			** PUBLIC DISCLOSURE COPY Return of Organization Exempt Fro		OMB No. 1545-0047
<b>F</b> au	_ <b>Q</b>	an	- · ·		0000
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod		s) <u>ZUZJ</u>
		of the Treasury	Do not enter social security numbers on this form as it m Go to www.irs.gov/Form990 for instructions and the la	• •	Open to Public Inspection
		enue Service e 2023 calend		ng JUN 30, 2024	inspection
_	Check if		f organization	D Employer identific	ation number
	applicab	le:	roiganzation		
	Addre	ess JEKY	LL ISLAND FOUNDATION, INC.		
	Name chang	e	usiness as	58-258324	19
	Initial			n/suite E Telephone number	
	Final return	v <b>381</b>	RIVERVIEW DRIVE	912-635-4	100
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	618,771.
	Amen	UERI	LL ISLAND, GA 31527	H(a) Is this a group ret	
	Applio tion pendi		nd address of principal officer: EMBER BISHOP BENTLEY,	CH for subordinates?	? Yes X No
		SAME	AS C ABOVE	H(b) Are all subordinates inc	luded? Yes No
<u> </u>	Tax-ex	empt status:			ist. See instructions
	Vebsi		JEKYLLISLANDFOUNDATION.ORG	H(c) Group exemption	
				L Year of formation: 2000 M	State of legal domicile: GA
Г	art I				
e	1	Briefly describ	be the organization's mission or most significant activities: SEE SCH		
ano		Check this bo	y if the exception disception of its ensystians as dispessed as	f mare than OEO/ of its not ass	
Governance	2				18
ğ	4		dependent voting members of the governing body (Part VI, line Ta)		18
	5		2		
ities	6		of individuals employed in calendar year 2023 (Part V, line 2a)		24
Activities &	-		d business revenue from Part VIII, column (C), line 12		0.
Ă			business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	2,255,907.	556,801.
Revenue	9	Program servi	ice revenue (Part VIII, line 2g)		0.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	4,209.	54,092.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		610,893.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		67,156.
			to or for members (Part IX, column (A), line 4)	-	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
en Si	16a		undraising fees (Part IX, column (A), line 11e)	. 0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25) 53,022.		
ш	1 "		es (Part IX, column (A), lines 11a-11d, 11f-24e)		231,355.
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)	602,640.	298,511.
		Revenue less	expenses. Subtract line 18 from line 12		<u>312,382.</u>
Net Assets or		T-1-1		Beginning of Current Year	End of Year
SSei	20	Total assets (I		10 516	<u>2,620,962.</u> 21,775.
let A	21		s (Part X, line 26)		2,599,187.
	art II	Signatur	fund balances. Subtract line 21 from line 20	,200,000.	4,333,107.
		_	I declare that I have examined this return, including accompanying schedules and	statements and to the hest of my	knowledge and belief it is
			. Declaration of preparer (other than officer) is based on all information of which pi		הווסאווטעשט מווע שפוופו, וג 5
	,				

Sign	Signature of officer		Da	te					
Here	THOMAS LINES, TREASURER								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN					
Paid	MARY JO ALEXANDER	MARY JO ALEXANDER	11/04/2	4 self-employed P00002534					
Preparer	Firm's name MAULDIN & JENKINS	, LLC	Fir	m's EIN 58-0692043					
Use Only	Firm's address 200 GALLERIA PKWY	SE STE 1700							
	ATLANTA, GA 30339	-5946	Ph	one no. 770 - 955 - 8600					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

Form		age <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE RAISING, MANAGING, AND DISBURSING OF FUNDS TO SUPPORT THE WORK OF	
	THE JEKYLL ISLAND AUTHORITY OF THE STATE OF GEORGIA IN ITS STEWARDSHIP	
	OF THE NATURAL AND DEVELOPED RESOURCES OF JEKYLL ISLAND.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
Ū	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.	
4		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 149,676. including grants of \$ 8,234.) (Revenue \$	)
	CONSERVATION PROJECTS AND EDUCATIONAL PROGRAMS CONDUCTED IN SUPPORT OF	
	OUR MISSION TO PRESERVE AND PROMOTE THE NATURAL AND DEVELOPED RESOURCE	S
	OF JEKYLL ISLAND.	
4b	(Code:) (Expenses \$ 58,922. including grants of \$ 58,922. ) (Revenue \$)	)
	SUPPORT OF THE GEORGIA SEA TURTLE CENTER WHICH, THROUGH SEA TURTLE	,
	REHABILITATION, RESEARCH, AND EDUCATION PROGRAMS, WORKS TO INCREASE	
	AWARENESS OF HABTITAT AND WILDLIFE CONSERVATION CHALLENGES, PROMOTE	
	RESPONSIBILITY FOR ECOSYSTEM HEALTH AND EMPOWER INDIVIDUALS TO ACT	
	LOCALLY, REGIONALLY, AND GLOBALLY TO PROTECT THE ENVIRONMENT.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 208, 598.	
		(0000)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	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			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U		28c		х
20	"Yes," complete Schedule L, Part IV	200		X
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
24	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	0		x
~~	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				x
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
~-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	Form 990 (2023) JEKYLL ISLAND FOUNDATION, INC. 58-2583249				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 2				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X X	
	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			v	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ea		x	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 50		- 23	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50			
Ua		6a		x	
h	any contributions that were not tax deductible as charitable contributions?				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X	
f					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
d	Enter the amount of reserves the organization is required to maintain by the states in which the				
_	organization is licensed to issue qualified health plans 13b	-			
	Enter the amount of reserves on hand	44-		x	
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x	
	excess parachute payment(s) during the year?	15		- 23	
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x	
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.				

