 7200 STONEHENGE DR., RALEIGH, NC 27613	RALEIGH - CATHOLIC CHURCH, SCHOOLS, AND CHARITIES	NORTH CAROLINA	501(C)(3)	LINE 1	N/A			Х
	_							
	-							
	-							

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

<u> </u>	·		1	1		1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j		(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity	related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	itions?	amount in box	partr	ner?	ownership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										\vdash	+	
	1											
	1											
										\vdash	+	
	-											
										Ш		
	1											
	1											
										_		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sector 512(k) contract	tion b)(13) rolled tity?
		country)		or tracty		uoooto		Yes	No
								igsqcup	
								igwdapprox	
								<u> </u>	₩
								<u> </u>	₩
		1.4						$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or	more rel	ated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1 g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1 p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must com	nplete thi	is line, including covered	relationships and transaction thresholds.			
	(a) (b) Name of related organization Transaction type (a-st		(c) Amount involved	(d) Method of determining amount invo	olved		
(1)							
(2)							
(3)							
(4)							
(5)							
6)	AF	_					
3216	63 11-17-21 45)		Schedule F	R (Forr	n 990)	2021

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501(c	all s sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or Pero	(k) centage nership
	-	223	30000113 0 12 0 147	Yes	No			Yes	No	(1011111000)	Yes	NO	
	-												
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	1												
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Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
ROMAN CATHOLIC DIOCESE OF RALEIGH AND AFFILIATES (LIST
AVAILABLE ON REQUEST)
EIN: 56-0591293
7200 STONEHENGE DR.
RALEIGH, NC 27613
PRIMARY ACTIVITY: CATHOLIC ORGANIZATION OF RALEIGH - CATHOLIC CHURCH,
SCHOOLS, AND CHARITIES
DIRECT CONTROLLING ENTITY: N/A