FOR TAX YEAR 2023

THE FRIENDS OF BOYD HILL NATURE

Key Income Tax & Business Service

7322 Manatee Ave W Box 360

Bradenton, FL 34209

(941)795-1224

990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Λ	or the	2023 calendar year, or tax year beginning , 2023, and ending		, 20
_		D Emi	oloyer id	entification number
		50	-2424	872
	Address Name ch		phone nu	umber
	Initial retu		27) 86	7-8450
	Final retu	un/terminated	oup Exer	
_	Amende	a return	nber	il parent
_		on pending Saint Petersburg, FL 33703		e organization is not
3		required.		ch Schedule B
	Nebsite	, (Form 6		
_		interstatus (check dilly dile) - 2 30 ((0)(0) 00 ((0) () / (lines trial)		
K 'E	Form of	organization: X Corporation Trust Association Other:		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	¢.	114 000
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		or Part I)
Ŗ	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	CHOIS	OFFAILT) □
•		Check if the organization used Schedule O to respond to any question in this Part I	1	50 600)
٠	1	Contributions, gifts, grants, and similar amounts received	\vdash	52,689
4	2	Program service revenue including government fees and contracts	2	
•	3	Membership dues and assessments	3	9,715
,	4	Investment income	4	6,997
*	5a	Gross amount from sale of assets other than inventory		
٠	b	Less: cost or other basis and sales expenses	4 _	1
٠	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
,	6	Gaming and fundraising events:	-	
br .	а	Gross income from gaming (attach Schedule G if greater than		ia s i
Reyenue		\$15,000)		
yen	b	Gross income from fundraising events (not including \$ of contributions	-	E 225 E 3
Re		from fundraising events reported on line 1) (attach Schedule G if the		. 9
,		sum of such gross income and contributions exceeds \$15,000) 6b 45,402	1 1	"
,	С	Less: direct expenses from gaming and fundraising events	-	. 6
18	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		
,		line 6c)	6d	44,772
i	7a	Gross sales of inventory, less returns and allowances	4	
v	b	Less: cost of goods sold	4 1	
,	c ´	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	
*	8	Other revenue (describe in Schedule O)	8	
>	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	114,173
¥	10	Grants and similar amounts paid (list in Schedule O)	10	12,985
`	11	Benefits paid to or for members	11	6,197
- 6	12	Salaries, other compensation, and employee benefits	12	
Ses	13	Professional fees and other payments to independent contractors	13	
0e0	14	Occupancy, rent, utilities, and maintenance	14	
Expenses	15	Printing, publications, postage, and shipping	15	35,809
_	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	54,991
Ţ	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	59,182
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
Net Assets,		end-of-year figure reported on prior year's return)	19	182,144
et A	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
Ž,	21 '	Net assets or fund balances at end of year. Combine lines 18 through 20	21	241,326