Form 990 (	
Part VI	Go

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VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response	se
	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

Check if Schedule O contains a res	ponse or note to an	/ line in this Part VI	

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	18			
	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	b Enter the number of voting members included on line 1a, above, who are independent 1b 18					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	any other			
	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	it the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befoi	re filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,			77	
	on Schedule O how this was done			12c	X	X
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approva	ai by in	dependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	v	
	The organization's CEO, Executive Director, or top management official			15a	X X	
D	Other officers or key employees of the organization			15b	Δ	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nont	vith a			
104				16a		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	<u></u>		1.00		
17	List the states with which a copy of this Form 990 is required to be filed GA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and	nd 990	-T (section 501(c)(3)	s only)	availat	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	n on Sa	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d finano	cial	
	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 boo	oks and	d records			
	DION DAVIS - 912-635-4100					
	381 RIVERVIEW DRIVE, JEKYLL ISLAND, GA 31527					

#### 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 all of the organization is current key employees, it all, see the instructions to definition of key employee.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do			ition	l than c	ne	Reportable	Reportable	Estimated
	hours per	box.	, unles	ss per	rson i	s both r/trus	n an	compensation	compensation	amount of
	week		Jer an	laaa	recio	r/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	nstitutional trustee		/ee	mpen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	<u> </u>	Key employee	st co	Ŀ	,		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			5
(1) DION DAVIS	40.00									
EXECUTIVE DIRECTOR				Х				102,124.	0.	27,536.
(2) EMBER BISHOP BENTLEY	0.10									
CHAIR		Х		Х				0.	0.	0.
(3) SEAN MCGINNIS	0.10									
VICE CHAIR		Х		Х				0.	0.	0.
(4) JJ SINGH	0.10									
SECRETARY		Х		Х				0.	0.	0.
(5) THOMAS LINES	0.10									
TREASURER		Х		Х				0.	0.	0.
(6) HOLLIS LINGINFELTER	0.10									
IMM. PAST CHAIR		Х						0.	0.	0.
(7) MARK WILLIAMS	1.00									
JIA EXEC. DIR.		Х						0.	0.	0.
(8) MATT REED	0.10									
NOMINATIONS		Х						0.	0.	0.
(9) KYLE CHARD	0.10									
DIRECTOR		Х						0.	0.	0.
(10) GUYTON COCHRAN	0.10									
DIRECTOR		Х						0.	0.	0.
(11) MELISSA FURMAN	0.10									
DIRECTOR		Х						0.	0.	0.
(12) JOHN GROSS	0.10									
DIRECTOR		Х						0.	0.	0.
(13) SEAN HENNESSY	0.10									
DIRECTOR		Х						0.	0.	0.
(14) LEE JARBOE	0.10									•
DIRECTOR		Х						0.	0.	0.
(15) CASEY COX KERR	0.10								•	•
DIRECTOR	0.10	X						0.	0.	0.
(16) CHRISTIE KINSEY	0.10	~~							•	•
DIRECTOR	0 10	Х						0.	0.	0.
(17) SANDRA BLAND	0.10	77							•	0
DIRECTOR		Х					l	0.	0.	0.

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)	Т	(F)	
Name and title Average		verage Position (do not check more that				ane	Reportable	Reportable		Estimate	əd	
	hours per	box, unless person is both an officer and a director/trustee)				is both	n an	compensation	compensation		amount	of
	week		cer an	aaa	Irecto	or/trus	tee)	from	from related		other	
	(list any hours for	recto						the	organizations		compensa	
	related	e or di	ee			sated		organization	(W-2/1099-MISC/		from th	
	organizations	rustee	trust		66	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organizat and relat	
	below	dual ti	utiona	_	nploy	st cor	2	1000 1120)			organizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o ga nina	0110
(18) CECILLIE LILLEVEDT GOODMAN	0.10									╈		
DIRECTOR		х						0.	0			Ο.
(19) DEL ROSS	0.10									Т		
DIRECTOR		Х						0.	0	•		0.
(20) NANCY SEYMOUR	0.10											
DIRECTOR		Х						0.	0	· -		0.
(21) LEE HUGHES	0.10								•			•
DIRECTOR	0 10	Х				_		0.	0	<b>!</b> ∔		0.
(22) GARY WADSTEN DIRECTOR	0.10	x						0.	0			Δ
(22) A.W. "BILL" JONES III	0.10	^			<u> </u>	-		0.	0	<b>'</b>		0.
DIRECTOR		x						0.	0			Ο.
(23) DONALD KIRKMAN	0.10									╧		
DIRECTOR		х						0.	0			0.
(24) ANNA "MIKI" THOMASTON	0.10									Τ		
DIRECTOR		Х						0.	0	•		0.
								100 104	0	+	07 5	20
1b Subtotal								102,124.	0	_	27,5	
c Total from continuation sheets to Part VI								0.	0		07 F	$\frac{0}{2}$
d Total (add lines 1b and 1c)								102,124.	0	•	27,5	30.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable			1
compensation from the organization											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director trust	oo k		mnl	ove	e or	hia	ihest compensated empl	ovee on	Γ		
line 1a? If "Yes," complete Schedule J for s										Г	3	x
4 For any individual listed on line 1a, is the su											-	
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes, " con	plete Schedule	e J fo	or su	ch į	oers	on .					5 X	
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•								atic	on from	
the organization. Report compensation for	the calendar ye	ear e	endin	g w	rith c	or wi	thin T		ear.	—	(0)	
(A) Name and business	address	N	ONE	2				<b>(B)</b> Description of s	ervices	Со	<b>(C)</b> mpensatio	n
								-			-	
2 Total number of independent contractors (i	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation				0	)						

\$100,000 of compensation from the organization

						ND	FOUNDAT	ION, INC.		58-2583	249 Page	9
Pa	rt \	/111										_
			Check if Schedule O	conta	ains a respo	nse	or note to any line I	e in this Part VIII (A)	(B)	(C)	(D)	
								Total revenue	Related or exempt	Unrelated	Revenue excluded	d
									function revenue	business revenue	from tax under sections 512 - 51	Δ
<i>6</i> 0	-1		Federated campaigns		1a							÷
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues									
β			Fundraising events									
ifts,					1d							
ja Gi			Government grants (contr				204,475.					
Sin			All other contributions, gifts,		· ·							
her		•	similar amounts not included				352,326.					
ot		a	Noncash contributions included in				21,878.					
Son		-					/	556,801.				
<u> </u>							Business Code					_
Ð	2	а										Ξ
, vic	_	b										_
Ser		с										_
an eve		d										_
Program Service Revenue		е				_						
Pro		f	All other program service	reve	nue	_						
			Total. Add lines 2a-2f									
	3		Investment income (includ									
			other similar amounts)					53,882.			53,882	•
	4		Income from investment of									
	5		Royalties	<u></u>								
					(i) Real		(ii) Personal					
	6	а	Gross rents	6a								
		b	Less: rental expenses $\dots$	6b								
			Rental income or (loss)	6c	•							
			Net rental income or (loss	;) <u></u>								_
	7	а	Gross amount from sales of		(i) Securiti		(ii) Other					
			assets other than inventory	7a	8,08	8.						
		b	Less: cost or other basis			~						
venue			and sales expenses	7b								
evel			Gain or (loss)	7c	•			010			010	_
r Re			Net gain or (loss)			<u></u>		210.			210	•
Other	8	а	Gross income from fundraisi		•							
0			including \$									
			contributions reported on		,	0-						
		h	Part IV, line 18 Less: direct expenses			<u>8a</u> 8b						
			Net income or (loss) from									_
	٩		Gross income from gamin		-							
	3	a	Part IV, line 19			9a						
		h	Less: direct expenses			9b						
			Net income or (loss) from									_
	10		Gross sales of inventory, I			<u> </u>						
		-	and allowances			10a						
		b	Less: cost of goods sold			106						
			Net income or (loss) from									_
							Business Code					
Miscellaneous Revenue	11	а										_
evenue:		b				_						_
ieve eve		с				_						_
Aisc		d	All other revenue									_
~			Total. Add lines 11a-11d									
	12		Total revenue. See instruction	ons				610,893.	0.	0.	54,092	•

