EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2023 calendar year, or tax year beginning

3 C	heck if	C Name of organization			D Employer identific	cation number
	Addres	FRIENDS OF THE OSA				
	Name change		TON		81-06211	47
H	Initial return	Number and street (or P.O. box if mail is not deliver		Room/suite	E Telephone number	
H	Final	1300 I STREET NW, SUITE		1100III/Suite	202-765-	
	⊐return/ termin ated				G Gross receipts \$	11,150,392.
	Amend		or loreign postal code		H(a) Is this a group re	
H	⊒return ∏Applic	·	LEBBIN		for subordinates	
	pendir	SAME AS C ABOVE			H(b) Are all subordinates in	
. т	-0V 0V	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) d	or 527	7	list. See instructions
	Vebsit		(1113611110.) +3+1(a)(1) t	01 021	H(c) Group exemption	
		organization: X Corporation Trust Associ	siation Other	I Year		1 State of legal domicile: DC
	rt I	Summary	- Care	L Tour	or formation. 2002 [Otate of logal doffilolic.
		Briefly describe the organization's mission or most sig	unificant activities: CONS	ERVING	THE BIODIV	ERSITY OF
Governance		COSTA RICA'S OSA PENINSULA	WHILE SUPPORT	ING SU	ISTAINABLE L	IVELIHOODS
na.		Check this box if the organization disconting				
ve		Number of voting members of the governing body (Pa			3	8
		Number of independent voting members of the gover	/ /			7
s&		Total number of individuals employed in calendar yea				3
itie		Total number of volunteers (estimate if necessary)				27
Activities &		Total unrelated business revenue from Part VIII, colun				0.
Ă		Net unrelated business taxable income from Form 99				0.
		Not difficiated business taxable income from Form 55	5 1,1 art 1, mile 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			5,709,850.	3,773,756.
Revenue					0.	0.
эvе		Investment income (Part VIII, column (A), lines 3, 4, ar	d 7d)		1,071.	60,979.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			0.	0.
		Total revenue - add lines 8 through 11 (must equal Pa			5,710,921.	3,834,735.
		Grants and similar amounts paid (Part IX, column (A),			2,101,782.	3,202,925.
		Benefits paid to or for members (Part IX, column (A), li	4		0.	0.
s					176,409.	273,486.
Expenses	16a	Salaries, other compensation, employee benefits (Par Professional fundraising fees (Part IX, column (A), line Total fundraising expenses (Part IX, column (D), line 2	11e)		8,076.	2,362.
per	h i	Total fundraising expenses (Part IX, column (D), line 2	5) 83.0	36.	0,0,00	
Ex		Other expenses (Part IX, column (A), lines 11a-11d, 11			345,544.	852,469.
		Total expenses. Add lines 13-17 (must equal Part IX, o			2,631,811.	4,331,242.
		Revenue less expenses. Subtract line 18 from line 12			3,079,110.	-496,507.
es		Teveride less experises. Gabiliast line 16 from line 12			eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			16,256,683.	15,918,219.
ASS Ba	21	Total liabilities (Part X, line 26)			63,592.	191,444.
ivet unc	22	Net assets or fund balances. Subtract line 21 from line	 ≏ 2∩		16,193,091.	15,726,775.
	ırt II	Signature Block	0.20			
Jnde	er pena	Ities of perjury, I declare that I have examined this return, inc	luding accompanying schedules	s and statem	nents, and to the best of my	v knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is				,
		,				
Sigr	1	Signature of officer			Date	
Her		ERIN LEBBIN, CHAIRMAN				
		Type or print name and title				
		Print/Type preparer's name Pr	eparer's signature , /	//	Date Check	PTIN
Paid		TINA PEACHER		Keaster	11/13/2024 if self-employed	ed №01608826
Prep	arer	Firm's name JM&M			Firm's EIN 5	2-1853933
Use	Only	Firm's address 10500 LITTLE PATUXE	ENT PARKWAY, SU	UITE 7		
		COLUMBIA, MD 21044	-			0-884-0220
May	the IF	RS discuss this return with the preparer shown above	? See instructions		<u> </u>	X Yes No

