Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2024 calendar year, or tax year beginning	enung					
B CH	eck if	C Name of organization		D Employer iden	tificat	ion number		
	Address change		I	58-2591	1172)		
	Name change	Doing business as						
	Initial return	Number and Street (or 1:0: box in that to not desired as a second	Room/suite	E Telephone num) F ()		
	Final return/	P.O. BOX 6869		912-510	J-93	0 022 014		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 8,933,914.				
	Amende	DI. MARID, GA SISSO		H(a) Is this a grou	ıp retu			
	Applica-	F Name and address of principal officer: BRYAN FARMER		for subordina				
0.	pending	SAME AS C ABOVE		H(b) Are all subordinat				
1 T	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attac	h a lis	t. See instructions		
	Vebsite	GENER DESCRIPTION T GENERALINA MITORI ODG		H(c) Group exem	ption r	number		
		organization: X Corporation Trust Association Other	L Year	of formation: 200:	1 M S	State of legal domicile: GA		
	rt I	Summary	//					
	1 E	Briefly describe the organization's mission or most significant activities: TO SI	UPPORT	THE CHAR	TAE	BLE		
8	7	ACTIVITIES OF ST MARYS METHODIST CHURCH						
Governance	_	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net	asset	s.		
ver					3	9		
င်		Number of independent voting members of the governing body (Part VI, line 1b)			4	9		
		otal number of individuals employed in calendar year 2024 (Part V, line 2a)			5	3		
ties		otal number of volunteers (estimate if necessary)			6	0		
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	0 •		
-	Di	Net difference business taxable income from 550 1,1 art i, into 11		Prior Year		Current Year		
Revenue	8 (Contributions and grants (Part VIII, line 1h)			0.	0.		
		Program service revenue (Part VIII, line 2g)			0.	0.		
Ven		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,649,93	9.	1,084,867.		
Pe P		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,649,93	9.	1,084,867.		
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,368,35		1,545,188.		
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		363,941.		447,408.		
es		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.		
Expenses		- · · · · · · · · · · · · · · · · · · ·	0.			1 1/2 S S S S S S S S S S S S S S S S S S S		
, X		Total fundraising expenses (Part IX, column (D), line 25)		187,84	1.	241,217.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,920,13		2,233,813.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-270,19		-1,148,946.		
-		Revenue less expenses. Subtract line 18 from line 12	B	eginning of Current Y		End of Year		
S OF			F	42,279,59		44,940,091.		
Asset		Fotal assets (Part X, line 16)		419,84		77,043.		
Net A		Total liabilities (Part X, line 26)		41,859,74		44,863,048.		
		Net assets or fund balances. Subtract line 21 from line 20		11/033/11	5 1			
Pa	art II	Signature Block	e and etator	ente and to the hest i	of my k	nowledge and belief, it is		
Und	er pena	tites of perjury, I declare that I have examined this return, including accompanying schedule	biah prapara	r has any knowledge	or my a	inovirougo ana ponen, ie ie		
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	mon propare	OH/	30/	2025		
		Singaria atolicar		Date	1			
Sig		Signature of officer BRYAN FARMER, PRESIDENT Paul Lent	2 -	easiver				
Her	е		Z, IX	EUSIVE				
_		Type or print name and title		Date Che	ck	PTIN		
		Preparer's name Preparer's signature		04/25/25 self-	1			
Paid		ANGELA L. HEYS ANGELA L. HEYS		Firm's EIN		-0673524		
	parer	Firm's name MSTILLER LLC		FILLISEIN	, 50	0070044		
Use	Only	Firm's address 777 GLOUCESTER STREET, SUITE 201		Phone no	/ Q1	2) 265-1750		
-		BRUNSWICK, GA 31520		I Priorie no	. \) 1	X Yes No		
Ma	the IF	S discuss this return with the preparer shown above? See instructions				- 000 (0004)		

Form 9	990 (2024) ST. MARYS METHODIST CHURCH FOUNDATION, I 58-2591172 Page 2
Parl	
10.00	Check if Schedule O contains a response or note to any line in this Part III
, -	Briefly describe the organization's mission:
1	THE FOUNDATION WAS ORGANIZED TO SUPPORT THE CHARITABLE ACTIVITIES OF
	THE ST MARYS METHODIST CHURCH
	THE ST MARYS METHODIST CHORCH
	the state of the s
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-E2?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes " describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue if any for each program service reported
4a	(Carter) (Feverence \$ 2.010.211 • including grants of \$ 1,545,188 •) (Revenue \$)
70	AWARDED 24 GRANTS TO 501(C)(3) ORGANIZATIONS WHO PROVIDE TO PEOPLE IN
	NEED, TO METHODIST INSTITUTIONS, OR TO ORGANIZATIONS THAT PROMOTE
	EVANGELICAL CHRISTIANITY.
	EVANGEDICAL CHRISTIANIII:
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
710	(Code
4c	(Code:) (Expenses \$
70	(code / Experience
-	Oli Province (Describe on Schodula O.)
4d	Other program services (Describe on Schedule O.) (Figure 2.5) (Revenue \$)
	(Expenses s
4e	Total program service expenses 2,010,211.

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)? Х 1 If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes." complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X 11b assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11c assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VIII 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 X 11d Part X, line 16? /f "Yes," complete Schedule D, Part IX 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X 14b 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 15 X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 19 complete Schedule G, Part III Х 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Form 990 (2024)

ı uı	Continued)		Yes	Nie
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
240	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			١
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			٠,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	1		1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			\ _v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f			x
	"Yes," complete Schedule L, Part IV	28a	H	X
	A family member of any individual described in line 28a? If "Yes, " complete Schedule L, Part IV	28b		├ ^
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	-	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M	31	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		l x
	Schedule N, Part II	- OZ	1	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	-		
34		34	x	
25-	Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
200	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
36	If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ī
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			T
36	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
-				No
1 2	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1
_	9	Forr	n 99 0	(202

ST. MARYS METHODIST CHURCH FOUNDATION, I Statements Regarding Other IRS Filings and Tax Compliance (continued)

	1 1	\rightarrow	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		х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Δ	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	
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	4a		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	44	75	
b	If "Yes," enter the name of the foreign country	11_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50		_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		х
	any contributions that were not tax deductible as charitable contributions?	- Ou		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
_	were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c). 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		Х
a		7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			\Box
С	to file Form 8282?	7c		X
-1	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g	the second state of the second	7h		
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
٥	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	The state of the s	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	7.0		
	amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	-	+
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note: See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	
	organization is licensed to issue qualified health plans	-	1	
	Enter the amount of reserves on hand	44.	+	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		+
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	1=		x
	excess parachute payment(s) during the year?	15	-	+**
	If "Yes," see the instructions and file Form 4720, Schedule N.	46		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		+
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	If "Yes," complete Form 6069.	Fau	- 90	0 (2024)