,	II Balance Sheets (see the instructions for Par					· ·
	Check if the organization used Schedule O	to respond to any qu	estion in this Part II		• • •	
•				(A) Beginning of year	<u> </u>	(B) End of year
2	Cash, savings, and investments			182,144	22	241,326
3	Land and buildings	# · · · (#:5#) · · (# #) ·	-00000	0	23	0
1	Other assets (describe in Schedule O)			0	24	0
	Total assets	·		182,144	25	241,326
5 6	Total liabilities (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·		0	26	. 0
ο 7	Net assets or fund balances (line 27 of column (B) must			182,144	27	241,326
art		hments (see the ins				
ait	Check if the organization used Schedule O	to respond to any di	restion in this Part I			Expenses
			200tiOff iff tillo F till I			uired for section
hat is	the organization's primary exempt purpose? Educat:	ion			501(c)(3) and 501(c)(4)
mea	e the organization's program service accomplishments for sured by expenses. In a clear and concise manner, descri	be the services provided	t program services, d, the number of		orga	nizations; optional for rs.)
	s benefited, and other relevant information for each progra ducation & Researce	m title.				
#) If this great is	tinglades foreign grant	a chack bara		28a	0
9	Grants \$) If this amour	nt includes foreign grant	s, check here		200	
· =						
. =						
. <u>(</u>	Grants \$) If this amour	nt includes foreign grants	s, check here		29a	*
, +						j
-						155
(0	Grants \$) If this amour	nt includes foreign grants	s, check here	, ,	30a	
Ċ	Other program services (describe in Schedule O)		(00)(0)			
		nt includes foreign grants	check here		31a	
			s, check here		010	
	otal program service expenses (add lines 28a through 31	a)	st each one even if not uestion in this Part I	compensated-see the	32 instru	uctions for Part IV)
2 T	otal program service expenses (add lines 28a through 31 List of Officers, Directors, Trustees, and	a)	st each one even if not uestion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	compensated-see the	32 instru	
art	Iv I List of Officers, Directors, Trustees, and Check if the organization used Schedule O	a) Key Employees (litorespond to any qu (b) Average hours per week	st each one even if not uestion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC/	compensated-see the (d) Health benefits, contributions to employed benefit plans, and	32 instru	uctions for Part IV) Description:
2 T	otal program service expenses (add lines 28a through 31 IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title	a) Key Employees (litorespond to any qu (b) Average hours per week	st each one even if not uestion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	compensated-see the (d) Health benefits, contributions to employed benefit plans, and	32 instru	uctions for Part IV)
art seas	otal program service expenses (add lines 28a through 31 IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title Geiler Gurer Ge Kelly	a) Key Employees (litorespond to any question (b) Average hours per week devoted to position	st each one even if not lestion in this Part I' (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	compensated-see the V (d) Health benefits, contributions to employed benefit plans, and deferred compensation	32 instru	uctions for Part IV)
m S eas	otal program service expenses (add lines 28a through 31 IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title deiler turer te Kelly dent	a) Key Employees (litorespond to any quality (b) Average hours per week devoted to position	st each one even if not uestion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	compensated-see the (d) Health benefits, contributions to employed benefit plans, and deferred compensation	32 instru) Estimated amount of other compensation
m S eas hle	otal program service expenses (add lines 28a through 31 IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title deiler turer se Kelly dent fer Cobin	a) Key Employees (litorespond to any question (b) Average hours per week devoted to position	st each one even if not lestion in this Part I' (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	compensated-see the V (d) Health benefits, contributions to employed benefit plans, and deferred compensation	32 e instru) Estimated amount of other compensation
m Seasehle	otal program service expenses (add lines 28a through 31 IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title deiler turer te Kelly dent	a) Key Employees (litorespond to any quality (b) Average hours per week devoted to position 0.00	st each one even if not restion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	compensated-see the V	32 e instru) Estimated amount of other compensation
m S eas hle esi nni cre	otal program service expenses (add lines 28a through 31 IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title seiler turer te Kelly dent fer Cobin	a) Key Employees (litorespond to any quality (b) Average hours per week devoted to position 0.00	st each one even if not restion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	compensated-see the V	32 instru) Estimated amount of other compensation
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m S eas hle esi	otal program service expenses (add lines 28a through 31 IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title deiler turer de Kelly dent fer Cobin tary tine Laonard	a) Key Employees (litto respond to any question (b) Average hours per week devoted to position (c) (c) (c) (c) (c) (c) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	st each one even if not lestion in this Part I' (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	compensated-see the V	32 instru) Estimated amount of other compensation
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m S eas hle esi nni cre	otal program service expenses (add lines 28a through 31 IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title deiler turer de Kelly dent fer Cobin tary tine Laonard	a) Key Employees (litto respond to any question (b) Average hours per week devoted to position (c) (c) (c) (c) (c) (c) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	st each one even if not lestion in this Part I' (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	compensated-see the V	32 instru	Estimated amount of other compensation
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m S eas hle esi	otal program service expenses (add lines 28a through 31 IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title deiler turer de Kelly dent fer Cobin tary tine Laonard	a) Key Employees (litto respond to any question (b) Average hours per week devoted to position (c) (c) (c) (c) (c) (c) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	st each one even if not lestion in this Part I' (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	compensated-see the V	32 instru) Estimated amount of other compensation
m S eas hle esi	otal program service expenses (add lines 28a through 31 IV List of Officers, Directors, Trustees, and Check if the organization used Schedule O (a) Name and title deiler turer de Kelly dent fer Cobin tary tine Laonard	a) Key Employees (litto respond to any question (b) Average hours per week devoted to position (c) (c) (c) (c) (c) (c) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	st each one even if not lestion in this Part I' (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	compensated-see the V	32 instru) Estimated amount of other compensation