Pai	t 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:
	TO PROMOTE LAND STEWARDSHIP, TO ENHANCE THE SCIENTIFIC UNDERSTANDING
	OF TROPICAL ECOSYSTEMS AND APPLY LEARNING TO CONSERVATION, TO PROVIDE
	EDUCATION AND TRAINING FOR FUTURE GENERATIONS AND TO ENHANCE THE
	QUALITY OF LIFE FOR LOCAL COMMUNITIES LIVING ON THE OSA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,975,900. including grants of \$ 1,569,433.) (Revenue \$ 1,000 CONCERNATION COLUMN TO BE CONCERNATION COLUMN TO BE CONCERNATION COLUMN TO BE CONCERNATION COLUMN TO BE CONCERNATION.
	CONSERVATION SCIENCE - CONSERVATION SCIENCE IS MADE UP OF SIX DIFFERENT
	PROGRAMS THAT SUPPORT SCIENCE AND RESEARCH OF TROPICAL ECOSYSTEMS AND
	LONG-TERM CONSERVATION OF THE OSA. THESE PROGRAMS INCLUDE EXTENSIVE
	MONITORING OF SEA TURTLES, ENDEMIC BIRDS, MONKEYS, REPTILES AND
	MAMMALS, AND PROVIDE A RESEARCH FACILITY FOR SCIENTISTS AND STUDENTS TO
	STUDY THE OSA'S ECOSYSTEMS AND CONDUCT RESEARCH.
	DIRECTOR DESCRIPTION A RESERVED BLOWING BUILD BROKEN
	RIDGE TO REEF RESTORATION & REGENERATIVE FARMING - THIS PROGRAM
	RESTORES LANDSCAPES ACROSS THE REGION, ENGAGING HUNDREDS OF LOCAL
	LANDOWNERS THROUGH EDUCATION, OUTREACH AND TREE PLANTING INITIATIVES.
	THE PROGRAM FOCUSES ON RARE, THREATENED AND NATIVE SPECIES, AND BUILDS
	CAPACITY THROUGHOUT COMMUNITIES VIA EDUCATIONAL WORKSHOPS AND
4b	(Code:) (Expenses \$1, 432, 777 • including grants of \$1, 153, 053 •) (Revenue \$)
	LAND STEWARDSHIP - THIS PROGRAM ENGAGES IN THE PURCHASE OF INTACT
	RAINFOREST LAND THAT WOULD OTHERWISE BE SOLD FOR DEVELOPMENT THAT COULD
	DESTROY THE FRAGILE ECOSYSTEMS. THIS PROGRAM INCLUDES AN EXTENSIVE
	REFORESTATION EFFORT THAT WILL RESTORE THE LAND WITH NATIVE TREES,
	IDENTIFICATION AND CULTIVATION OF NATIVE TREE SPECIES, AND THE CREATION
	OF AN INTERACTIVE TRAIL SYSTEM. THIS PROGRAM ALSO STRIVES TO PROTECT
	THE AREA FROM CONTINUED AND GROWING ENVIRONMENTAL THREATS.
4c	(Code:) (Expenses \$633,580 • including grants of \$480,439 •) (Revenue \$)
	COMMUNITY OUTREACH AND CITIZEN SCIENCE - THESE THREE PROGRAMS SUPPORT
	LOCAL ORGANIZATIONS IN THEIR EFFORT TO PROTECT WILDLIFE AND ENGAGE THE
	OSA COMMUNITIES IN IMPROVING THEIR LOCAL ENVIRONMENT. THESE PROGRAMS
	INCLUDES ENVIRONMENTAL EDUCATION PROGRAMS WITH LOCAL SCHOOLS AND
	EMPOWERMENT OF LOCAL COMMUNITIES THROUGH TRAINING AND ECONOMIC
	INCENTIVES TO PROTECT THE ECOSYSTEMS.
	RIDGE TO REEF YOUTH CLUB - THIS PROGRAM ENGAGES HUNDREDS OF THE
	NATION'S MOST RURAL AND IMPOVERISHED YOUTH WITH THE GOAL OF IMMERSING
	THEM IN NATURE. THROUGH HANDS-ON FIELD TRIPS IN A PLETHORA OF
	ECOSYSTEMS, STUDENTS ARE EDUCATED AND EMPOWERED TO PROTECT THEIR
	NATURAL RESOURCES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,042,257.
	Form 990 (2023

13261115 793927 17357

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		21
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		125
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
	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?			37
	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	Х	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
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	х	
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
46	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,"			X
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u>*</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			X
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
ام	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
	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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			,,,
	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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		_ <u>^</u>
34		34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?	-		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable			
b	Litter the number of Forms wize included of fine ra. Litter to inflot applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1-	Х	
	(gambling) winnings to prize winners?	1c	000	

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023) FRIENDS OF THE OSA Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2 a	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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a		4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			77
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_			8		
9	Sponsoring organizations maintaining donor advised funds.		9a		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90		
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:	100			
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or			7.7
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or	_		
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0		
5	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 Revenue Code.)			
000	tion D. Follows (This occion B requests information about policies not required by the internal nevertice code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia		
	Did the exemination have a written conflict of intersect policy 2 if "No. " go to line 12	12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
С	and Orbital In Orbital Williams and and	12c	х	
12		13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	25	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		Х
a	The organization's CEO, Executive Director, or top management official	15a		X
a	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х
	taxable entity during the year?	16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DC		· - ·	- 1- 1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRIANNA JOHNSON - 202-765-2266			
	1300 I STREET NW, SUITE 400E #9985, WASHINGTON, DC 20005			