# Form 990 (2023) JEKYLL ISLAND FOUNDATION, INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	67,156.	67,156.		
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
3	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,				
5	trustees, and key employees				
6	Compensation not included above to disqualified				
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal	295.		295.	
	Accounting	20,800.		20,800.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)	67,531.	65,931.		<u>    1,600.</u> 36,330.
12	Advertising and promotion	62,411.	26,081.		36,330.
13	Office expenses	20,898.	2,956.	8,180.	9,762.
14	Information technology				
15	Royalties				
16	Occupancy	5,500.		5,500.	
17	Travel	4,271.			4,271.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	768.		768.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	HISTORIC RESOURCES	31,656.	31,656.		
b	CONSTRUCTION	9,138.	9,138.		
c	CONSERVATION & PRESERVA	5,680.	5,680.		
d	DUES & REGISTRATIONS	2,407.	.,	1,348.	1,059.
	All other expenses	.,		,	,
25	Total functional expenses. Add lines 1 through 24e	298,511.	208,598.	36,891.	53,022.
26	Joint costs. Complete this line only if the organization				·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				- 000 (*****

JEKYLL I	SLAND	FOUNDATION,	INC.	
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58-2583249 Page 11

Fai	L X	Dalance Sheet				
		Check if Schedule O contains a response or note	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		575,034.	1	114,195.
	2	Savings and temporary cash investments		283,949.	2	1,455,839.
	3	Pledges and grants receivable, net		1,401,550.	3	1,048,300.
	4	Accounts receivable, net		32,307.	4	0.
	5	Loans and other receivables from any current or			-	
	Ŭ	trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualifi			5	
	U	under section 4958(f)(1)), and persons described	in eachieve $4050(a)(0)(D)$		6	
	7				7	
Assets	8	Notes and loans receivable, net		13,116.	8	1,638.
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges		10,110.	9	1,000
		Land, buildings, and equipment: cost or other			9	
	IUa	basis. Complete Part VI of Schedule D	10.5			
	h				10c	
					11	
	11	Investments - publicly traded securities			12	
	12 13	Investments - other securities. See Part IV, line 1			13	
		Investments - program-related. See Part IV, line 1				
	14 15	Intangible assets		365.	14 15	990.
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equa		2,306,321.	15	2,620,962.
	17	Accounts payable and accrued expenses		2,016.	17	1,325.
	18			2,010.	18	1,525.
	19	Grants payable		17,500.	19	20,450.
	20	Deferred revenue		17,500.	20	20,4500
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete F			20	
	21	Loans and other payables to any current or form			21	
Liabilities	22	trustee, key employee, creator or founder, substa				
bilit		controlled entity or family member of any of thes			22	
Lia	23	Secured mortgages and notes payable to unrelat			22	
	23 24	Unsecured notes and loans payable to unrelated			24	
	2 <del>.</del> 25	Other liabilities (including federal income tax, pay			27	
	20	parties, and other liabilities not included on lines				
		of Schedule D	Tr 24). Complete Fart X		25	
	26			19,516.	26	21,775.
	20	Organizations that follow FASB ASC 958, check			20	
es		and complete lines 27, 28, 32, and 33.				
anc	27			159,441.	27	353,381.
Bala	28			2,127,364.	28	2,245,806.
Β		Organizations that do not follow FASB ASC 95		, ,		, , , , , , , , , , , , , , , , , , , ,
Τu		and complete lines 29 through 33.				
P	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or eq			30	
Ass	31	Retained earnings, endowment, accumulated inc			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		2,286,805.	32	2,599,187.
Z	33			2,306,321.	33	2,620,962.
				, , . = = • •		

Form **990** (2023)

# Form 990 (2023) Part X Balance Sheet

Form	aau	(2023
1 01111	330	

	990 (2023) JEKYLL ISLAND FOUNDATION, INC.	58-25	83249	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		),89	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,51	
3	Revenue less expenses. Subtract line 2 from line 1	3		2,38	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,286	5,80	<u>J5.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,599	9,18	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000/	

Form **990** (2023)

SCH	EDU	ILE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

# **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
2023
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	he organization							identification number
				FOUNDATION, 1					8-2583249
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The c	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n <b>170(b)(</b> 1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	ו 990).)				
3		A hospital or a cooperative	• •				-		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
,		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ie general p	oublic described in
,		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
[		university:							
10		An organization that norma						•	•
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	. ,						
11		An organization organized a	-	•	•				
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						Check the box on
		lines 12a through 12d that						-	
а		<b>Type I.</b> A supporting orga		-	• • • •	-			
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	Ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). <b>You mus</b>	-						
С		<b>Type III functionally inte</b>						ly integrate	ed with,
		its supported organization		-					
d		<b>Type III non-functionally</b>	•					°,	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	luirement and	an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga					Туре I, Туре	I, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			[
		r the number of supported c	•						
g		ride the following information ) Name of supported	i about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oro:	anization listed	(v) Amount of	monetany	(vi) Amount of other
	(	organization		(described on lines 1-10	in your governi	ng document?	support (see ir	2	support (see instructions)
				above (see instructions))	Yes	No		,	
Total									

#### Schedule A (Form 990) 2023

Part II

JEKYLL ISLAND FOUNDATION, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	264,901.	308,454.	475,706.	2255907.	556,801.	3861769.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	162,136.	164,375.	200,083.	235,598.	245,519.	1007711.
4	Total. Add lines 1 through 3	427,037.	472,829.	675,789.	2491505.	802,320.	4869480.
	The portion of total contributions	,	•				
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3 177.
6	Public support. Subtract line 5 from line 4.						<u>3,177.</u> 4866303.
	tion B. Total Support						10000000
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	427,037.	472,829.	675,789.	2491505.	802,320.	4869480.
	Gross income from interest,		1/2/0291	0,0,,0,0	21920001		
0	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	3,476.	790.	585.	4,388.	53,882.	63,121.
•		5, 470.	750.	505.	4,500.	55,002.	05,121.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						4932601.
	Total support. Add lines 7 through 10					10	4952001.
	Gross receipts from related activities,						
13	First 5 years. If the Form 990 is for the	-		-			
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		14	98.66 %
	Public support percentage from 2022					15	99.58 %
	33 1/3% support test - 2023. If the c						
104	stop here. The organization qualifies	-					V
h	33 1/3% support test - 2022. If the c		-		lino 15 is 22 1/30/		
U	and stop here. The organization qual	-					
170	10% -facts-and-circumstances test				12 160 or 16b o		
17 a							
	and if the organization meets the fact			•	•	vi now the organiz	
L	meets the facts-and-circumstances te	-		• • • •		70 000 1000 15:	
a	10% -facts-and-circumstances test						1070 UI
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
٦ŏ	Private foundation. If the organizatio	n dia not check à l	oox on line 13, 16a	a, 160, 17a, or 17b	, check this box a	iu see instructions	