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
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2	officer, director, trustee, or key employee?	2		X
•	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization have members or stockholders?	6		X
6	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			
7a		7a		X
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
ь		7ь		Х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8		8a	х	
a		8b	X	
þ	Each committee with authority to act on behalf of the governing body?	0.5		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
		10a	165	X
	Did the organization have local chapters, branches, or affiliates?	IUa		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		_
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a		12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedGA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ble
	for public inspection, Indicate how you made these available. Check all that apply			
	X 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, and	d finan	cial	
19	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	BRYAN FARMER - 912-510-9350			
	6250 HWY 40 EAST, ST. MARYS , GA 31558			
40000	0000 11.1.2 24 22 , 2	Forn	990	(2024)
43200	6 12-10-24			-

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

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

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

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

Check this box if neither the organization		orga	nizat			npen	sate			(F)
(A) Name and title	(B) Average hours per week	box	not ch unles	Posi neck i ss per	more son i	than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JEFF BARKER	40.00							0.44 505		F.C. 41.4
PRESIDENT					X	-		241,527.	0.	56,414.
(2) BRYAN FARMER	40.00							F7 630	0.	0.
SUCCESSOR PRESIDENT	1 00	_			X	-	_	57,639.	0.	· ·
(3) ROBERT BENNETT	1.00	1,,		,,				0.	0.	0.
CHAIR	1 00	X		X		\vdash	\vdash	0.	0.	<u> </u>
(4) STEPHANIE BLEDSOE	1.00	x	ы	x	1			0.	0.	0.
VICE PRESIDENT (5) RANDY HAMBY	1.00	^	H	^	-	H	\vdash	0.	0.	
(5) RANDY HAMBY DIRECTOR	1.00	X						0.	0.	0.
(6) STEPHEN KINNEY	1.00		Н		\vdash	\vdash				
DIRECTOR	1.00	x						0.	0.	0.
(7) GAIL LATHAM	1.00	-								
DIRECTOR		x						0	0	0.
(8) PAUL LENTZ	1.00				Г					
TREASURER		x		X				0.	0	0.
(9) DONNA O'BANION	1.00									
SECRETARY		X		X	L		_	0.	0.	0.
(10) MICHAEL STEPHENS	1.00	1			1					
VICE CHAIR		X	_	X	_		_	0.	0.	0.
(11) DARLA WINN	1.00	١	1		1				0.	0.
DIRECTOR	1 00	X	-	X	⊢	┢	-	0.	0.	0.
(12) REV. ROY WHITE	1.00	١	1		1			0.	0.	0.
EX-OFFICIO		Х	⊢	-	-	\vdash	-	0.	0.	· · ·
		-			ı					
,(⊢	\vdash	H	\vdash	╁				
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(-		_	-	-	-			Form 990 (2024)

432007, 12-10-24 Form **990** (2024)

(A) Name and title	(B) Average hours per week	box	not cl	Pos heck	more rson i	than	n an	(D) Reportable compensation from	(E) Reportable compensation from related	rtable Estima amour elated othe cations compen 19-MISC/ From		ount o	
	week (list any hours for related organizations below line)	tee or director	institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)			ensati m the nization relate	on d
				-	-	\vdash	H			+			
					-	-				+			
				T	T		Г						
			-	\vdash	\vdash	\vdash				+			
		1	<u> </u>	L		_				-			
		1											
				\vdash	\vdash	t	t						
4. 0.1		_		_	_		_	299,166.		0.	56	5,41	L4.
1b Subtotal c Total from continuation sheets to Part								0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but	not limited to the		lieta	e he	boy	e) w	ho re	299,166.		0.	5	5,41	L4.
2 Total number of individuals (including but compensation from the organization	not inflited to the	1030	liste		DOV	C) W	11010		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Vasi	1
3 Did the organization list any former office	er director trus	tee	kev	emr	olove	ee. c	r hic	nhest compensated emi	olovee on	ſ		Yes	No
line 1a? If "Yes." complete Schedule J for	such individual				í,						3		X
4 For any individual listed on line 1a, is the and related organizations greater than \$1	sum of reportab	le c	omp	ens	atio	n an	d oth	ner compensation from	the organization	30.00	4	х	
5 Did any person listed on line 1a receive o	accrue compe	nsat	ion i	from	an	y un	relat	ed organization or indiv	idual for services	- 1			v
rendered to the organization? If "Yes." co	mplete Schedu	le J	for s	uch	per	son					5		X
Complete this table for your five highest of	compensated in	depe	ende	ent o	ont	racto	ors t	hat received more than	\$100,000 of comp	ensat	ion fro	om	
the organization, Report compensation for	r the calendar y	/ear	end	ing	with	or v	vithir	(B)			(0		
Name and busines	ss address	N	ОИ	E				Description of	services	С	ompe	nsatio	n
·													
						_							_
Total number of independent contractors		not li	imite	ed to	the		istec	d above) who received r	nore than				
\$100,000 of compensation from the orga	nization					0				-		200	

Form 990 (2024)

				20			F0 0=01	170 = 0
		(2024) ST. MAI	RYS METH	HODIST CH	URCH FOUNI	DATION, I	58-2591	172 Page 9
Par	t VI				SE ADDRESS OF THE WAY			
		Check if Schedule O contain:	s a response o	r note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	d d d e f	Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a-	1b 1c 1d 1d 1e					
				Business Code				
<u>ë</u>	2 8							
Program Service Revenue	k							
Men S	9							
gra Re								
Pro	ì	All other program service revenu	e					
		Total. Add lines 2a-2f						
-	3	Investment income (including div						
		other similar amounts)			1,304,363.			1304363.
	4	Income from investment of tax-e						
	5	Royalties					ļ	
			(i) Real	(ii) Personal	11 2 2 2 2 2 2 1			
	6	a Gross rents 6a					100	
	- 1	Less: rental expenses 6b				1 1		100
		Rental income or (loss) 6c						
							-	
	7	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a	7,629,551.					
_		b Less: cost or other basis	7 040 047					
venue		and sales expenses	7,849,047. -219,496.			3		
		c Gain or (loss)7c			-219,496,			-219,496.
Ä		d Net gain or (loss)			215,150.	DESCRIPTION OF THE PERSON OF T		
Other Re	8	a Gross income from fundraising ever						1
0		including \$ contributions reported on line 10						
		Part IV, line 18	-3.5					
		b Less: direct expenses						
		c Net income or (loss) from fundra	The state of the s	1				
		a Gross income from gaming activ						
		Part IV, line 19						
		b Less: direct expenses		1	0.1			
		c Net income or (loss) from gamin						
		a Gross sales of inventory, less re						
	"	and allowances	1000	9				
		b Less: cost of goods sold						
		c Net income or (loss) from sales						
-				Business Code				

1,084,867.