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

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

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

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one			than		Reportable	Reportable	Estimated	
	hours per week	box offi	, unle cer ar	ss pe	rson Iirecto	son is both an rector/trustee)		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MELISSA AUBERT	20.00	≘	드	5	3	를	운			
FINANCE DIRECTOR	20.00			Х				0.	42,949.	0.
(2) DR. ANDREW WHITWORTH	20.00								,	
EXECUTIVE DIRECTOR	20.00	X		Х				0.	41,012.	0.
(3) ERIN LEBBIN	1.00									
CHAIRMAN AND PRESIDENT	1.00	Х		Х				0.	0.	0.
(4) WILL NESBITT	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(5) FEDERICO CASTRO KAHLE, MBA	1.00									
SECRETARY		X		Х				0.	0.	0.
(6) BILL ABRAHAM	1.00	ļ								_
TREASURER		X		Х				0.	0.	0.
(7) ESTEBAN BRENES-MORA	1.00	ļ								_
BOARD MEMBER		X						0.	0.	0.
(8) GLORIANA MEJIA	1.00	ļ								
BOARD MEMBER		X						0.	0.	0.
(9) DENNIS TROPER	1.00									
BOARD MEMBER		X						0.	0.	0 .
(10) RODOLFO TREJOS	1.00	١,,								_
MEMBER-AT-LARGE UNTIL JULY 2023	1.00	X						0.	0.	0.
		1								
						-				
		1								
						<u> </u>				
		$\frac{1}{1}$								
		lacksquare				_				
		-								

(A) Name and title	(B) Average hours per		not c		itior more	l than is bot		(D) Reportable compensation	(E) Reportable compensation	1		(F) timate nount	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee a	Officer p		Highest compensated transfer compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISO 1099-NEC)	G/	com fr org and	other pensa om th anizat d relat anizati	ation le tion ted
		\sqcup											
		H											
		H											
		\square											
1b Subtotal c Total from continuation sheets to F								0.	83,96	1.			0.
d Total (add lines 1b and 1c)					· · · · · · · · · · · · · · · · · · ·			0.	83,96	1.			0.
compensation from the organization								•	,			Yes	0 N o
3 Did the organization list any former of line 1a? <i>If</i> "Yes," <i>complete Schedule</i>								hest compensated emp			3		Х
4 For any individual listed on line 1a, is and related organizations greater that											4		Х
5 Did any person listed on line 1a receirendered to the organization? If "Yes											5		Х
Section B. Independent Contractors 1 Complete this table for your five high										ensa	ation f	rom	
	on for the calendar y A) siness address		endii NE		vith	or w	ithir	n the organization's tax in the organization		Co	(C	;) nsatio	n
			<u> </u>										
				1.									
2 Total number of independent contract \$100,000 of compensation from the		ot IIr	nite	d to		se lis	sted	above) who received m	nore than	ı	-orm (990 /	2023)

Form 990 (20		FRIENDS
Part VIII	Statement	oi Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Check ii Genedale e dentalile a response	or riote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè excluded
					function revenue	business revenue	from tax under sections 512 - 514
<u>(0, (0)</u>							360110113 3 12 - 3 14
nts		a Federated campaigns 1a					
Sra Dou	I	b Membership dues 1b					
An An	(c Fundraising events1c					
ᄩᆲ	(d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e	199,180.				
ios		f All other contributions, gifts, grants, and					
돌림		similar amounts not included above 1f	3,574,576.				
		g Noncash contributions included in lines 1a-1f	643,863.				
25		h Total. Add lines 1a-1f		3,773,756.			
-		11 Total: Add lines 1a 11	Business Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	_		Busiliess Code				
ا ق	2 8						
le G	ı	b					
n S	•	c					
ĕ≅	(d					
Program Service Revenue	•	e					
<u>-</u>	1	f All other program service revenue					
	9	g Total. Add lines 2a-2f					
	3						
		other similar amounts)		89,086.			89,086.
	4			·			
	5	Royalties	1				
	Ū	(i) Real	(ii) Personal				
	6		(1) 1 01001141				
	_	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 7,287,550					
	ı	b Less: cost or other basis					
ا و ا		and sales expenses 7b 7,315,657					
Revenue		c Gain or (loss) 7c -28,107	•				
Be		d Net gain or (loss)		-28,107.			-28,107.
ther		a Gross income from fundraising events (not					
ਰ∣		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		a Gross income from gaming activities. See					
	9 (
		Part IV, line 19					
		b Less: direct expenses 9b					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	ı	b Less: cost of goods sold 10					
	- (c Net income or (loss) from sales of inventory .					
<u></u>			Business Code				
og e	11 a	a					
Miscellaneous Revenue	ı	b					
اھ <u>چ</u>	(c					
is a		d All other revenue					
≥		e Total. Add lines 11a-11d					
	12			3,834,735.	0.	0.	60,979.
				, -,	· · · · · · · · · · · · · · · · · · ·		,