Schedule A (Form 990) 2023

Schedule A			-		FOUNDATION	
Part III	Support	Schedule	for Organizat	ions Desc	ribed in Section a	509(a)(2)

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

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•		1		L
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	<b>First 5 years.</b> If the Form 990 is for th	Le organization's fi	rst second third	fourth or fifth tax	vear as a section 50	01(c)(3) orga	nization
••	check this box and stop here	-			-		
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2023. If the						
.56	more than 33 1/3%, check this box ar						
٢	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i mate roundation. If the organizatio	in all not check a			10 DOX and 300 1131		<u> </u>

332024 12-21-23

1

Yes

No

## Part IV Supporting Organizations

Schedule A (Form 990) 2023

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified 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.)

## Schedule A (Form 990) 2023 JEKYLL ISLAND FOUNDATION, INC.

2

Ра	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) tively operated, supervised, or controlled the organization's activities. <i>If</i> the organization had more than one supported <i>nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			

	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,

<u>supervised, or controlled the supporting organization.</u>	
Section C. Type II Supporting Organizations	

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

Section D	All Type	e III Supporting	Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
------------	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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.*

Yes No

1	Check here if the organization satisfied the Integral Part Test as a qualifyin All other Type III non-functionally integrated supporting organizations must		,	Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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			
	(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		
-				/

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Part V

(Form 990) 2023 JEKYLL ISLAND FOUNDATION, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

a Applied to underdistributions of prior yearsb Applied to 2023 distributable amount

 c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, *explain in* **Part VI.** See instructions.
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

	rt V Type III Non-Functionally Integrated 509 ion D - Distributions	(a)(3) Supporting Orga	nizations (continued)
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1
2	Amounts paid to perform activity that directly furthers exemp		
	organizations, in excess of income from activity		2
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	
4	Amounts paid to acquire exempt-use assets		4
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.		6
7	Total annual distributions. Add lines 1 through 6.		7
8	Distributions to attentive supported organizations to which t	he organization is responsive	
	(provide details in Part VI). See instructions.	0	8
9	Distributable amount for 2023 from Section C, line 6		9
10	Line 8 amount divided by line 9 amount		10
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reason-		
2	Underdistributions, if any, for years prior to 2023 (reason- able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions.		
2 3			
3	able cause required - explain in Part VI). See instructions.		
3 a	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2023		
3 a b	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2023 From 2018		
3 a b c	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019		
3 a b c d	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020		
3 b c d e	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021		
3 b c d e f	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 From 2022		
3 b c d e f g	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 From 2022 <b>Total</b> of lines 3a through 3e		
3 b c d e f g	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 From 2022 <b>Total</b> of lines 3a through 3e Applied to underdistributions of prior years		
3 b c d e f g	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 From 2022 <b>Total</b> of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount		
3 b c d e f g	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions. Excess distributions carryover, if any, to 2023 From 2018 From 2019 From 2020 From 2021 From 2022 <b>Total</b> of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions)		

**Current Year** 

(iii) Distributable Amount for 2023

Schedule A (Form 990) 2023

Sobodulo A	(Form 990) 2023	JEKYLL ISI	AND FOIIN	ο απτον τ	NC	58-2583249	Daga <b>9</b>
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	e explanations re , 6, 9a, 9b, 9c, 11 Section E, lines	quired by Part II, a, 11b, and 11c; 1c, 2a, 2b, 3a, an	line 10; Part II, line 17a c Part IV, Section B, lines d 3b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	C,

\*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

JEKYLL	ISLAND	FOUNDATION,	INC.
Organization type (check one):			

5	8	_	2	5	8	3	2	4	9
-	v		~	-	v	-	~	-	~

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
	\$ <u>73,914.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$20,895.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$14,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

(a)

No.

(a) No.

2

(a) No.

3

(a) No.

4

(a) No.

(a) No.

1

Employer identification number

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

Type of contribution

X

58-2583249

(c)

**Total contributions** 

\$

75,667.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization

Employer identification number

58-2583249

Schedule E	3 (Form 990) (2023)		Page				
Name of or	rganization		Employer identification number				
JEKYLI	L ISLAND FOUNDATION, IN	с.	58-2583249				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described in sec ) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) Na			1				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Ī	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift (c) Use c		(d) Description of how gift is held				
Γ	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D	Supplemental Financial Statements					
(Form 990)	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.					
Department of the Treasury Internal Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest informatio					
Name of the organization						
	JEKYLL ISLAND FOUNDATION, INC.					

OMB No. 1545-0047
2023
Open to Public

Interna	Revenue Service Go to www.irs.gov/Forms	990 for instructions and the latest information	on. Inspection			
Name of the organizationEmployer identification nuJEKYLL ISLAND FOUNDATION, INC.58-2583249						
Par						
	organization answered "Yes" on Form 990, Part IV,	line 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
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 i		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					
	for charitable purposes and not for the benefit of the donor	r or donor advisor, or for any other purpose cor	nferring			
Par	t II Conservation Easements. Complete if the o	organization answered "Yes" on Form 990, Pa	rt IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).				
	Preservation of land for public use (for example, recru	eation or education) Preservation of a	historically important land area			
	Protection of natural habitat	Preservation of a	certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of a				
	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 s		2c			
d	Number of conservation easements included on line 2c acc					
	on a historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, i	released, extinguished, or terminated by the or	ganization during the tax			
	year					
4	Number of states where property subject to conservation e					
5	Does the organization have a written policy regarding the p					
~	violations, and enforcement of the conservation easements					
6	Staff and volunteer hours devoted to monitoring, inspecting	g, nandling of violations, and enforcing conserv	vation easements during the year			
-	Annual of annual in an iterior incometical in					
7	Amount of expenses incurred in monitoring, inspecting, ha	nulling of violations, and enforcing conservation	r easements during the year			
8	Does each conservation easement reported on line 2d abo	$v_{0}$ satisfy the requirements of section $170/b/(4)$				
0	•					
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expense sta				
5	balance sheet, and include, if applicable, the text of the foo	•				
	organization's accounting for conservation easements.					
Par		of Art, Historical Treasures, or Othe	er Similar Assets.			
	Complete if the organization answered "Yes" on For	rm 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC	958, not to report in its revenue statement and	balance sheet works			
	of art, historical treasures, or other similar assets held for p	bublic exhibition, education, or research in furth	erance of public			
	service, provide in Part XIII the text of the footnote to its fin					
b	If the organization elected, as permitted under FASB ASC 9		ance sheet works of			
	art, historical treasures, or other similar assets held for pub	· · ·				
	provide the following amounts relating to these items.	•	- · ·			
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical t		ain, provide			
	the following amounts required to be reported under FASB					
а	Revenue included on Form 990, Part VIII, line 1	-	\$			