0.

1084867.

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e Total. Add lines 11a-11d

12 Total revenue. See instructions

	Check if Schedule O contains a response	or note to any line in the	(B)	(C)	(D) Fundraising
7b, 8	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses expenses
	Grants and other assistance to domestic organizations	1 545 100	1 5/5 100		
	and domestic governments. See Part IV, line 21	1,545,188.	1,545,188.		
	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,	299,166.	254,291.	44,875.	
_	trustees, and key employees Compensation not included above to disqualified	255/2001			
6	persons (as defined under section 4958(f)(1)) and				
	· · · · · · · · · · · · · · · · · · ·				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	55,789.	47,421.	8,368.	
7 8	Pension plan accruals and contributions (include	20,,000			
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	69,820.	59,347.	10,473.	
10	Payroll taxes	22,633.	19,238.	3,395.	
11	Fees for services (nonemployees):				
	Management				
b	Legal				
c	Accounting	24,125.	7,238.	16,887.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	96,467.		96,467.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
J	column (A), amount, list line 11g expenses on Sch O.)	29,761.	8,928.	20,833.	
12	Advertising and promotion			0.005	
13	Office expenses	14,836.	12,611.	2,225.	
14	Information technology	9,281.	8,353.	928.	
15	Royalties			4 606	
16	Occupancy	31,240.	26,554.	4,686.	
17	Travel	13,888.	4,166.	9,722.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			1 050	
19	Conferences, conventions, and meetings	2,656.	797.	1,859.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	U 430	6,322.	1,116.	
23	Insurance	7,438.	0,322.	1,110.	
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.) DUES AND SUBSCRIPTIONS	5,892.	4,124.	1,768.	
	ME CORE E ANDROLLO	5,633.	5,633.		
b	***************************************		•		
c					
d	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,233,813.	2,010,211.	223,602.	0
25	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	concentrial campaign and fundraising achonation.		l'I	1 1	

ST. MARYS METHODIST CHURCH FOUNDATION, I 58-2591172 Page 11

_	_	Check if Schedule O contains a response or not	e to any l	ne in this Part X		Т	
					(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing			455 000	1	151 522
1	2	Savings and temporary cash investments			475,029.	2	151,532
	3	Pledges and grants receivable, net				3	
1		Accounts receivable, net				4	
1		Loans and other receivables from any current or					
1		trustee, key employee, creator or founder, subst					
1		controlled entity or family member of any of the		5			
1	6	Loans and other receivables from other disquali					
1		under section 4958(f)(1)), and persons described		6			
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		4 570	8	1,964	
:	9	Prepaid expenses and deferred charges	.,		4,579.	9	1,904
-	10a	Land, buildings, and equipment: cost or other		04 407			
-		basis. Complete Part VI of Schedule D	10a	24,427.	0.		0
1	b	Less: accumulated depreciation		24,427.	41,791,866.	10c	44,714,033
1	11	Investments - publicly traded securities		41,/91,000.	11	44,714,000	
-	12	Investments - other securities. See Part IV, line		12			
-	13	Investments - program-related. See Part IV, line		13			
1	14	Intangible assets		8,117.	14	72,562	
	15	Other assets. See Part IV, line 11		42,279,591.	15	44,940,091	
4	16	Total assets. Add lines 1 through 15 (must equ			1,729.	16 17	4,481
	17	Accounts payable and accrued expenses		410,000.	18	4,401	
- 1	18	Grants payable	410,000.	19			
-1	19	Deferred revenue			20		
-1	20	Tax-exempt bond liabilities				21	
-	21	Escrow or custodial account liability. Complete					
3	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs				22	
LIADIIIUGS		controlled entity or family member of any of the				23	
1	23	Secured mortgages and notes payable to unrel				24	
	24	Unsecured notes and loans payable to unrelate				2.7	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
					8,117.	25	72,562
-	00	of Schedule D Total liabilities. Add lines 17 through 25			419,846.	26	77,043
+	26	Organizations that follow FASB ASC 958, ch		X			
ا ۾		and complete lines 27, 28, 32, and 33.	CON HEIC				
2	27	Net assets without donor restrictions			41,859,745.	27	44,863,048
2	28					28	
5	26	Organizations that do not follow FASB ASC	700 - 100				
5		and complete lines 29 through 33.					
5	00	Capital stock or trust principal, or current funds			29		
ا ج	29	Paid-in or capital surplus, or land, building, or e				30	
<u> </u>	30	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	31	-			41,859,745.	32	44,863,048
וא	32	Total net assets or fund balances					

Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	1,084 2,233 -1,148 41,859 3,742	3,81 3,94 3,74	16. 15. 19.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	44,86	3,0	48.	
Pai	rt XII Financial Statements and Reporting				[77]	
	Check if Schedule O contains a response or note to any line in this Part XII				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 Were the organization's financial statements compiled or reviewed by an independent accountant?		- 2a	Yes	X	
b	2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?					
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	red audit			x	
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Form	990	(2024)	