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

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	2 202 025	3 202 025		
_	individuals. See Part IV, lines 15 and 16	3,202,925.	3,202,925.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	paragna described in section 4059(a)(2)(B)				
7	Other salaries and wages	220,966.	78,663.	82,642.	59,661
8	Pension plan accruals and contributions (include		, , , , , , ,	02,012.	33,001
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	26,981.	9,606.	10,090.	7,285
10	Payroll taxes	25,539.	9,091.	9,552.	6,896
11	Fees for services (nonemployees):	•	,	•	<u> </u>
	` ' ' ' '				
b					
С		18,405.		18,405.	
d					
е	D (' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' ' ' '	2,362.			2,362
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	202,057.	187,890.	13,222.	945
12	Advertising and promotion	50.	50.		
13	Office expenses	35,359.	18,819.	12,910.	3,630
14	Information technology				
15	Royalties	6 550	6 456	201	
16	Occupancy	6,570.	6,176.	394.	1 605
17	Travel	87,439.	27,635.	58,119.	1,685
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	7,735.	7,271.	464.	
23	Insurance Other expenses. Itemize expenses not covered	1,133.	1,411•	404.	
24	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	PROGRAM SUPPLIES	482,815.	482,815.		
a h	DUES AND SUBSCRIPTIONS	12,039.	11,316.	151.	572
C		,,	,		<u></u>
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,331,242.	4,042,257.	205,949.	83,036
<u> 26</u>	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)				

Ра	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,666,852.	1	580,813.
	2	Savings and temporary cash investments			2,366,061.	2	2,919,105.
	3	Pledges and grants receivable, net				3	197,054.
	4	Accounts receivable, net		5,092.	4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
	9				2,664.	9	2,757
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	12,216,014.			
	b	Less: accumulated depreciation	10b		12,216,014.	10c	12,216,014
	11	Investments - publicly traded securities			11	2,476	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must ed	qual line (33)	16,256,683.	16	15,918,219
	17	Accounts payable and accrued expenses	63,592.	17	191,444		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Ħ		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela		T-		24	
	25	Other liabilities (including federal income tax, I	•				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
		of Schedule D			63,592.	25	101 ///
	26	Total liabilities. Add lines 17 through 25			03,394.	26	191,444
es		Organizations that follow FASB ASC 958, c	neck ner	e 🕰			
ŭ	0.7	and complete lines 27, 28, 32, and 33.			13,616,162.		13,534,466
3ala	27				2,576,929.	27 28	2,192,309
βE	28	Net assets with donor restrictions			2,310,323.	28	2,172,307
Ψ		Organizations that do not follow FASB ASC	958, CN	eck nere \square			
ō		and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current fund				29	
Ass	30	Paid-in or capital surplus, or land, building, or		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			16,193,091.	31 32	15,726,775
Z	32	Total liabilities and not sees to fund balances			16,256,683.		15,918,219
	33	Total liabilities and net assets/fund balances			10,230,003.	্য ব	10,010,619

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		834		
2	Total expenses (must equal Part IX, column (A), line 25)	2		331		
3	3 Revenue less expenses. Subtract line 2 from line 1					07.
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4					91.
5	Net unrealized gains (losses) on investments	5		30	,19	91.
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	15,	726	7'	75.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
				١	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 Schedul	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	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	e 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 Scl	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FRIENDS OF THE OSA