		,	,	
b	Assets included in Form 990,	Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

Schedule D (Form 990) 2023

\$

Partial       Other Similar Assets       (panization & animiton, accession, and other records, check any of the following that make significant use of its contents (check all that apply).         a       Long the expansion is anguinton, accession, and other records, check any of the following that make significant use of its contents (check all that apply).       a       b         a       Poolds exploring the segmentation is collections and explain how they further the organization is exempt purpose in Part XIII.       5         5       Provide a decorption of the organization is collections and explain how they further the organization's collection?       Yes       No.         6       Other       Other       The second content of the organization is collection?       Yes       No.         7       records an anout on from 980, Part X, line 21.       The second content of the organization is collection?       Yes       No.         8       If the organization is aniotype the second content of the information is onlicitation answered Yes' on Form 980, Part X, line 21.       The second content of the second content of the information of the information is onlicitation in the second content of the organization includes an anount on form 980, Part X, line 21.       The aniotation and the information of the information of the information is onlicitation answered Yes' on Form 980, Part X, line 30.         8       Beginning of year balance       14       14       14         9       If the organization inclocked an anount on form 980, Part X, line	Sche		ISLAND FOUL						58-25			age <b>2</b>
collection terms (check all that apply).       a       b       b       b       collection terms (check all that apply).         a       Debic exhibition       c       Deter       collection takes (part and the organization solic) to reacive donations of art, historical treasures, or other similar assets         b       Device a description of the organization solic) to reacive donations of art, historical treasures, or other similar assets       to be solid the organization solic)       Yes       No         Part M       Description of the organization solic or receive donations of art, historical treasures, or other similar assets       to be solid the organization answered 'Yes' on Form 990, Part X, line 21.         1a Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.       Amount       1e         c       Beginning balance       Image: Complete the following table:       Amount       1e       1e         c       Beginning balance       Image: Complete the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account libity?       Yes       Yes       No         b       If 'Yes', explain the arrangement in Part XIII. Check here if the explanation inbuck en amount on Form 990, Part X, line 10.       Image: Complete the the organization include an amount on Form 990, Part X, line 10.         Part V       Endorwment Funds       Image: Complete in the organization include an amount o	Par	t III Organizations Maintaining C	ollections of Ar	t, Histoı	rical Tr	reasures, o	r Othe	er Sim	ilar Assets	S (contii	nued)	
a Public exhibition b Scholary research c Preservation for future generations d C During the year differ organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, diff the organization scole of receive donations of art, historical treasures, or other similar assets to be soft to raise funds, rather than to be maintained as part of the organization's collection? Tepotred an amount on Form 900, Part X, line 21. Tepotred an the arganization answered Yes' on Form 900, Part V, line 10. Tepotred an tepatrement in Part XIII. Tepotrement Funds Complete if the organization answered Yes' on Form 900, Part X, line 10. Tepotred and amount on Form 900, Part X, line 10. Tepotrement Funds Complete if the organization answered Yes' on Form 900, Part V, line 10. Tepotrement Funds Complete if the organization answered Yes' on Form 900, Part V, line 10. Tepotrement Funds conting the year Complete if the organization answered Yes' on Form 900, Part V, line 10. Tepotrement Funds conting the year complete if the organization answered Yes' on Form 900, Part	3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the	e following tha	t make s	significa	ant use of its			
b       Scholarly research       e       Other         2       Preservation for future generations       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         3       Dring the year, did the organization solic or receive domaines of art, historical treasures, or other similar assets       to be solid traise funds rather than to be maintained as part of the organization's collection?       Yes       No         Part W       Escrow and CutStoCial Arrangements       Complete if the organization's collection?       Yes       No         If is the organization's collection?       If is the organization's collection?       Yes       No         b       if 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       10         c       Beginning balance       10       11       12         2       Dott the organization include an amount on Form 990, Part X, line 21, for ecrow or cutstodial account linity?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation include an amount on Form 990, Part X, line 21, for ecrow or cutstodial account linity?       Yes       No         b       Conther organization include an amount on Form 990, Part X, line 21, for ecrow or cutstodial account linity?       Yes       No         Dert the organizatino include an amount on Form 990, Part X, line		collection items (check all that apply).										
c Preservation for future generations   4 Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII.   5 During the year, did the organization is collections and explain how they turber the organization's exempt purpose in Part XIII.   5 During the year, did the organization is collections and explain how they turber the organization's collection?   6 Preserve and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part X, Illes 21.   7 16 Is the organization and the transgement in Part XIII and complete the following table:   6 Beginning balance 1   1 16 Anditions during the year   1 16 Anditions during the year   2 Both organization and and the organization answered 'Yes' on Form 990, Part X, Illes 21, for escrew or custodial account liability?   2 No   9 If 'Yes,' explain the arrangement in Part XIII. Check here if the organization has been provided in Part XIII.   9 If Yes,' explain the arrangement in Part XIII. Check here if the organization has been provided in Part XIII.   9 If Yes,' explain the arrangement in Part XIII. Check here if the organization has been provided in Part XIII.   9 If Yes,' explain the arrangement in Part XIII. Check here if the organization the asset has been provided in Part XIII.   9 If Yes,' explain the arrangement in Part XIII. Check here if the organization the asset has been provided in Part XIII.   9 If Yes,' explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on For	а	Public exhibition	c	<b>i</b> 🗌 Lo	oan or ex	kchange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII.     During the year, did the organization allot of receive donations of at, historical treasures, or other similar assets     to be suid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, Illie 9, or     reported an amount on Form 990, Part X, Illie 21.     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is difficult to a manute on Form 990, Part X, line 21, for escrow or custodial account liability?     Yes     No     b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII     Bart V Indowment Fund's Complete if the organization answered "Yes" on Form 980, Part X, line 21, for escrow or custodial account liability?     Yes     No     b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII     Bart V Indowment Fund's Complete if the organization answered "Yes" on Form 980, Part IX, line 10.     There years back (e) four years back     do farnts or scholarships     do farnts or schol	b	Scholarly research	e	• 🗌 o	ther							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	С	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization scellection?         Yes         No.           Part IV         Escrow and Custodial Arrangements         Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.         Is is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X           1a         Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X         Intervention         Ves         No           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount         Intervention	4	Provide a description of the organization's co	ollections and explair	n how they	/ further	the organization	on's exe	mpt pu	rpose in Part	XIII.		
Part IV       Escrow and Custodial Arrangements       Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21.         Ia       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount         d       Additions during the year       Image: Complete the following table:       Image: Complete the following table:       Amount         d       Additions during the year       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,' explain the arrangement In Part XIII. Check here if the explanation has been provided in Part XIII.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete the organization answered 'Yes' on Form 990, Part X, line 10.         fa       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships:       Image: Complete the organizatio	5	During the year, did the organization solicit of	or receive donations of	of art, histo	orical tre	asures, or othe	er simila	r assets	s	_	_	_
reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?         b if "Yes," explain the arrangement in Part XIII and complete the following table:         c Beginning balance         d Additions during the year         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Ves       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII         Part V       Endowment Funds Complete if the organization nanswerd 'Ves' on Form 990, Part X, line 21, for escrow or custodial account liability?         Ves       No         b Contributions       (a) Current year         (b) Prior year       (c) Two years back         1a Beginning of year balance       (a) Current year         C Ontributions       (b) Prior year         c Onther expenditures for facilities       (c) Two years back         and programs       (d) Current year end balance (line 1g, column (a)) held as:         a Board designated or quasiendowment       %         C Term endowment in the possession of the organization that are held and administered for the organizations?       3a(0)         (i) Unrelated organizations?       3a(0)         (ii) Densite if the organi										_		No
1a       Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Image: Complete table:       Image: Completetable:       Image:	Par			te if the or	ganizati	on answered "	Yes" on	Form 9	990, Part IV, li	ne 9, or		
