

Florida Department of Environmental Protection CITIZEN SUPPORT ORGANIZATION 2024 LEGISLATIVE REPORT

(pursuant to Section 20.058 Florida Statutes)

Flielius di Oscal Scherei Falk, ilic	
Citizen Support Organization (CSO) Name:	
1843 S. Tamiami Trail, Osprey, FL 34229 Mailing Address:	
941-483-5956 Telephone Number:	
Website Address (required if applicable):	
Check to confirm your Code of Ethics is posted conspicuously on your website.	

Statutory Authority:

Section 20.2551, F.S., Citizen support organizations; use of property; audit; public records; partnerships. In summary, the statute specifies the organizational requirements, operational parameters, duties of a CSO to support the Department of Environmental Protection (Department), or individual units of the Department, use of Department property, audit requirements, public records requirements, and authorizes public-private partnerships to enhance lands managed by the Department.

Section 258.015, F.S., Citizen support organizations; use of property; audit. In summary, the statute defines a CSO, requires authorization by the Division of Recreation and Parks, and specifies the use of property. This statute authorizes the Partnerships in Parks (PIP) program for state parks, the program's operational parameters, CSO's operational parameters, and donor recognition.

YOUR MISSION AND LAST CALENDAR YEAR'S PROGRAM ACCOMPLISHMENTS:

CSO's Mission: (Consistent with your Articles and Bylaws)

Our mission is to support the preservation and protection of the natural and cultural resources of Oscar Scherer State Park. To promote public awareness of the ecological importance of the park through interpretive programs, special events and social functions..

Describe Last Calendar Year's Results Obtained: <u>Brag!</u> (List or discuss the past calendar year's accomplishments and contributions. Cite specific support from last calendar year's Annual Program Plan.)

THE Friends of Oscar Scherer Park purchased 20,000 up to date campground maps at a cost of \$3,300 for the Nature Center and Ranger Station. To help with park communications we purchased 2 new hand held radios and batteries for the park. To help firewood sales we purchased a log splitter at a cost of \$2,000.00 plus \$320 for an Arbor rope.. The Friends authorizes a budget of \$2,000.00 for Earth Day celebration. In addition we authorizes a fee of music entertainment of \$680.00. To help promote the park the Friends paid \$800.00 for brochures defining the park. The Friends paid over \$6,000.00 for our famous Haunted Trails event which is one of our best fund raisers. To help support the park volunteers the Friends paid \$1,200 for volunteer shirts. To help keep the park involved in the community the Friends paid \$150.00 for membership in the Science Environmental Counsel. To help the park remain in ideal condition the Friends continues an on going support for our Nature Center and maintenance of park equipment.

Describe the CSO's Plans for the Next Three Calendar Years:

The goals for the next three years: Clean and polish Nature Center floors. Purchase lawn equipment for trimming vegetative growth. Remove existing screen and doors in the screen room attached to the Nature Center. Replace screen with sliding windows and resize doors. Rescreen entire room. Install entrance door into existing storage room giving easy walk through access from Nature Center to screen room. Continued supply of refreshment and food supply for prescribed fire and resource management workdays. Replace and repair damaged and worn fire rings and bike racks. Continued maintenance support for all park vehicles. Support and maintenance for all park radios.

Total Number of CSO General Membership: 115 Total Number of Board of Directors: 8 Total Volunteer Hours for the Board of Directors (From VSys - Work with your parks' volunteer manager): 659

PARK & CSO RELATIONSHIP:

Do not duplicate by describing accomplishments and contributions in the summary. <u>Brag</u> in the above Results Obtained. Below, describe the relationship.

Park Manager's Comments on the CSO & Park Relationship and Support:

Provide your perspective on

- Changing developments of the park provided by the CSO.
- Effectiveness of the organization in fulfilling their purpose to support the park(s).
- Effectiveness of the Board of Directors in completing their Annual Program Plan.
- The relationship between the park and CSO. What went well? Are there areas of improvement?

The Friends of Oscar Scherer continue to foster a positive relationship with the park. Park Service Specialist Diana Stinson serves as a liaison between the park and CSO further strengthening the relationship. CSO support is appreciated and greatly valued. They play an important role in guaranteeing the park remains an outstanding associate of the Florida Park Service. The Friends have provided positive publicity through outreach and events both in the park and the community. Their fundraising efforts have enabled the CSO to supply needed equipment and supplies, as well as continual financing for park projects. Friend's members regularly sponsor and participate in maintenance projects at the park. It is a delight working with a committed and helpful group of volunteers. The efforts of the Friends of Oscar Scherer greatly contribute to the operational accomplishments of the park as well as the high-quality experience enjoyed by guests. During 2023, the Friends provided support by supplying the park with maps, a new log splitter, additional handheld radios, funding special events, and membership dues. The Friends also showed their support by purchasing volunteer uniforms and funding volunteer appreciation functions. During the next few years, the focus will be to enhance programs and the visitor experience through facility upgrades. Additional focus will be on increasing membership through local outreach, publications, websites, and social media. Programs and events will consist of Haunted Trails, guided night paddles, Scrub-Jay 5K, Pancake Breakfasts, Earth Day Festival, Kiwanis Fish a Thon, and many more. The park and the Friends will continue to move forward with visitor center upgrades and renovations.