Employer identification number

81-0621147

Pa	art I	Reason for Public		(All organizations must c	omplete ti	nis part) S	See instructions	1 0021117
		nization is not a private found					inotractione.	
	Organ			· -			(V A V:)	
1	H	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) .						
2	\vdash	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3	\vdash	A hospital or a cooperative					=	
4		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:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	Ш	A federal, state, or local go	vernment or governr	nental unit described in s	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma	ılly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Pari	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the collec	je or
		university:		,		•	-	
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fees, a	nd gross receipts from
		activities related to its exen						
		income and unrelated busin			. ,			· ·
		See section 509(a)(2). (Co		(loos sould live to the table)		0000 000	a - b - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
11		An organization organized	' '	ively to test for public sa	ifety See	section 50	09(a)(4)	
12	$\overline{\Box}$	An organization organized	•	•	•			nurnoses of one or
		more publicly supported or	•	•	•		•	•
		lines 12a through 12d that	-					SHOOK THE BOX OH
a		Type I. A supporting orga	• •			•		, aivina
•	_		•	•				
		the supported organization			а ппајопцу (or the dire	ctors or trustees or the s	supporting
		organization. You must o			atalatala ta			
k	, ட	☐ Type II. A supporting org	•					-
		control or management of			ame perso	ons that co	ontroi or manage the sup	ропеа
		organization(s). You mus						1 20
C	:	☐ Type III functionally integrated in the second control of					• •	ea with,
		its supported organizatio	, , ,	•				
C	i L	☐ Type III non-functionally						` '
		that is not functionally int	0	• ,	•		•	iveness
		requirement (see instruct	•	· ·				
e	• L	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	• •	nally integrated supporti	ing organi:	zation.		
f		er the number of supported of	-					
6		ovide the following information			God In the case	ninetian listed		1 (84) (1
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
	_							
Tota	al							1

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2020	(0) 2021	(4) 2022	(5, 2020	(1) 10101
•	membership fees received. (Do not						
	include any "unusual grants.")	1430901.	1000008.	2175051.	5709850.	3773756.	14089566.
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						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1430901.	1000008.	2175051.	5709850.	3773756.	14089566.
	The portion of total contributions	11303011	1000000	21730310	37030301	37737300	<u> </u>
5	•						
	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,						6176057
_	column (f)						6176857.
	Public support. Subtract line 5 from line 4.						7912709.
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019 1430901.	(b) 2020 1000008.	(c) 2021 2175051.	(d) 2022 5709850.	(e) 2023	(f) Total 14089566.
	Amounts from line 4	1430901.	1000000	21/3031.	3709650.	3//3/30.	<u> </u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	100	1 050	0.00	1 051	00 006	00000
	and income from similar sources	190.	1,053.	938.	1,071.	89,086.	92,338.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14181904.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	313,912.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, [,]	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (line 6, column (f), d	livided by line 11, o	column (f))		14	55 . 79 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	55.39 %
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
	more, and if the organization meets the	-					
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization						
	Schedule A (Form 990) 2023						

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

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

Se	ction A. Public Support	,	•				
Cale	endar 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.")						
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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_							<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2023 (column (f))		15	<u>%</u>
	Public support percentage from 2022					16	<u>%</u>
_	ction D. Computation of Inve					1,_1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2				a 1E is mays than	18	% 17 is not
198	a 33 1/3% support tests - 2023. If the						ı / Is not
	more than 33 1/3%, check this box a		-				
t	33 1/3% support tests - 2022. If the	-					
	line 18 is not more than 33 1/3%, che						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	_		
	3c		
	4a		
	4b		
	4c		
	5a		
٠	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Ŭ	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the servering hady marshay of the servering hady officers esting in their official conneity, or marshay his of one or		162	INO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	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	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b		otruotio	201	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	No
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complet	e Sections A through E.	
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		
Sect	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		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integra	ted Type III supporting org	anization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

b Excess from 2020c Excess from 2021d Excess from 2022e Excess from 2023

Schedule A (Form 990) 2023 FRIENDS OF THE OSA	81-0621147 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
PART II, SECTION A:	
THE ORGANIZATION CHANGED THEIR FISCAL YEAR FROM SEPTEMBER	30тн то
DECEMBER 31ST, AND AS SUCH A SHORT YEAR RETURN WAS FILED FO	OR 2019. THE
AMOUNTS REPORTED ON THE SCHEDULE A FOR 2019 ARE FOR THE 3-I	MONTH SHORT
YEAR PERIOD, 10/1/2019-12/31/2019.	

Schedule B

Schedule of Contributors

OMB No. 1545-0047

81-0621147

2023

Schedule B (Form 990) (2023)

Department of the Treasury Internal Revenue Service

FRIENDS OF THE OSA

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** 🔲 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

ΙНΑ

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

FRIENDS OF THE OSA

81 - 0621147

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 412,682.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$125,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$158,003.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 506,102.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$812,363.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

FRIENDS OF THE OSA

81-0621147

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$140,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$130,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	- Training data ooo, direction of the control of th	\$ 162,878.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

FRIENDS OF THE OSA

81-0621147

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

FRIENDS OF THE OSA

81 - 0621147

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	202 SHARES OF ASML HOLDING N V		
		\$125,000.	03/09/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	3,651 SHARES OF ALPHABET INC CAP STK		
		\$506,102.	11/22/23
(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
		\$	
323453 12-26	200		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization **Employer identification number** 81-0621147 FRIENDS OF THE OSA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