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements in the	4.7		. F
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	• 10		
3,		_	Yes	No
38	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	7	I BUILT	15
•	detailed description of each activity in Schedule O	33	- 33	Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			Ε.
3	change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business		9 1	
*	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X	15
, p	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	J	X
, c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		, =	1
1	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	1,7	4	
۰ b	Did the organization file Form 1120-POL for this year?	37b		Х
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were		l	19
5	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х.
, p	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9		20	
b b	Gross receipts, included on line 9, for public use of club facilities	*		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
5	section 4911: ; section 4912: ; section 4955:			
, p	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		o .	
, 5	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			. ;
,	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	-	x
` _	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			, aj
, c	on organization managers or disqualified persons during the year under sections 4912,			
3	4955, and 4958	15	- 2	
, ,	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
√d ∞	40c reimbursed by the organization		i	
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
, e	transaction? If "Yes," complete Form 8886-T	40e	- 6	x.
	List the states with which a copy of this return is filed:			10.4
41		67-8	450	• 1
42a	The organization obsolution of the state of			
`b	Located at: 4620 6th St S, Saint Petersburg, FL At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
, D		42b	9	х
y	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		,	
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
			7.	. ;
•	Financial Accounts (FBAR).	42c		x
' c	At any time during the calendar year, did the organization maintain an office outside the United States?			-
*	If "Yes," enter the name of the foreign country:		Ž	. 🗇
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	* # *		· 1
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
``			163	THE
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	442		
>	completed instead of Form 990-EZ	44a		X
, p	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	AAb		37
*	completed instead of Form 990-EZ	44b	_	X.
, с	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
, q	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			. 1
	explanation in Schedule O	44d		-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	,	X
b	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," Form 990 and Schedule R may need to be completed instead of		25	
	Form 990-EZ. See instructions	45b		X

Form 990-EZ (2023)

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (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.

OMB No. 1545-0047

2023

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 59-2424872 The Friends of Boyd Hill Nature Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (v) Amount of monetary (iv) Is the organization (ii) EIN (iii) Type of organization (i) Name of supported organization support (see other support (see (described on lines 1-10 listed in your governing instructions). document? instructions) above (see instructions)) Yes (A) (B) (C) (D) (E)

The Friends of Boyd Hill Nature 59-2424872
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

	on A. Public Support						00	10 T-4-1	<u> </u>
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	23	(f) Total	_)
,1	Gifts, grants, contributions, and								à.
,	membership fees received. (Do not							4	1
	include any "unusual grants.")								_ b.
2	Tax revenues levied for the								
	organization's benefit and either paid		1						3
*	to or expended on its behalf								- 8
3	The value of services or facilities							9 7	1
·	furnished by a governmental unit to the								
•	organization without charge								
4	Total. Add lines 1 through 3							E	,
`5	The portion of total contributions by								
, T	each person (other than a							9	Ý,
Ä	governmental unit or publicly							- 4	
•	supported organization) included on								
•	line 1 that exceeds 2% of the amount								
8	shown on line 11, column (f)								-
*	Public support. Subtract line 5 from line 4			ALCOHOL:	and the second			۵ .	1
,6 Sooti	on B. Total Support								
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23	(f) Total	
	Amounts from line 4	(a) 2010	(B) LoLo	(0, 202)	(4)	(-/		-	7
7	Gross income from interest, dividends,								7
8								4	1
tr tr	payments received on securities loans,								4
,	rents, royalties, and income from						- 1	4	Ŋ.
	similar sources								7
,3	Net income from unrelated business								4
,	activities, whether or not the business							,	, de
	is regularly carried on						_		-
10	Other income. Do not include gain or							e e	. 8
	loss from the sale of capital assets								. 9
7	(Explain in Part VI.)						-		_,
1,1	Total support. Add lines 7 through 10			The second		12			<u>_</u> ,
1,2	Gross receipts from related activities, etc.	(see instructio	ns)				1/->/2>	*	- 8.
1,3	First 5 years. If the Form 990 is for the org	anization's firs	t, second, third,	, fourth, or fifth	tax year as a se	ection 50	I(C)(3)	r	7
,	organization, check this box and stop here						• • • •	(*)	₹.
Section	on C. Computation of Public Suppor								- P:
14	Public support percentage for 2023 (line 6	, column (f), di	vided by line 1	1, column (f))		14			%
15	Public support percentage from 2022 Scho	edule A, Part II	I, line 14			15			%
16a	33 1/3% support test - 2023. If the organiz	ation did not cl	heck the box or	n line 13, and li	ne 14 is 33 1/39	% or more	e, chec	k this	-
`	box and stop here. The organization qualif	ies as a public	ly supported or	ganization .					1
, p	33 1/3% support test - 2022. If the organiz	ation did not cl	heck a box on l	ine 13 or 16a, a	and line 15 is 30	3 1/3% or	more,	check,	<u> </u>
•	this box and stop here. The organization q	ualifies as a pu	iblicly supporte	d organization					٦,
17a	10%-facts-and-circumstances test - 2023	3. If the organize	zation did not cl	heck a box on l	ine 13, 16a, or ⁻	16b, and	line 14	· is	. 6
4	10% or more, and if the organization meets	the facts-and-	circumstances	test, check this	box and stop	here. Ex	plain in	l 🧬	8
`	Part VI how the organization meets the fac	cts-and-circum	stances test. T	he organizatio	n qualifies as a	publicly	suppo	rted	9
*	organization							[_
ិ b	10%-facts-and-circumstances test - 202	2. If the organiz	zation did not cl	heck a box on l	ine 13, 16a, 16l	o, or 17a,	and lir	ne	4
Ħ	15 is 10% or more, and if the organization r	neets the facts	-and-circumsta	inces test, ched	ck this box and	stop her	e. Expl	lain	· \
*	in Part VI how the organization meets the	facts-and-circu	ımstances test	. The organiza	tion qualifies as	s a public	ly sup	ported	ì
•	organization							[
1,8	Private foundation. If the organization did	not check a bo	x on line 13, 16	6a, 16b, 17a, oi	17b, check this	s box and	see		Ď:
	instructions							<u> [</u>	<u> </u>
<u> </u>	mondation					Sc	hedule /	A (Form 990) 202	23