on Forn 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         f Beginning of year balance       (a) Current year       (b) Prior years back.       (c) Two years back.       (e) Four years back.         g Controlutions       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:       (b) Perovide the estimated percentage of the current year end balance (line 1g, column (a) held as:       (a) Current year end balance (line 1g, column (a) held as:       (b) Part Y Endowenet Image and image and programs       (c) Two years back.         g End of year balance												
b       If "Yes," explain the arrangement in Part XIII and complete the following table:          Amount          c       Beginning balance          1e          d       Additions during the year          1e          d       Distributions          Complete if the organization naswered "Yes" on Form 980, Part IV, line 10.          Part V       Endowment Funds          Complete if the organization answered "Yes" on Form 980, Part IV, line 10.          1a       Beginning of year balance          (a) Current year          (b) Prior year 10.          1a       Beginning of year balance          (a) Current year          (b) Prior year 10.          1a       Beginning of year balance          (a) Contributions           (b) Oreit expenditures for facilities          and programs           (a) Contract Part Balance          (b) Priore Part Palance          (b) Priore Part	1a									-		-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         2       Did the organization include an amount on Form '990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       ft "Yes," explain the arrangement in Part XIII. Check here if the explanation nawseed Yes' on Form '990, Part X, line 10.       Image: the image is t									L	_ Yes		_ No
c       Beginning balance       1c         d       Additions during the year       1d         d       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial accounti liability?       Yes       No         b       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Image: Second	b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole:					<b>A</b>		
d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b if 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Image: Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         Part V       Endowment FundS complete if the organization answered 'Yes' on Form 990, Part V, line 10.         ia Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         ia Grants or scholarships       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         g End of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (c) Three years back       (e) Four years back       (e) Four years back         g End of year balance       (b) Prior year       (b) Prior year       (c) Three years back       (e) Four years back         g End of year balance       (b) Prior year       (b) Prior year       (c) Three years back       (e) Four years back         g End of year balance       (b) Contronting										Amoun	t	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: State												
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b       If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       No         Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year end balance (line 1g, column (a) held as:       (a) Generates on lines 2a, 2b, and 2c should equal 100%.         3a       Board designated or quasi-endowment       %       %       Yes       No         fit reversations?       (a) Urelated organizations?       (a) Urelated organizations?       (a) Urelated organizations?       (b) Urelated organizations?       (b) Urelated organizations?       (c) AccurumUtelated organizations?												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         Part V       Endowment Funds       Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1b       Contributions       (a) Current year and balance (line 1g, column (a) held as:       (a) Controm four prior for the four back       (b) Controm four four four four four four four four												
b       If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         Part V       Endowment Funds: Complete if the organization answered Yes* on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years       (d) Three years back       (e) Four years back         c       Net westment earnings, gains, and losses       (b) Prior year       (c) Two years       (d) Three years back       (e) Four years back         d       Grants or scholarships       (c) Two years       (c) Two years       (d) Four years       (d) Four years         g       End of year balance       (c) Two years       (c) Two years       (d) Four years       (d) Four years <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>												
Part V       Endowment Funds       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Current year       (c) Two years back       (d) Three years back       (e) Four years back         6       Ochributions       (c) Current year       (c) Two years back       (d) Three years back       (e) Four years back         6       Ochributions       (c) Current year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (c) Current year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (c) Two symptotic status       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher expenditures for facilities       (c) Current year       (c) Two years back       (d) Three years back       (e) Four years back         7       Permoditures for facilities       (c) Current year       (c) Two years back       (c) Two years back       (c) Two years back       (d) Two years back       (e) Two years back       (e) Two years back       (e) Two years back       (e) Two years back		-						•	L	_	-	
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance									<u></u>			
1a       Beginning of year balance       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions         and programs       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         f       Permanent endowment       Image: Contritins       Moge: Contributions									ree vears back	(e) Fou	r vears	back
b       Contributions	19	Beginning of year balance		(2) * **	or you.	(0)	no suon	(,		(0) + 00	Jouro	buon
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs Image: Construction of the expenses   f Administrative expenses   g End of year balance   g End of year balance   g End of year balance   g Perovide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment  %   b Permanent endowment  %   c Term endowment  %   there endowment funds not in the possession of the organization that are held and administered for the organizations?   (i) Unrelated organizations?   (ii) Related organizations?   (iii) Related organizations?   3a(i) Image: State or Sta	h											
d Grants or scholarships	c c											
e Other expenditures for facilities and programs	b											
and programs											-	
f       Administrative expenses	Ū											
g End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as:         a       Board designated or quasi-endowment%         b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations?         (i)       Unrelated organizations?         (ii)       Related organizations?         3a(ii)       3a(ii)         3a(ii)       3a(ii)         3a(ii)       3a(ii)         3a(ii)       3a(ii)         3a(iii)       3a(iii)         3a(iii)       3a(ii)         3a(iii)       3a(iii)         3a(iii)       3a(ii)         3a(iii)       3a(iii)         b       If "Yes" on line 3a(ii), are the related organizations is endowment funds.         Part VI       Land, Buildings, a												
a Board designated or quasi-endowment%         b Permanent endowment%         c Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations?         (ii) Related organizations?         b If "Yes" on line 3a(ii), are the related organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         b Buildings		• • • • • • • • • • • • • • • • • • • •	rent vear end balance	e (line 1a.	column	(a)) held as:						
b       Permanent endowment%         c       Term endowment%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations listed as required on Schedule R?</li> <li>(iii) Related for the intended uses of the organization's endowment funds.</li> </ul> Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         a Land												
c       Term endowment      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Related organizations?</li> <li>(ii) Interlated organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Interlated organizations listed as required on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (investment)</li> <li>(a) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value depreciation</li> <li>(d) Equipment</li> <li>(e) Other</li> <li>(c) Accumulated depreciation</li> <li>(d) Equipment</li> <li>(e) Other</li> </ul>	b											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part VI and, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land	с		%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations?</li> <li>(ii) Related organizations?</li> <li>(iii) Related organizations?</li> <li>(ii) Part VI and, Buildings, and Equipment</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> </ul> 1a Land		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i)       Unrelated organizations?         (ii)       Related organizations?         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other         Image: Statistic Column (d) must equal Form 990, Part X, line 10c, column (B)       0.	3a			ation that a	are held	and administe	red for tl	he				
(ii)       Related organizations?       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment       5       5         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value         1a       Land       5       5       5         b       Buildings       5       5       5         c       Leasehold improvements       5       5       5         d       Equipment       5       5       5       5         e       Other       5       5       5       5         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))       0.       0.		organization by:									Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		(i) Unrelated organizations?								3a(i)		
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		•										
Part VI       Land, Buildings, and Equipment         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sch	edule R	?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4		u .	wment fur	nds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	Par											
basis (investment)     basis (other)     depreciation       1a Land		Complete if the organization answere	d "Yes" on Form 990	), Part IV, I	line 11a.	See Form 990	), Part X	, line 10	).			
b Buildings		Description of property			• •		I			(d) Boo	k valu	е
c       Leasehold improvements	1a	Land										
c       Leasehold improvements	b	Buildings										
e Other       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))       0.	с											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))	d	Equipment										
	Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. line 10c</u>	c, colum	<u>п (В))</u>				_		