FRIENDS OF THE OSA

Employer identification number 81-0621147

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iin		or Accounts. Complete if the
	organization answered Tes On Form 990, Fart IV, iii	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1) 2 21121 1111 1111 1111 1111	(4)
2	Aggregate value of contributions to (during year)		_
3	Aggregate value of grants from (during year)		_
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	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 quali-	fied conservation contribution in the form o	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
_	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	Stan and volunteer riodrs devoted to monitoring, inspecting,	Thandling of Violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easements during the vear
	3,	3	3,
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	ı)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footing	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections o		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items.		<u>.</u>
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		I gain, provide
	the following amounts required to be reported under FASB A	_	•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction	o for Form 000	
ᄓ	FOI FAPELWOLK DEGLECTION ACTIVOLICE, SEE THE INSTRUCTION	る iui FUIIII 33U.	Schedule D (Form 990) 2023

332051 09-28-23

Pa	rt III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, d	or Other	Similar A	Assets	(conti	nued)	age -
3	Using the organization's acquisition, accession								•		
	collection items (check all that apply).	,	,	,							
а	Public exhibition	c		Loan or exc	hange progra	am					
b	Scholarly research	6			mango progre						
c	Preservation for future generations	•									
4	Provide a description of the organization's co	llections and explai	n how th	nev further t	he organizati	on's avami	nt nurnosa i	n Part X	(111		
5	During the year, did the organization solicit or							III ait A	XIII.		
3	to be sold to raise funds rather than to be ma								Yes		Na
Pai	rt IV Escrow and Custodial Arrang										<u> No</u>
ı aı	reported an amount on Form 990, Part		ite ii tile	organization	i answered	res on re	iiii 990, Fai	it iv, iii ie	e 9, Oi		
4			diam t fau	. aantributia		acata mat in	aludad				
та	Is the organization an agent, trustee, custodia		-						V		٦ ٨ ١ -
	on Form 990, Part X?							🗀	Yes		J No
р	If "Yes," explain the arrangement in Part XIII a	and complete the to	ollowing '	table:					Amoun	.	
							_		Amoun	L	
C	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				_
2 a	- · · · · · · · · · · · · · · · · · · ·					-	?	[]	Yes		ا No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds Complete if t										
		(a) Current year	(b) F	rior year	(c) Two year	rs back (d) Three years	back ((e) Fou	years	back
1a	L										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:			•			
а	Board designated or quasi-endowment	•	%	· .							
b	Permanent endowment	%									
c	Term endowment 9										
	The percentages on lines 2a, 2b, and 2c shou										
За	Are there endowment funds not in the posses		ation tha	at are held a	and administe	red for the					
-	organization by:	solon of the organiz	ation the	at are riola t	ara aarriiriiote	100 101 1110				Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizations:	tions listed as requi							3b		
4									SD		
Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipme		owinent	iurias.							
ı aı	Complete if the organization answered		n Dart IV	/ lino 11a 9	Soo Form 990) Dort V lir	o 10				
	·	1			1			1 ,	-1\ D :	1 1	
	Description of property	(a) Cost or o			t or other (other)		umulated eciation	"	d) Boo	k valu	е
		`	nent)		.6,014.	uepre	olation	1 2	,21	<u> </u>	1 /
	Land			14,41	.U,U14•			1 1 2	, <u>4</u> 1	0,0	14.
b	Buildings							+			
С	Leasehold improvements							_			
d	Fauinment	1		ı				1			

Schedule D (Form 990) 2023

12,216,014.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 FRIENDS OF	THE OSA	81	-0621147 Page
Part VII Investments - Other Securities			_
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (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 en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))
 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

Schedule D (Form 990) 2023

(6) (7) (8)

	t VI Decembled of December 2011 State of Chate	\A/:41c	D		7021117 Fage
Pai	Reconciliation of Revenue per Audited Financial State		Revenue per H	eturn	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 1			1	3,864,926.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	3,004,520
	Net unrealized gains (losses) on investments	2a	30,191.		
	Donated services and use of facilities		30,131	-	
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)			-	
	Add lines 2a through 2d			2e	30,191.
3	Subtract line 2e from line 1			3	3,834,735
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				.,,
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)			-	
	Add lines 4a and 4b	\ <u></u>		4c	0.
5	T. 1. 1. 2. 1. 1. This was also also 200 Bald For 100			5	3,834,735
	rt XII Reconciliation of Expenses per Audited Financial State			_	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	4,331,242
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses	_			
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,331,242.
4	Amounts included on Form 990, Part IX, line 25, 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			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,331,242.
Pa	rt XIII Supplemental Information				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional inforn	nation.		
PAI	RT X, LINE 2:				
			~		
JSZ	A CONSERVATION BELIEVES THAT IT HAS APPRO	DEKTATE	SUPPORT FO	R AI	NY TAX
	TITIONS TAKEN AND AS SUSUE DOES NOT HAVE		200027N	D	NOTET ON C
POS	SITIONS TAKEN, AND AS SUCH, DOES NOT HAVE	S ANY UN	CERTAIN TA	X P(DSTITIONS
	AM ADE MAMEDIAI MO MILE ETNIANOTAI CMAMEMEN	TMC OD M	מ דוו שייי	TT 70 T 7 T	. 771 EEEE
T.U.Z	AT ARE MATERIAL TO THE FINANCIAL STATEMEN	VIS OR I	HAT MOOTD	пАУІ	AN EFFECT
Λ.T.	ITS TAX-EXEMPT STATUS. THERE ARE NO UNRE			r Tmc	T OD
ΟIΛ	115 TAX-EXEMPT STATUS. THERE ARE NO UNKI	COGN12E	D IAV DENE	PIT	5 UK
г. т 7	ABILITIES THAT NEED TO BE RECORDED.				
пти	ABILITIES THAT NEED TO BE RECORDED.				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