The Friends of Boyd Hill Nature
Support Schedule for Organizations Described in Section 509(a)(2) Rart III

(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.)

Secti	on A. Public Support						
Càlen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
`1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	19,318	19,408	50,376	41,542	62,404	193,048
`2	Gross receipts from admissions, merchandise						
*	sold or services performed, or facilities furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
્રે3	Gross receipts from activities that are not an						: 4
,	unrelated trade or business under section 513						,
,4	Tax revenues levied for the						. ,
\$	organization's benefit and either paid						
	to or expended on its behalf						
\ 5	The value of services or facilities						
~	furnished by a governmental unit to the						
3	organization without charge						
`6	Total. Add lines 1 through 5	19,318	19,408	50,376	41,542	62,404	193,048
`7a	Amounts included on lines 1, 2, and 3						· •
,	received from disqualified persons						
, p	Amounts included on lines 2 and 3					,	
,	received from other than disqualified					٥	300
Ì	persons that exceed the greater of \$5,000						
,	or 1% of the amount on line 13 for the year						
, c	Add lines 7a and 7b						
,8	Public support. (Subtract line 7c from						100 040
	line 6.)						193,048
	on B. Total Support		# \ B000	() 0004	(-1) 2022	(e) 2023	(f) Total
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022		
9	Amounts from line 6	19,318	19,408	50,376	41,542	62,404	193,048
10a	Gross income from interest, dividends,						,
3	payments received on securities loans, rents,					6 007	12,774
	royalties, and income from similar sources	2,436	1,979	453	909	6,997	12,774
,p	Unrelated business taxable income (less						
	section 511 taxes) from businesses						E
*	acquired after June 30, 1975		1 070	452	909	6,997	12,774
`c	Add lines 10a and 10b	2,436	1,979	453	909	0,331	12,773
1,1	Net income from unrelated business						
•	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
1,2	Other income. Do not include gain or loss from the sale of capital assets						
•	•	2.160	16,608	14,566	23,565	45,402	103,301
1 19	(Explain in Part VI.)	3,160	10,000	14,500	25,505	10/102	
13	and 12.)	24,914	37,995	65,395	66,016	114,803	309,123
14	First 5 years. If the Form 990 is for the org	enization's first					
14	organization, check this box and stop here						
Secti	on C. Computation of Public Suppor				20, 2, 2		11
15	Public support percentage for 2023 (line 8	column (f), di	vided by line 1	3. column (f))		15	62.45 %
16	Public support percentage from 2022 Sch	edule A. Part II	I. line 15			16	72.17 %
	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (lin	ne 10c, column	(f), divided by	line 13, column	(f))	17	4.00 %
18	Investment income percentage from 2022 S	Schedule A. Pa	rt III, line 17			18	3.00 %
19a	33 1/3% support tests - 2023. If the organ	ization did not o	check the box of	on line 14, and l	ine 15 is more	than 33 1/3%,	and line
,34	17 is not more than 33 1/3%, check this bo	x and stop her	e. The organiza	ation qualifies a	ıs a publicly su	oported organiz	zation 🗴
b	33 1/3% support tests - 2022. If the organization	did not check a bo	x on line 14 or lin	e 19a, and line 16	is more than 33	1/3%, and	
¥**	line 18 is not more than 33 1/3%, check this box ar	nd stop here. The	organization qua	lifies as a publicly	supported organi	zation ·	
20	Private foundation. If the organization did	not check a bo	x on line 14, 19	a, or 19b, chec	ck this box and	see instruction	s . []
EEA						Schedule	A (Form 990) 2023

Yes No.