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 58-2591172

			DIST CHURCH)-Z39111Z			
Part I	Reason for Public C					e instructions.				
he organ	ization is not a private founda									
1 🔲	A church, convention of chu					(A)(i).				
2	A school described in section	on 170(b)(1)(A)(ii). (A	ttach Schedule E (Form	990).)						
3	A hospital or a cooperative l	hospital service organ	ization described in se	ction 170(b)(1)(A)(iii)	.				
4	A medical research organiza	ation operated in conj	unction with a hospital o	described i	n section	. 170(b)(1)(A)(iii). Enter t	he hospital's name,			
	city, and state:									
5	An organization operated fo	r the benefit of a colle	ege or university owned	or operate	d by a gov	ernmental unit describe	d in			
	section 170(b)(1)(A)(iv). (C									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
	section 170(b)(1)(A)(vi). (Co									
8	A community trust describe		()(A)(vi). (Complete Part	11.)						
9	An agricultural research org	anization described in	section 170(b)(1)(A)(i	x) operate	d in conju	nction with a land-grant o	college			
3 1	or university or a non-land-g	rant college of agricu	Iture (see instructions).	Enter the n	ame, city,	and state of the college	or			
	university:	nanconogo or agree	,							
10 🔲	An organization that norma	Ily receives (1) more t	han 33 1/3% of its supp	ort from co	ntribution	s, membership fees, and	gross receipts from			
10	activities related to its exem	not functions, subject	to certain exceptions: a	nd (2) no n	nore than	33 1/3% of its support fr	om gross investment			
	income and unrelated busin	ness taxable income (less section 511 tax) fro	m busines:	ses acquir	ed by the organization a	fter June 30, 1975.			
	See section 509(a)(2). (Coi					, -				
	An organization organized a		vely to test for public saf	etv. See s	ection 50	9(a)(4).				
11 12 X	An organization organized a	and operated exclusiv	vely for the benefit of to	perform th	e function	is of, or to carry out the i	ourposes of one or			
12 X	more publicly supported or	and operated excident	in section 509(a)(1) o	r section 5	i09(a)(2)	See section 509(a)(3). C	heck the box on			
	lines 12a through 12d that	describes the type of	supporting organization	and comp	lete lines	12e. 12f. and 12g.				
-	_	describes the type of	populated or controlled	hv ite sunn	orted oras	enization(s), typically by (aivina			
a <u>∠</u>	Type I. A supporting orgation the supported organization	anization operated, su	ularly expoint or elect a	maiority o	f the direc	tors or trustees of the su	pporting			
				majority o	i ilic dilico	1010 0, 11001000 0, 110 00				
	organization. You must o	complete Part IV, Se	ctions A and D.	ion with its	cupporto	d organization(s) by hay	ina			
Ь	Type II. A supporting org	anization supervised	or controlled in connect	ION WILLING	sapporte	atrol or manage the sunr	orted			
	control or management of			ime persor	is mai coi	Illoi or manage the supp	orted			
	organization(s). You mus	st complete Part IV, S	Sections A and C.	: -	inn with o	and functionally integrate	d with			
c L	Type III functionally inte	grated. A supporting	organization operated	in connect	ion with, a	ind functionally integrate	d with,			
-	its supported organizatio	n(s) (see instructions)	. You must complete I	art IV, Se	ctions A,	D, and E.	ration(e)			
d L	Type III non-functionally	y integrated. A supp	orting organization oper	ated in cor	inection w	nth its supported organiz	ation(s)			
	that is not functionally in	tegrated. The organiza	ation generally must sat	isfy a distri	bution red	juirement and an attentiv	reness			
10-	requirement (see instruct	ions). You must com	plete Part IV, Sections	A and D,	and Part	V.				
e 🗌	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III				
	functionally integrated, o	r Type III non-functior	nally integrated supporti	ng organiza	ation.		1			
	ter the number of supported (L			
g Pro	ovide the following information	n about the supporte	d organization(s).	I find to the orac	nization listed	L () A	(vi) Amount of other			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	support (see instructions)			
	organization		above (see instructions))	Yes	No	auphorr (see manucrions)	support (555 motrastions)			
ST. 1	MARYS METHODIST					_				
CHUR	CH	58-0834922	1	X		0.	0.			
	18									
-										
ADMIN'S						0.	0.			

Schedule A (Form 990) 2024 ST. MARYS METHODIST CHURCH FOUNDATION, I 58-2591172 Page 2

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	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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					1	
	the organization without charge						
4	Total. Add lines 1 through 3						
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,		10-1-17				
	column (f)						
6	Public support. Subtract line 5 from line 4.		4 Y - 4 y - 1		8		
	tion B. Total Support						-
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on			1	1		
	securities loans, rents, royalties,						
	and income from similar sources					.	
9	Net income from unrelated business						
	activities, whether or not the		1				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12		etc. (see instructi	ions)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	r i
_	organization, check this box and stop	here					
	ction C. Computation of Publi					T.T	04
	Public support percentage for 2024 (I					14	%
15	Public support percentage from 2023	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2024. If the	organization did n	ot check the box	on line 13, and line	14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	ported organizatio	n			
ı	33 1/3% support test - 2023. If the	organization did n	ot check a box or	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check tr	ils box
	and stop here. The organization qual	lifies as a publicly	supported organi	zation		15 44 :- 400/	
17	10% -facts-and-circumstances test	: - 2024. If the or	rganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances to	est. The organizati	ion qualifies as a p	oublicly supported	organization	47 15 45 io	
-	10% -facts-and-circumstances test	t - 2023. If the or	rganization did not	check a box on lir	ne 13, 16a, 16b, or	1/a, and line 15 is	IU% Or
	more, and if the organization meets the	he facts-and-circu	mstances test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. T	The organization q	ualifies as a publici	y supported organ	nzation	
18	Private foundation. If the organization	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	(Form 000) 2024
						Schedule A	(Form 990) 2024

Schedule A (Form 990) 2024 ST. MARYS METHODIST CHURCH FOUNDATION, I 58-2591172 Page 3

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.)

Sec	tion A. Public Support						200
aler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)				/U		
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			<u></u>			
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizati	on,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2024 (line 8, column (f), o	divided by line 13,	column (f))		15	<u>%</u>
	Public support percentage from 2023					16	<u>%</u>
	ction D. Computation of Inves						
17	Investment income percentage for 20	024 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2023 Schedule A,	, Part III, line 17			18	%
198	a 33 1/3% support tests - 2024. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qual	lifies as a publicly	supported organiza	ation	
ŀ	33 1/3% support tests - 2023. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
•	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
4000	22 01 14 25					Schedule	A (Form 990) 2024

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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)
- 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?
- 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
- 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.)

1	х	
2		x
3a		х
3b		
3с		
4a		х
4b		
4c		
5а		Х
5b 5c		
6		X
7_		X
8		Х
9a		×
9b		X
9c		2
10a		2

Schedule A (Form 990

ST. MARYS METHODIST CHURCH FOUNDATION, I 58-2591172 Page 5 Schedule A (Form 990) 2024 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and X 11a 11c below, the governing body of a supported organization? X 11b b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, X 11c Section B. Type I Supporting Organizations No Yes 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 X supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported 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, X upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 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). Section D. All Type III Supporting Organizations Yes No 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? 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 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. h The organization supported a governmental entity. Describe in Part VI how you supported a governmental C entity (see instructions). Yes No Activities Test. Answer lines 2a and 2b below. 2 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. 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 2b these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

_	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	CH FO	OUNDATION, I S	8-2591172 Page 6
Par	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions
1				Part VI). See misu detions.
Secti	All other Type III non-functionally integrated supporting organizations must on A - Adjusted Net Income	Complete	(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		
	on B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see		V. 11	
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
ŭ	(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		
	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	Ily integra	ted Type III supporting org	anization (see

Schedule A (Form 990) 2024

ST. MARYS METHODIST CHURCH FOUNDATION, I 58-2591172 Page 7 Schedule A (Form 990) 2024 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2024 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) (ii) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2024 Amount for 2024 1 Distributable amount for 2024 from Section C, line 6 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2024 a From 2019 b From 2020 c From 2021 d From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from Section D, line 7: Applied to underdistributions of prior years b Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2020 b Excess from 2021 c Excess from 2022 d Excess from 2023