FRIENDS OF THE OSA 81-0621147

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV. line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (a) Region (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments confractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND HABITAT PROTECTION, THE CARIBBEAN -REFORESTATION, AND ANTIGUA & BARBUDA, OPERATING SCIENCE ARUBA, BAHAMAS, PROGRAM SERVICES AND GRANTS STATIONS. 4,388,057. NORTH AMERICA CONSERVATION TECHNOLOGY CANADA AND MEXICO, APPLICATIONS IN BUT NOT THE UNITED AMAZONIAN WILDERNESS STATES 2 PROGRAM SERVICES EXPENSES 60,344. SOUTH AMERICA -ARGENTINA, BOLIVIA, PERU FIELD TECHNICIAN BRAZIL, CHILE, FOR CONSERVATION TECH PROJECT COLUMBIA, ECUADOR, 4 PROGRAM SERVICES 33,474. WILDLIFE TRACKING AND REWILDING APPLICATIONS EUROPE (INCLUDING FOR MOVEMENT ECOLOGY ROJECT ICELAND & GREENLAND) 2 PROGRAM SERVICES 14,238. 3 a Subtotal 131 4,496,113. **b** Total from continuation 0. sheets to Part I c Totals (add lines 3a

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

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Schedule F (Form 990) 2023

and 3b)

4,496,113.

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN						
		- ANTIGUA &	SUBGRANT TO ASOCIACON					
		BARBUDA, ARUBA,	CONSERVACION DE OSA	3202925.	WIRE	0.		
2 Entantatal number of			I recognized as charities by the	fausian assumtus				<u> </u>

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.												
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)					

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes [X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes [X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes [X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	☐ Yes 〔	X No

Schedule F (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

81 - 0621147

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

FRIENDS OF THE OSA

Employer identification number

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution		ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles					-	
7	Boats and planes					-	
8	Intellectual property						
9	Securities - Publicly traded	X	4	643,863.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other					-	
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz for which the organization completed Form 828		-				
						Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least 3 years from the date of t	he initial co	ntribution, and wh	ich isn't required to be used	for		
	exempt purposes for the entire holding period?				30a	1	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				itions? 31	\perp	X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?				32	1	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 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

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF THE OSA

Employer identification number 81-0621147

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FOR ITS COMMUNITIES. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SUSTAINABLE LIVELIHOOD DEVELOPMENT WITH A GOAL OF BUILDING MORE RESILIENT COMMUNITIES FOR PEOPLE AND NATURE. MANGROVE RESTORATION - THIS PROGRAM WORKS DIRECTLY WITH MULTIPLE LOCAL COMMUNITY ORGANIZATIONS TO RESTORE THE TERRABA SIERPE NATIONAL WETLAND, COSTA RICA'S LARGEST PROTECTED MANGROVE SYSTEM. THIS PROGRAM INCORPORATES WORKSHOPS AND TRAINING, CAPACITY BUILDING, SUSTAINABLE LIVELIHOOD DEVELOPMENT, AND DIRECT RESTORATION. WILDLIFE MONITORING - THIS PROGRAM AIMS TO BETTER UNDERSTAND AND PROTECT WILDLIFE THROUGHOUT THE REGION. THE PROGRAM UTILIZES CONSERVATION TECHNOLOGY TOOLS, COMMUNITY INVOLVEMENT, AND SCIENTIFIC RESEARCH TO MONITOR WILDLIFE INCLUDING ARBOREAL SPECIES, BIRDS, BATS, DUNG BEETLES, CATS, AND MORE. MOVEMENT ECOLOGY - THIS PROGRAM PUSHES THE SCIENTIFIC FRONTIER OF ANIMAL MOVEMENT ECOLOGY WITH THE GOAL OF BETTER UNDERSTANDING MOVEMENT INCLUDING NUMEROUS VULTURE SPECIES, JAGUARS, PATTERNS FOR KEY SPECIES, AND THE BAIRD'S TAPIR. THE PROGRAM IS SCIENTIFICALLY DRIVEN

SEA TURTLE PROTECTION - THIS PROGRAM FOCUSES ON THE CONSERVATION OF THE

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

Schedule O (Form 990) 2023

WITH A CONSERVATION IMPACT.