Schedule D (Form 990) 2023

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))           Part IX         Other Assets			
	an Fauna 000 Davit IV/ lines		
Complete if the organization answered "Yes"		The See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	и. (В))		l
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form 990 Part X line 25	
(a) Descriptions of Robility			(b) Book value
(a) Description of liability     (1) Federal income taxes			
(1) Federal income taxes (2)			
(3)			
(4) (5)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	<i>I. (B))</i>		

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

X

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Schedule D (Form 990) 2023

	edule D (Form 990) 2023 JEKYLL ISLAND FOUNDATION,				583249 Page
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per Re	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	856,412
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	<b>2</b> b	245,519.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	245,519
3	Subtract line <b>2e</b> from line <b>1</b>			3	610,893
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
				4c	0
С	Add lines <b>4a</b> and <b>4b</b>				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	610,893
5	Add lines 4a and 4b         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stater			5	610,893
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	ments With		5	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ments With <sup>2a.</sup>	Expenses per I	5	610,893 544,030
5 Pa	Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ments With <sup>2a.</sup>	Expenses per I	5 Return	
5 Pa 1	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements	ments With	Expenses per I	5 Return	
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities	ments With 2a.	Expenses per I	5 Return	
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:       Donated services and use of facilities         Prior year adjustments	2a.         2a            2a            2a            2b	Expenses per I	5 Return	
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a.           2a           2b           2c	Expenses per I	5 Return	544,030
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a.           2a           2b           2c           2d	Expenses per I	5 Return	544,030 245,519
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a.         2a            2a            2b            2c            2d	Expenses per I	5 Return	544,030
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>rt XII</b> Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments       Other losses         Other (Describe in Part XIII.)       Other losses	2a.         2a            2a            2b            2c            2d	Expenses per I	5 Return	544,030 245,519
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a.         2a            2a            2b            2c            2d	Expenses per I	5 Return	544,030 245,519
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a.           2a           2b           2c           2d	Expenses per I	5 Return	544,030 245,519
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         rt XII         Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	Expenses per I	5 Return	544,030 245,519 298,511
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) <b>Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2a           2b         2c           2c         2d           2d         4a           4b         4b	Expenses per I	5 Return 1 2e 3	544,030 245,519 298,511

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

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN

INTERNAL REVENUE CODE SECTION 501(C)(3) AND HAS BEEN CLASSIFIED BY THE

INTERNAL REVENUE SERVICE AS A PUBLICLY SUPPORTED ORGANIZATION AND NOT AS A

PRIVATE FOUNDATION. THE FOUNDATION FOLLOWS THE STATUTORY REQUIREMENTS FOR

ITS INCOME TAX ACCOUNTING AND GENERALLY AVOIDS RISKS ASSOCIATED WITH

POTENTIALLY PROBLEMATIC TAX POSITIONS THAT MAY BE CHALLENGED UPON

EXAMINATION.

MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE

FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO

THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISION ON ACCOUNTING FOR

Schedule D	(Form 990) 202
Dort VIII	Supplama

Part XIII Supplemental Information (continued)	
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SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an	d Individual	s in the Uni	ted States		OMB No. 1545-0047
Department of the Treasury	•	0	Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization	SLAND FOUNI	DATION, INC	•				Employer identification number 58-2583249
Part I General Information on Grants	and Assistance	-					
<ol> <li>Does the organization maintain record criteria used to award the grants or as</li> <li>Describe in Part IV the organization's</li> </ol>	sistance?				for the grants or assis		on 🔀 Yes 🗔 No
Part II Grants and Other Assistance the recipient that received more that	to Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JEKYLL ISLAND AUTHORITY 100 JAMES ROAD JEKYLL ISLAND, GA 31527	58-6003349		8,234.	0.			CONSERVATION PROJECTS AND EDUCATIONAL PROGRAMS
GEORGIA SEA TURTLE CENTER 214 STABLE RD JEKYLL ISLAND, GA 31527			58,922.	0.			REHABILITATION, RESEARCH, AND EDUCATIONAL PROGRAMS
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> </ul>							<u>2.</u>