Schedule A (Form 990) 2024

e Excess from 2024

Schedule A	(Form 990) 2024	ST.	MARYS	METHODIS	CHURCH	FOUNDAT	ION, I	58-25911/2	Page 8
Part VI	O	afa vena ati				LIL line 10: Dort	Il line 17a or	17b; Part III, line 12; and 2; Part IV, Section 0 Section B, line 1e; Part nal information.	
	Gee manacuona.								
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SCHEDULE D

Supplemental Financial Statements

(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Complete if the organizat
Part IV, line 6, 7, 8, 9, 10, 11a
Attack
Go to www.irs.gov/Form990 for

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ST. MARYS METHODIST CHURCH FOUNDATION, I

Employer identification number 58-2591172

Par	I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
-	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised 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 v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	tion or education) Preservation (of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not	1 1
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		=
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
8	Does each conservation easement reported on line 2d above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stater	nents that describes the
	organization's accounting for conservation easements.	f Ant I listanian Transcurer or C	Athor Similar Assats
Pa	t III Organizations Maintaining Collections of		Aller Sillilar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sneet 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	ncial statements that describes these ite	ms,
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sneet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in ful	therance of public service,
	provide the following amounts relating to these items.		*
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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

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

Sched	lule D (Form 990) (Rev. 12-2024) ST MAF	IYS METHODI	, Histor	rical Trea	sures, or (Other S	Similar	Assets	(continue	d)
3	Using the organization's acquisition, accessio	n, and other records	, check a	ny of the fo	llowing that m	nake sigr	nificant u	se of its		
	collection items (check all that apply).			•						
а	Public exhibition	d		oan or exch	ange program	1				
b	Scholarly research	e	\Box	ther						
c	Preservation for future generations									
	Provide a description of the organization's co	llections and explain	how the	v further the	organization	's exemp	ot purpos	e in Part	XIII.	
4	During the year, did the organization solicit or	receive donations of	fart hist	orical treasu	res. or other	similar a	ssets			
5	to be sold to raise funds rather than to be ma	intained as part of th	e organi	zation's coll	ection?				Yes	No
	IV Escrow and Custodial Arrang	iements Complet	e if the o	rganization	answered "Ye	s" on Fo	orm 990,	Part IV, li	ne 9, or	
1 41	reported an amount on Form 990, Par		0 11 1110 0	. 9						
	Is the organization an agent, trustee, custodia		iany for c	ontributions	or other asse	ets not ir	ncluded			
									Yes	No.
	on Form 990, Part X?	and complete the fall	owing ta	hle:			,	35005750		
b	if "Yes," explain the arrangement in Fart Air a	and complete the foil	ownig ta	DIC.					Amount	
	B. A. A. A. A. A. A.						1c			
	Beginning balance						1d			
d	Additions during the year						1e			
е	Distributions during the year						1f			
f	Ending balance	000 D. 1 V. line	01 fee e		atadial aggain	at liabilit	_		Yes	No
2a	Did the organization include an amount on Fo	orm 990, Part X, line	∠I, lUl e:	bee been	stodiai accodi	r Habilit	у:			
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if	the examination and	pianatior	os" on For	n 990 Part IV	line 10	***************************************	************		
Par	Endowment Funds Complete ii	(a) Current year		ior year	(c) Two years		d) Three v	ears back	(e) Four ye	ears back
		(a) Current year	(0) 1 1	ioi youi	(O) The your	Duen I	-,,			
	Beginning of year balance					-				
	Contributions					-				
С	Net investment earnings, gains, and losses		-							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs					-				
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administere	d for the	Э			
	organization by:								\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on So	hedule R?					3b	
4	Describe in Part XIII the intended uses of the									
	t VI Land, Buildings, and Equipm	ent								
	Complete if the organization answere	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990,	Part X, I	line 10.			
-	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate preciation		(d) Book	value
		basis (investr	nent)	basis	(other)	uep	or eciation			
1a	Land									
b	Buildings							-+		
¢	Leasehold improvements				7 000		17 0	26		0.
d	Equipment			1	7,926.		17,9			0.
	Other	200			6,501.		6,5			0.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. line 1	Oc. column	(B))					0.

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

chedule D (Form 990) (Rev. 12-2024) ST . MARYS M Part VII Investments - Other Securities	ETHODIST CHU	RCH FOUNDATION, I 58-	-2591172 Page
Complete if the organization answered "Yes" of		11b. See Form 990, Part X, line 12.	
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) art VIII Investments - Program Related. Complete if the organization answered "Yes" of	on Form 990, Part IV, line	a 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(R))		
tal. (Column (b) must equal Form 990, Part X, line 15, column X Other Liabilities Complete if the organization answered "Yes"			
(a) Description of liability			(b) Book value
(1) Federal income taxes			72,562
(2) OP LEASE LIABILITY - BLDG	ST		12,50
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			70 FC
otal. (Column (b) must equal Form 990, Part X, line 25, co	I. (B))		72,56
Total. (Column (b) must equal Form 990, Part X, line 25, co 2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under	the text of the footnote	to the organization's financial statements t here if the text of the footnote has been pr	hat reports the

Sche	dule D (Form 990) (Rev. 12-2024) ST. MARYS METHODIST CHU	RCH FOU	NDATION, I	58-2	2591172 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial State		n Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				4,730,649.
1	200			1	4,/30,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	3,742,249.		
а	Net unrealized gains (losses) on investments		5,142,245.	1	
b	Donated services and use of facilities			1	
C	Recoveries of prior year grants				
d				2e	3,742,249.
e	Add lines 2a through 2d Subtract line 2e from line 1			3	988,400.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1	
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	96,467.		
b					
C				4c	96,467.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,084,867.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements Wi	th Expenses per l	Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line		2411		
1	Total expenses and losses per audited financial statements			1	2,137,346.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	92 9			
а	Donated services and use of facilities	2a			
b					
С					
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,137,346.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	200 9			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	96,467.	4 1	
b	Other (Describe in Dest VIII.)	4b			
_	Other (Describe in Part XIII.)				06 460
c				4c	96,467.
_5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18			4c 5	96,467.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 Irt XIII Supplemental Information			5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 Irt XIII Supplemental Information	; Part IV, lines	1b and 2b; Part V, line	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
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5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
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5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
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5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
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5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18 art XIII Supplemental Information vide 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	5	2,233,813.