Part IV Supporting Organizations

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

Section	Α.	All	Supporting	Organizations
			Oubborn3	4.34

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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.
- 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.
- 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).
- **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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.)

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Schedul	e A (Form 990) 2023 The Friends of Boyd Hill Nature 59-2424	372		age 5
Part	IV Supporting Organizations (continued)		Yes	No
*			JIES	140
11	Has the organization accepted a gift or contribution from any of the following persons?			. 1
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11a		*
	11c below, the governing body of a supported organization?	11b	-	
, b	A family member of a person described on line 11a above?	110	- 5	— ·
, с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	11c	3	. 4
· ·	provide detail in Part VI.	110		— ·
Section	on B. Type I Supporting Organizations		Yes	No t
•	The second section in their efficient concepts or membership of one or		200	1
۱۵	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		-	1
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			*
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			1
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported)	10	
`	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1	-3	
i.	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	100	-	
`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			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		,
	supervised, or controlled the supporting organization.			
Section	on C. Type II Supporting Organizations		Yes	No v
	and the disperse	7	162	140
,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	1		
,	the supported organization(s).		,	—
Section	on D. All Type III Supporting Organizations		Yes	No
*			163	140
١٠	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		100	1
`	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		. 1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-	J	-
`2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
`.	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	18.	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have		- 1	7
	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	on 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	e instructi	ions).	
ъ a	The organization satisfied the Activities Test. Complete line 2 below.			
۰ b	The organization is the parent of each of its supported organizations. Complete line 3 below.			15
, C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
٠2	Activities Test. Answer lines 2a and 2b below.		Yes	No
` 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		a	
,	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
,	how the organization was responsive to those supported organizations, and how the organization determined		1.6	. 4
,	that these activities constituted substantially all of its activities.	2a		-
) b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			, 5
•	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	v.	1	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			1
7	have engaged in these activities but for the organization's involvement.	2b		د
(3	Parent of Supported Organizations. Answer lines 3a and 3b below.	100	000	
, a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-	-	-
١	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		. 3
, b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			. 3
-	stills a unperted ergonizations 2 ff "Yes" describe in Part VI the role played by the organization in this regard	3b		. 4

Sched	ule A (Form 990) 2023 The Friends of Boyd Hill Nature		59-242	4872 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust c	on Nov. 20, 1970 (explain	in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	ations	s must complete Sections	A through E.
Sec	tion 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		
٠3	Other gross income (see instructions)	3		
٠4	Add lines 1 through 3.	4		
٠5	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			9
>	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		`
100			(A) Prior Year	(B) Current Year
Sec	tion B - Minimum Asset Amount		(A) I noi real	(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):			
	Average monthly value of securities	1a		*
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		٠.
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	Child	Owening Skinding response	
	(explain in detail in Part VI):			
•2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		.00
*4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
8	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		<u> </u>
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
,1	Adjusted net income for prior year (from Section A, line 8, column A)	1		Del 4
,2	Enter 0.85 of line 1.	2	And the second second	3 .
.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		

emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization ١7 (see instructions).