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

Schedule I (Form 990) 2023

#### JEKYLL ISLAND FOUNDATION, INC. Schedule I (Form 990) 2023 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
			· · ·		

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

58-2583249

Page 2

SCI	IEDULE J	Compensation Information	ation	1	OMB No. 1	545-004	47
(Foi	rm 990)	For certain Officers, Directors, Trustees, Key Empl	oyees, and Highest		20	<b>7</b> 2	,
		Compensated Employees Complete if the organization answered "Yes" on Forn	n 000. Dort IV, line 22		20	ZJ	)
Depar	ment of the Treasury	Attach to Form 990.	ii 990, Part IV, iiile 23.		Open to		
	I Revenue Service	Go to www.irs.gov/Form990 for instructions and the	e latest information.		Inspe		
Nam	e of the organizatior			Employer i			nber
		JEKYLL ISLAND FOUNDATION, INC.		58-2	258324	9	
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a		tte box(es) if the organization provided any of the following to or for	-	990,			
		ine 1a. Complete Part III to provide any relevant information regardir	•				
	First-class or c		e or residence for perso				
	Travel for com		iness use of personal res				
			lub dues or initiation fees				
	Discretionary s	pending account Personal services	(such as maid, chauffeu	r, chet)			
	16	an the state of the state of the Market state of the Market State of the Market state of the Market state of the					
a		In line 1a are checked, did the organization follow a written policy re			41		
•	•	rovision of all of the expenses described above? If "No," complete P			<u>1b</u>		
	•	require substantiation prior to reimbursing or allowing expenses inc			0		
	trustees, and onice	s, including the CEO/Executive Director, regarding the items checke			2		
3	Indicato which if ar	y, of the following the organization used to establish the compensat	ion of the organization's				
5		ctor. Check all that apply. Do not check any boxes for methods used	-				
		tion of the CEO/Executive Director, but explain in Part III.	u by a related organizatio				
	Compensation		ent contract				
	·	ompensation consultant Compensation su					
	·		ooard or compensation c	ommittee			
			board of compensation of	Uninitiee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with resp	pect to the filing				
	organization or a re		soot to the ming				
а	-	-			4a		x
							X
		· · · · · · · · · · · · · · · · · · ·					x
Ū		es 4a-c, list the persons and provide the applicable amounts for eac					
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must complete lines {	5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or a		n			
	contingent on the re						
а	•						X
		ition?					X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or a	accrue any compensatio	n			
	contingent on the n	et earnings of:					
а	The organization?				6a		X
		ition?					X
		r 6b, describe in Part III.					
7	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the organization provide	any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III			7		X
		eported on Form 990, Part VII, paid or accrued pursuant to a contra					
	-	otion described in Regulations section 53.4958-4(a)(3)? If "Yes," des	-		8		X
		d the organization also follow the rebuttable presumption procedure					
	Regulations section			<u></u>	9		
For I	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.		Sched	lule J (Forn	n <b>990</b> )	2023

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

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

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

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

#### Part III Supplemental Information

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

#### FORM 990 PART VII LINE 1A

LISTED ON FORM 990 PART VII LINE 1A IS EXECUTIVE DIRECTOR, DION DAVIS,

WHOSE COMPENSATION IS PAID BY AN UNRELATED ENTITY, JEKYLL ISLAND

AUTHORITY AND REPORTED UNDER EIN# 58-6003349. TOTAL REPORTABLE

COMPENSATION AND BENEFITS FOR CALENDAR 2023 WAS \$129,660.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 the latest information.



58-2583249

JEKYLL ISLAND FOUNDATION, INC.

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

THE RAISING, MANAGING, AND DISBURSING OF FUNDS TO SUPPORT THE WORK OF

THE JEKYLL ISLAND AUTHORITY OF THE STATE OF GEORGIA IN ITS STEWARDSHIP

OF THE NATURAL AND DEVELOPED RESOURCES OF JEKYLL ISLAND.

FORM 990 PART VII AND IX

JEKYLL ISLAND FOUNDATION EMPLOYEES ARE PAID BY THE JEKYLL ISLAND

AUTHORITY, WHICH PROVIDE THEIR SERVICES TO THE JEKYLL FOUNDATION AS AN

IN-KIND CONTRIBUTION. THE VALUE OF SERVICES PROVIDED BY JEKYLL ISLAND

AUTHORITY FOR THE YEAR ENDED JUNE 30, 2024 WAS \$223,285.

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

A COPY OF THE DRAFT FORM 990 WAS ELECTRONICALLY SENT TO THE BOARD FOR

REVIEW PRIOR TO FILING.

FORM 990 PART I LINE 5 AND PART V LINE 2A

THREE INDIVIDUALS, EMPLOYED BY A UNRELATED ENTITY, JEKYLL ISLAND

AUTHORITY EIN 58-6003349, PERFORM PART OR FULL-TIME SERVICES FOR JEKYLL

ISLAND FOUNDATION, INC. JEKYLL ISLAND AUTHORITY IS THE PAYROLL MASTER

AND ALL REPORTING IS MADE UNDER THEIR EIN.

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

TRUSTEES SIGN A DISCLOSURE FORM ANNUALLY AND ARE RESPONSIBLE FOR NOTIFYING

THE FOUNDATION OF ANY CHANGES.
FORM 990, PART VI, SECTION B, LINE 15:
EMPLOYEE SALARIES ARE RELATED TO THE GEORGIA STATE MERIT SYSTEM FOR PAY
SCALE. THERE IS AN ANNUAL PERFORMANCE REVIEW FOR INCREASES.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE TO
THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE
ORGANIZATION'S WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES:
OTHER PROFESSIONAL FEES:
PROGRAM SERVICE EXPENSES 6,398.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 1,600.
TOTAL EXPENSES 7,998.
OTHER SERVICES:
PROGRAM SERVICE EXPENSES 59,533.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 59,533.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 67,531.
FORM 990 PART XII LINE 2C
THE PROCESS FOR OVERSIGHT HAS NOT CHANGED SINCE THE PRIOR YEAR. THE

ORGANIZATION'S BOARD OF DIRECTORS ASSUME RESPONSIBILITY FOR OVERSIGHT

Schedule O (Form 990) 2023

Name of the organization

Page 2

Employer identification number 58-2583249

		Form 990) 2 organizatior	n	EKYL:	L ISLAN	D FC	UNDATI	on, I	INC.			Employer i 58-2
OF	THE	AUDIT								SELECTION	I OF	INDEPEN
ACO	COUNT	TANTS.										