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. EXPAND THE ACCELER8 NON-PROFIT PROGRAM HOSPICE OF THE GOLDEN ISLES 1692 GLYNCO PKWY UNCOMP ROOM/BOARD/PATIENT	Name of the organization							Employer identification number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (ff applicable) (d) Amount of cash grant of noncash assistance of Noncash assistance of Part Title Journey To Susprainal Content of Noncash assistance of Noncash assistance of Noncash assistance of Sanda Rapids, MI 49546 38-3293173 200,000. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			CHURCH FO	UNDATION,	<u>I</u>			58-2591172
Criteria used to award the grants or assistance? Expective in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (ff applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (f) Method of valuation (book, FMV, appraisal,						r 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t d the ealacti	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section or government (line place) (f) EIN (g) EIN (g) EIN (g) Description of cash grant or assistance (line place) (f) Amount of noncash assistance (line place)								
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section or government (c) IRC section or government (d) Amount of cash grant (e) 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 (h) Purpose of grant	criteria used to award the grants or assist	tance?	w		01-1			
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (f) Method of valuation (book, FNV, appraisal, other) Support The Journey To sustainability Project IN NICARAGUA PARTNERS WORLDWIDE 5139 TAHOE DRIVE SE GRAND RAPIDS, MI 49546 38-3293173 200,000. 0. Support The Journey To sustainability Project IN NICARAGUA WESLEY GLEN MINISTRIES 4580 NORTH MUMFORD RD MACON, GA 31210 58-2400262 150,000. 0. CHE LUCAS CENTER 1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. UNCOMP ROOM/BOARD/PATIENT	Describe in Part IV the organization's pro-	cedures for monito	oring the use of grant	funds in the United	States.	nization answered "V	es" on Form 990 Part	IV line 21 for any
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) (h) Purpose of grant or assistance (a) Amount of noncash assistance (b) EIN (c) IRC section (if applicable) (d) Amount of noncash assistance (e) Amount of noncash assistance (d) Amount of noncash assistance (e) Amount of noncash assistance (d) Amount of noncash assistance (e) Amount of noncash assistance (f) Method of noncash assistance (g) Description of noncash assistance (h) Purpose of pratical assistance (h) Purpose of noncash assistance (g) Description of noncash assistance (h) Purpose of noncash assistance (h) Purpose of noncash assistance (h) Purpose of noncash assistance	Part II Grants and Other Assistance to D	Jomestic Organiza	ations and Domestic	onal space is neede	ed.	anization answered	C3 0/// 0//// 000, 1 a.v.	
or government (if applicable) cash grant noncash assistance FMV, appraisal, other) noncash assistance or assistance or assistance fMV, appraisal, other) support the journey to sustainability project in nicaragua support in n								
PARTHERS WORLDWIDE 6139 TAHOE DRIVE SE 6139 TAHOE DRIVE SE 6RAND RAPIDS, MI 49546 38-3293173 200,000. 0. WESLEY GLEN MINISTRIES 4580 NORTH MUMFORD RD MACON, GA 31210 58-2400262 150,000. THE LUCAS CENTER 1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. SEMBAL OPERATING EXPENSES AND CAM PROGRAMMING EXPAND THE ACCELER8 NON-PROFIT PROGRAM HOSPICE OF THE GOLDEN ISLES 1692 GLYNCO PKWY		(0)	V - V			FMV, appraisal,	noncash assistance	or assistance
PARTHERS WORLDWIDE 6139 TAHOE DRIVE SE 6139 TAHOE DRIVE SE 6RAND RAPIDS, MI 49546 38-3293173 200,000. 0. WESLEY GLEN MINISTRIES 4580 NORTH MUMFORD RD MACON, GA 31210 58-2400262 150,000. THE LUCAS CENTER 1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. SEMBAL OPERATING EXPENSES AND CAM PROGRAMMING EXPAND THE ACCELER8 NON-PROFIT PROGRAM HOSPICE OF THE GOLDEN ISLES 1692 GLYNCO PKWY								SUPPORT THE JOURNEY TO
GRAND RAPIDS, MI 49546 SERAND RAPIDS, MI 49546 SERAND RAPIDS, MI 49546 SEREND RAPIDS, MI 4954								
WESLEY GLEN MINISTRIES 4580 NORTH MUMFORD RD MACON, GA 31210 58-2400262 150,000. 0. PROGRAMMING EXPENSES AND CAM PROGRAMMING THE LUCAS CENTER 1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. UNCOMP ROOM/BOARD/PATIENT		20 2202172		200 000	0			2 T-10-20-20-20-20-20-20-20-20-20-20-20-20-20
WESLEY GLEN MINISTRIES 4580 NORTH MUMFORD RD MACON, GA 31210 THE LUCAS CENTER 1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. EXPENSES AND CAM PROGRAMMING EXPAND THE ACCELER8 NON-PROFIT PROGRAM HOSPICE OF THE GOLDEN ISLES 1692 GLYNCO PKWY	GRAND RAPIDS, MI 49546	30-3293173		200,000.				
4580 NORTH MUMFORD RD MACON, GA 31210 58-2400262 150,000. 0. EXPENSES AND CAM PROGRAMMING THE LUCAS CENTER 1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. NON-PROFIT PROGRAM HOSPICE OF THE GOLDEN ISLES 1692 GLYNCO PKWY	MEGIEV CIEN MINICHETES					-		GENERAL OPERATING
MACON, GA 31210 58-2400262 150,000. 0. PROGRAMMING THE LUCAS CENTER 1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. NON-PROFIT PROGRAM HOSPICE OF THE GOLDEN ISLES 1692 GLYNCO PKWY								EXPENSES AND CAM
THE LUCAS CENTER 1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. UNCOMP ROOM/BOARD/PATIENT		58-2400262		150,000.	0.			PROGRAMMING
1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. EXPAND THE ACCELER8 NON-PROFIT PROGRAM HOSPICE OF THE GOLDEN ISLES 1692 GLYNCO PKWY UNCOMP ROOM/BOARD/PATIENT	MACON, UN SIZIO							
1 COLLEGE DRIVE BRUNSWICK, GA 31520 58-6072323 150,000. 0. NON-PROFIT PROGRAM HOSPICE OF THE GOLDEN ISLES 1692 GLYNCO PKWY	THE LUCAS CENTER							
HOSPICE OF THE GOLDEN ISLES 1692 GLYNCO PKWY UNCOMP ROOM/BOARD/PATIENT	1 COLLEGE DRIVE							EXPAND THE ACCELER8
UNCOMP ROOM/BOARD/PATIENT	BRUNSWICK, GA 31520	58-6072323		150,000.	0.			NON-PROFIT PROGRAM
UNCOMP ROOM/BOARD/PATIENT								
1692 GLYNCO PKWY	HOSPICE OF THE GOLDEN ISLES							THE POOM (POARD / PARTENIE
	1692 GLYNCO PKWY							Section 1
BRUNSWICK, GA 31525 58-1428562 125,000. 0. CARE	BRUNSWICK, GA 31525	58-1428562	<u> </u>	125,000.	0.			CARE
CAPITAL RELATED								CAPITAL RELATED
METHODIST HOME FOR CHILDREN &	METHODIST HOME FOR CHILDREN &							
YOUTH - 304 PIERCE AVE - MACON, GA	YOUTH - 304 PIERCE AVE - MACON, GA	F0 0600071		100 000				Land Committee C
31204 58-0622971 100,000. 0. CAMPOSES	31204	58-0622971		100,000.	0,			
CLUDY CONSCIUTELY OF LATE OFFICER	GLYNN COMMUNITY CRISIS CENTER							
	PO BOX 278							
CAMPRAT, OPERATING EXPENSES	BRUNSWICK, GA 31521	58-1498878		75,000.	0.			GNERAL OPERATING EXPENSES
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			anizations listed in th					
3 Enter total number of other organizations listed in the line 1 table								