6

Distributable Amount. Subtract line 5 from line 4, unless subject to

٠6

Rart	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations (continued	1)	
,	on D - Distributions				Current Year
٠1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	•
`2	Amounts paid to perform activity that directly furthers exer	npt purposes of supporte	ed		
•	organizations, in excess of income from activity			2	
'3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required) -	provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
.8	Distributions to attentive supported organizations to which	the organization is response	onsive		٠.
	(provide details in Part VI). See instructions.	-		8	
,9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	e
,	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
`2	Underdistributions, if any, for years prior to 2023				
b	(reasonable cause required - explain in Part VI). See				و أن
*	instructions.				<i>y</i>
3	Excess distributions carryover, if any, to 2023				
a	From 2018		NAMES OF THE PARTY	-	
b	From 2019				· ·
С	From 2020				
d	From 2021				
, e	From 2022				,, 1
, f	Total of lines 3a through 3e				5 5 2
, g	Applied to underdistributions of prior years				a7
٠ h	Applied to 2023 distributable amount				
7. i	Carryover from 2018 not applied (see instructions)				•
• i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
•4	Distributions for 2023 from				
`	Section D, line 7:				
` a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount	Pelicina Vicinium Socialismos		-	
↑ c	Remainder. Subtract lines 4a and 4b from line 4.				p (p)
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, <i>explain in</i>				· ·
•	Part VI. See instructions.				
,7	Excess distributions carryover to 2024. Add lines 3j				42 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	and 4c.				
. 8	Breakdown of line 7:				* .
· a	Excess from 2019	AND ASSESSED THE PROPERTY.		-W.U	and the second section
• b	Excess from 2020		William to be	50	modern contract
, c	Excess from 2021				
, q	Excess from 2022		THE RESIDENCE OF THE PERSON NAMED IN		

е

Excess from 2023

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization 59-2424872 The Friends of Boyd Hill Nature Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply 1 Solicitation of non-government grants е Mail solicitations а Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations . C In-person solicitations » d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, **'2a** Yes X or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser have (iv) Gross receipts (or retained by) (i) Name and address of individual (or retained by) custody or control of (ii) Activity from activity fundraiser listed in or entity (fundraiser) organization contributions? col. (i) No 1, ,2 3 4 °5 **`**6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from ٠3 registration or licensing. Florida

Pa	rt II	Fundraising Events. Comp	plete if the organization a	d arong income on Form	990, Fattiv, line 10, 01	List events with
		than \$15,000 of fundraising		a gross income on Form	990-LZ, mies i and ob	. List evento with
		gross receipts greater than	\$5,000. (a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
* * * * * * * * * * * * * * * * * * * *		* y	Birds of Pre (event type)	Raptorfest (event type)	(total number)	col. (c))
une ,		O				,
Revenue	1	Gross receipts				2.0
•	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				31
$\overline{}$		minus inie 2)				
5 90	4	Cash prizes				
٠,	5	Noncash prizes				3
ì						
es	6	Rent/facility costs				
Direct Expenses	-	* Feed and hoveregon				
Ä	7	' Food and beverages				. 2
)jrec	8	Entertainment				
,						
٠,	9	Other direct expenses				
*	10	Direct expense summary. Add line	es 4 through 9 in column (d)			
	11	Net income summary Subtract line	e 10 from line 3, column (d)	* * * * * * * * * * * * * *		
Pa	rt III	Gaming. Complete if the org	ganization answered "Ye	es" on Form 990, Part IV,	line 19, or reported mor	re than
>		\$15,000 on Form 990-EZ, li				, , <u>,</u>
nue		50	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	1	Gross revenue				
•	2	* Cash prizes				(I) 2' -;
es.	-	Ogan prizes				2 .
Expenses.	3	Noncash prizes				
Ä						· • • • • • • • • • • • • • • • • • • •
Direct	4	Rent/facility costs				
,	5	Other direct expenses				
2		The such subsuces	Yes %		Yes %	
١.	6	Volunteer labor	No	No	∐ No	
``	_	D' 1 Add line	a 2 through E in column (d)			
,	7	Direct expense summary. Add line	S E HIIOUGH S III COIUIIII (U)		14 mars 2 250 - 520 - 624	;
	8	Net gaming income summary. Sub	otract line 7 from line 1, colu	ımn (d)	(*:4/(*/)*	
15. 12						
[′] 9	Er	nter the state(s) in which the organization the organization licensed to conduct	ation conducts gaming activ	f these states?		Yes No
•		the organization licensed to conduct 'No," explain:				
	. "					
,					An.,	Yes No:
10	a W	ere any of the organization's gaming	licenses revoked, suspend	led, or terminated during the	tax year?	I les I lio.
		No. I sumbain.				
*		'Yes," explain:				
		"Yes," explain:				Schedule G (Fonn 990) 2023

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization 59-2424872 The Friends of Boyd Hill Nature List of grants and similar amounts paid (Part I, line 10) Scholarship <u>Activity</u> Grantee 12,985 Amount Business income not reported on 990-T (Part V, line 35) required

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023	Page 1
Name(s) as shown on return	M	FEIN	*
The Friends	of Boyd Hill Nature	5	9-2424872

Other Expenses

Description	Amount
Administration	\$ 20,160
Park Expenses	3,842
Speakers	3,450
Birds of Prev	8,357
	otal: \$ 35,809