Schedule O (Form 990) 2023 Page 2

Name of the organization FRIENDS OF THE OSA

Employer identification number 81-0621147

REGION'S NESTING SEA TURTLE POPULATIONS. WORKING PRIMARILY ON LAND, THE

PROGRAM BOLSTERS ITS HATCHING SUCCESS RATE WHILE EDUCATING THE LOCAL

COMMUNITY ON HOW TO COEXIST WITH WILDLIFE ON SEA TURTLE NESTING

BEACHES.

MARINE CONSERVATION - THIS PROGRAM WORKS TO PROTECT THE BIOLOGICALLY

CRITICAL SEASCAPE OF THE GOLFO DULCE AND SURROUNDING COASTAL WATERS.

THROUGH RESEARCH, HUMAN DEVELOPMENT, AND STRATEGIC PLANNING, THE GOAL

IS TO PROTECT THE OCEAN SO MARINE WILDLIFE CAN THRIVE.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION HAS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BOARD.

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

THE 990 IS REVIEWED BY THE CHARIMAN PRIOR TO SUBMISSION TO THE IRS.

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

EACH YEAR THE FINANCE DIRECTOR ENSURES THAT ALL BOARD MEMBERS SIGN THE

WRITTEN CONFLICT OF INTEREST STATEMENTS AND MAINTAINS COPIES OF THE SIGNED

STATEMENTS.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization FRIENDS OF TH	E OSA				Employer identifi 81-0621		umber
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes	on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) r Total inco	me End-of-year a	assets Direct o	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one o	or more related tax-ex	- empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr ent	g) 512(b)(13) rolled tity?
ASSOCIACION CONSERVACION OSA APDO. 54-8203	BIOLOGICAL INVESTIGATION			301(0)(0))		Yes	No
PUERTO JIMENEZ, GOLFITO, COSTA RICA	PROTECTIN, CONSERVATION	COSTA RICA		N	J/A	<u> </u>	Х
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Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34, because it had	one or more related
raitiii	organizations treated as a partnership during the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total income	Share of	Disproportionate allocations? Yes No		Code V-UBI	General or managing partner? Yes No	Percentage
of related organization		(state or	entity	(related, unrelated,		end-of-year			amount in box		ng ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets			K-1 (Form 1065)	Yes	<u>.</u>
		,,		,			1.00		,	1 1	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		ection 2(b)(13) ntrolled entity?	
								163	NO	
		41								

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Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions with one of	or more r	elated organizations listed	I in Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
b	o Gift, grant, or capital contribution to related organization(s)				. 1b	X	Х			
c Gift, grant, or capital contribution from related organization(s)										
d	d Loans or loan guarantees to or for related organization(s)									
	e Loans or loan guarantees by related organization(s)									
f	f Dividends from related organization(s)				1f		Х			
g	g Sale of assets to related organization(s)				. 1g		X			
h Purchase of assets from related organization(s)										
i Exchange of assets with related organization(s)										
j	Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		Х			
1.					41.		Х			
	Lease of facilities, equipment, or other assets from related organization(s)						X			
	Performance of services or membership or fundraising solicitations for related organization(s) • Performance of services or membership or fundraising solicitations by related organization(s)						X			
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						X			
	Sharing of facilities, equipment, maining lists, or other assets with related organization(s) Sharing of paid employees with related organization(s)						X			
Ü	7 Sharing of paid employees with related organization(s)				.					
n	Reimbursement paid to related organization(s) for expenses				1p		х			
g	q Reimbursement paid by related organization(s) for expenses				1g		Х			
٩	1 Trainbardonnant paid by rolated organization(c) for expenses				.					
r	Other transfer of cash or property to related organization(s)				1r		Х			
	S Other transfer of cash or property from related organization(s)				1s		Х			
	If the answer to any of the above is "Yes," see the instructions for information on who must co									
	(a) (b) Name of related organization Transactype (a)	ction	(c) Amount involved	(d) Method of determining amount in	nvolved					
1) -	ASSOCIACION CONSERVACION OSA B		3,202,925.	COST						
2)										
3)										
4)										
(5)										
(6)										
3216	163 09-28-23	12		Schedule	R (For	n 990) 2023			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners see 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptional allocatio	oor- ie ns?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	l or Percentage ing ownership