Page 1

Part II Continuation of Grants and Other A		nestic Organizations			edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAND IN HAND OF GLYNN							
PO BOX 2452							OPERATIONAL SUPPORT FOR
BRUNSWICK, GA 31521	83-1620221		75,000.	0.			NEW LEADERSHIP POSITION
OPEN DOOR COMMUNITY HOUSE							
2405 2ND AVE							CIRCLES IN COLUMBUS
COLUMBUS, GA 31901	58-0601980		75,000.	0.			PROGRAM SUPPORT
SOAR, INC.							
PO BOX 21672							1
ST. SIMONS ISLAND, GA 31522	47-5595251		58,243.	0.			GENERAL OPERATING SUPPORT
WORNINGGRAD GYTT DDEN C FAMILY							
MORNINGSTAR CHILDREN & FAMILY SERVICES - 1 YOUTH ESTATE DRIVE -							
BRUNSWICK, GA 31525	58-2314421		50,000.	0.		Y.	GENERAL OPERATING SUPPORT
×							
THE GATHERING PLACE							
PO BOX 772							SUMMER COLLEGE INTERN
BRUNSWICK, GA 31521	58-2312223		50,000.	0.			PROGRAM
GRACE HOUSE OF BRUNSWICK							
1107 GLOUCESTER STREET							GENERAL OPERATING
BRUNSWICK, GA 31521	27-1310602		50,000.	0.			EXPENSES
ADOPTION SHARE							
1027 EGMONT STREET			1				GEORGIA FAMILY MATCH
BRUNSWICK, GA 31520	46-4041847		50,000.	0.			COORDINATOR
COMMUNITIES OF COASTAL GEORGIA							COMPANY OPERAGING
FOUNDATION - 777 GLOUCESTER STREET							GENERAL OPERATING EXPENSES
STE 100 - BRUNSWICK, GA 31520	20-2454729		50,000.	0.			EAT ENGLO
HOPE 1312 COLLECTIVE							
PO BOX 2114							animate appropriately dyppopi
BRUNSWICK, GA 31520	81-4121307		50,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990) ST. MARYS	S METHODIST	CHURCH FO	UNDATION,	I			8-2591172 Page
Part II Continuation of Grants and Other	Assistance to Dom	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMDEN COMMUNITY FAMILY CENTER							
711 A CHARLES GILMAN JR AVE	F0 0200710		47 450	0.			PROGRAM SUPPORT
KINGSLAND, GA 31548	58-2322710		47,458.	0.			PROGRAM BOTTOM
GOLDEN ISLES VETERANS VILLAGE						ĺ,	
403 G STREET							COMMUNITY CENTER -
BRUNSWICK, GA 31520	84-4633974		40,000.	0.			INTERIOR
MAP INTERNATIONAL							NED TOTAL DOOR
4700 GLYNCO PKWY							DOMESTIC MEDICINE PROGRA
BRUNSWICK, GA 31525	36-2586390		35,000.	0,			FOR SE GA
CASA GLYNN			1				
PO BOX 145							
BRUNSWICK, GA 31521	58-2176608		30,025.	0.			PROGRAM SUPPORT
GOLDEN ISLES VETERANS VILLAGE							
1403 G STREET							EXECUTIVE DIRECTOR SALAR
BRUNSWICK, GA 31520	84-4633974		27,324.	0.			AND BENEFITS SUPPORT
THE REMEDY PROJECT							
PO BOX 20341							GENERAL OPERATING
ST. SIMONS ISLAND, GA 31522	26-4609756		25,000.	0.			EXPENSES
ST. SIMONS ISLAND, GA 31322	20-4007/30		20,000				
SOUTHEAST GEORGIA CASA	N .						
510 TEBEAU STREET							SUPPORT SE GEORGIA CASA
WAYCROSS, GA 31501	58-1032805		12,138.	0.			PROGRAM
CANDELL CONSTRUCTOR OFFICE							
CAMDEN COMMUNITY CRISIS CENTER							GENERAL OPERATING
PO BOX 5159	58-1775898		10,000.	0.			EXPENSES
ST. MARYS, GA 31558	56-1//5898		10,000.	0.			
GOLDEN ISLES FCA				ii			
3228 SHRINE RD.							
BRUNSWICK, GA 31520	44-0610626		10,000.	0.	d		FUND NEW STAFF POSITION

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	red "Yes" on Form 9	90, 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
	Toolpionio	5 g			
Part IV Supplemental Information. Provide the information req	uired in Part I. lin	e 2: Part III. column	(b): and any other ac	ldditional information.	
PART I, LINE 2:	and mir are gini	o zy r die my ooidinis	(5), 2.12 2.17 5.115. 5.1		
THE GRANT MAKING DECISION PROCESS	IS WELL D	OCUMENTED	IN THE ORG	ANIZATION'S	
POLICIES AND PROCEDURES AS WELL AS	ON THEIR	WEBSITE.	THERE IS A	DELIBERATE	
AND DOCUMENTED PROCESS FOR RECEIVI	NG PROPOS	ALS AND A	PPLICATIONS	AND A	
DETAILED PROCEDURE FOR HOW THE APP	LICATIONS	ARE REVIE	WED AND DE	CISIONS ARE	
MADE. ONCE A GRANTEE IS CHOSEN, TH	E ORGANIZ	ATION ENTE	ERS INTO A	CONTRACT	
WITH THE GRANTEE WHICH REQUIRES TH	E GRANTEE	TO PROVII	DE STATUS R	EPORTS OF	
HOW THE GRANT WAS USED, ETC, EVERY	SIX MONT	HS UNTIL T	THE GRANT I	S COMPLETELY	
EXPENDED. AT THAT TIME, THE GRANTE	E MUST SU	BMIT A FIN	NAL REPORT	THAT IS	
REVIEWED AND EVALUATED TO ENSURE T	HAT THE G	RANT WAS	JSED AS PRO	POSED.	
<u> </u>					

SCHEDULE J (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ST. MARYS METHODIST CHURCH FOUNDATION, I

Employer identification number 58-2591172

Pal	ti Questions Regarding Compensation		1	2:10
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	1.5	- 1	
	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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract		3.7	
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Tomi 550 of other organizations			
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		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
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.			
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	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		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

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

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 W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compens reportable compensation				reported as deferred on prior Form 990
(1) JEFF BARKER	(i)	241,527.	0.	0.	56,414.	0.	297,941.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRYAN FARMER	(i)	57,639.	0.	0.	0.	0.	57,639.	0.
SUCCESSOR PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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R	(ii)							
	(i)							
	(ii)							

SCHEDULE O (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

58-2591172 ST. MARYS METHODIST CHURCH FOUNDATION

PART VI, SECTION B, LINE 11B: FORM 990. AN ELECTRONIC VERSION OF PRIOR TO SIGNING BY THE PRESIDENT AND TREASURER, THE FORM 990 AND ALL SCHEDULES AND ATTACHMENTS ARE FORWARDED TO EACH BOARD MEMBER FOR REVIEW AND/OR COMMENTS. IF NO RESPONSES ARE RECEIVED BY THE THE RETURN IS SIGNED AND FILED. PRESIDENT,

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

THE BOARD AND STAFF ARE REQUIRED TO WITH REGARDS TO CONFLICTS OF INTEREST, COMPLETE A DISCLOSURE FORM ANNUALLY OF ANY POTENTIAL CONFLICTS. THESE FORMS ARE REVIEWED BY THE PRESIDENT AND MAINTAINED ON FILE FOR FUTURE REFERENCE. BOARD MEMBERS AND STAFF ALSO REVEAL ANY CONFLICTS DURING BOARD MEETINGS IF SERVICES, ETC AND THESE NOTIFICATIONS ARE INCLUDED IN THE VOTING ON GRANTS, MEETING MINUTES.

PART VI, FORM 990, SECTION B, LINE 15: THE ORGANIZATION'S EMPLOYMENT POLICY REQUIRES THE PERSONNEL COMMITTEE TO ANNUALLY REVIEW THE PRESIDENT'S PERFORMANCE AND COMPARE THE COMPENSATION PACKAGE WITH RELEVANT STATISTICAL DATA TO ENSURE THE COMPENSATION IS FAIR AND COMPARABLE TO SIMILAR POSITIONS AT OTHER SIMILAR ORGANIZATIONS. INCLUDES BUT IS NOT LIMITED TO THE ANNUAL SALARY SURVEYS CONDUCTED BY THE COUNCIL ON FOUNDATIONS, THE SOUTHEAST COUNCIL ON FOUNDATIONS, AND THE ASSOCATION OF SMALL FOUNDATIONS. THE DOCUMENTATION FOR THIS PROCESS IS IN SPECIAL, LOCKED FILES THAT ONLY THE BOARD CHAIR, BOARD MAINTAINED SECRETARY, AND PERSONNEL COMMITTEE CHAIR HAVE ACCESS TO. THE POLICY ALSO REQUIREST THE PRESIDENT TO MAKE SIMILAR REVIEWS OF THE ORGANIZATION'S STAFF. THE DOCUMENTATION OF THIS PROCESS IS KEPT IN THE PERSONNEL FILES MAINTAINED BY THE PRESIDENT.

PART VI SECTION C LINE 19: FORM 990, CONFLICTS OF INTEREST (IE: BYLAWS) THE ORGANIZATION'S GOVERNING DOCUMENTS POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE OR MAY BE OBTAINED UPON REQUEST THROUGH THE ORGANIZATION'S OFFICE.

LINE 2 THE PROCEDURES USED BY THE AUDIT COMMITTEE TO FULFILL ITS OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR.

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

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

SCHEDULE R (Form 990) (Rev. January 2025)

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.

Open to Public Inspection

OMB No. 1545-0047

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARYS METHODIST CHURCH FOUNDATION, I

Employer identification number 58-2591172

(a)	(b)	(c)	(d)	(e)		(f)			
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state o foreign country)	r Total inco	me End-of-year		Direct controlling entity			
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?		
_				501(c)(3))		Yes	No		
T. MARYS METHODIST CHURCT - 58-0834922						1			
.06 EAST CONYERS ST									
ST MARYS, GA 31558	CHURCH	GEORGIA	501(C)(3)	LINE 1	N/A	-	X		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	1)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?		General managi partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	0
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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	Sec 512(b contr enti	tion ()(13) olled ity?
		country)		or trust)		assets		Yes	
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

						Yes No				
Note: Com	plete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Daniel Barrello Barre	- II IVO		res No				
	the tax year, did the organization engage in any of the following transactions				1a	X				
	ot of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					X				
. •	rant, or capital contribution to related organization(s)					X				
	rant, or capital contribution from related organization(s)				4.4	X				
	or loan guarantees to or for related organization(s)				"	X				
e Loans	or loan guarantees by related organization(s)				<u>le</u>	- 1				
					1f	X				
	ends from related organization(s)				-	X				
	of assets to related organization(s)					X				
	ase of assets from related organization(s)				4.	X				
	Exchange of assets with related organization(s)									
j Lease	of facilities, equipment, or other assets to related organization(s)				1 <u>1</u>	X				
					1k	Х				
	Lease of facilities, equipment, or other assets from related organization(s)									
	Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharir	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharir	ng of paid employees with related organization(s)				10	2				
						ΙΙ,				
p Reiml	bursement paid to related organization(s) for expenses				1p	2				
q Reimi	bursement paid by related organization(s) for expenses				19					
						,				
r Other	transfer of cash or property to related organization(s)				<u>1r</u>	1 2				
s Other	transfer of cash or property from related organization(s)				1s					
2 If the	answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered relati	onships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amoun	nt involved					
1)										
(2)										
(3)										
(4)										
(5)										
(6)		1	1							

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	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (e all rs sec. c)(3) is.?	(f) Share of total	(g) Share of end-of-year	Disp tid alloc	h) propor- pnate ations?	of Schedule K-1	Gene man part	j) eral or aging iner?	(k) Percentag ownersh
·		country)	sections 512-514)	Yes		income	assets		No	(Form 1065)	Yes	No	
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Schedule R	(Form 990) (Rev. 1-2025) ST Supplemental Informa	. MARYS	METHODIST	CHURCH	FOUNDATION, I	58-2591172	Page 5
Part VII	Supplemental Informa	tion					
	Provide additional information	for responses	to questions on Sc	hedule R. See	instructions.		
- 5							

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