CSO President's Comments on the CSO & Park Relationship and Support:

Provide your perspective on the relationship between the park and CSO. What went well? Are there areas of improvement?

The relationship between the park and the Friends of Oscar Scherer (the Friends) continues to remain extremely strong. Communications between the park staff, maintenance personnel and the Friends is the real driving force to our success. The park staff attend every Board of Directors meeting which aids in quick actions from the Friends. The length of service of Diana Simpson, (our first contact) volunteer coordinator, usually results in a rapid resolution of most problems. Her coordination with the Friends always results in a solution to most solutions. Matt Kruse, Park Manager, has an open door to the Friends that gives the Friends instant contact with the final authority when needed. As President of the Friends, I am totally committed to work with the park staff to complete our mission to support Oscar Scherer State Park

SUMMARIZE FINANCIAL ACTIVITY FOR LAST CALENDAR YEAR, DIRECT PARK(S) SUPPORT & REVENUES:

Program Services are costs related to providing your organizations' programs or services in accordance with your mission. Describe and provide expenses that <u>directly support the park(s)</u>. For established nonprofit organizations, program service expenses generally represent most of the overall expenses of the organization. For the last calendar year provide the total \$ for each that apply. Do not use commas.

Building improvement, construction, or renovations	\$
Cultural resources (e.g., historic structure restoration/ renovation)	\$
Natural resources (e.g., native plants, natural lands restoration)	\$
Maintenance equipment (e.g., mowers, chippers, blowers, chainsaws)	\$ 6770
Other facilities and landscape maintenance	\$
Vehicles (e.g., trucks/cars, UTVs, golf carts, accessible devices, etc.)	\$ 4193
Amenities (e.g., water fountains, benches, picnic tables, recreational equipment, kiosks etc.)	\$
Park employees or volunteers support (e.g., interns, training, uniforms, awards, or recognition)	\$ 1220
Big ticket visitor center exhibits or interpretation updates	\$
Park exhibits, displays, signage	\$
Park publications, brochures, maps, etc.	\$ 3300
Programing/interpretation support material purchases	\$
Other program services	\$
Total Program Service Expenses	\$ 39235

Visitor Services Revenue are revenues and the sources generated from fundraising on park property. Do not use commas.

Park gift shops, craft stores, and concession sales \$ 18459

Merchandise sales (e.g., plants, firewood, ice, t-shirts, hats, etc.) \$ 1828

Programs and Special Events (e.g., fundraising workshops, seasonal events, concerts, etc.) \$ 4400

Vending (e.g., drink machines, penny press, laundry, Wifi, etc.) \$ Rentals (e.g., bikes, canoe, kayak, SUPs, etc.) \$ In-park donation boxes \$ 5338

Other visitor services revenue \$ Total Visitor Services Revenue \$ 115491

<u>NET ASSETS:</u> \$ 435677

Organizations end of last year's <u>Total Assets minus Total Liabilities</u>. This is <u>not</u> the above's Visitor Service Revenue minus Program Service Expenses.

CSO AUDIT THRESHOLD:

Last Calendar Year's Total Expenses (including grants) \$ |

58070

Are the CSO's annual total expenses \$300,000 including grants? Then Section 215.981(2), Florida Statute requires an independent CPA audit using Government Audit Standards (<u>U.S. GAO Yellow Book</u>). The audit is **due by September 1** (9 months after the CSO's calendar year ends) to the Florida Auditor General and to the Department.

CONFIRM ATTACHMENTS:

Code of Ethics

The most recent Internal Revenue Service (IRS) Form 990, 990-EZ, or 990-N receipt. All IRS Form 990's must be complete with Part III Program Service and all appropriate Schedules (A, O, and others as appropriate). If filing an IRS extension, attach the IRS 8868 receipt and the most recent complete 990 and schedules.

2024 CSO Legislative Report Acknowledgment

This information is complete to the best of my knowledge pursuant to Section 20.058 Florida Statutes

Signature:	
Printname: Ronald Newton	, CSO President
Friends of Oscar Scherer Park, Inc.	
Date: 5-7-24	
Signature: Matthew Kruse Digitally signed by Matthew Kruse Date: 2024.05.09 07:21:16 -04'00'	
Signature:	
Print name: Matthew Kruse	, Park Manager
Date: 5-7-28	

2024 CSO Legislative Report Acknowledgment	
This information is complete to the best of my knowle	dge pursuant to Section 20.058 Florida Statutes
Signature: Ronald Newt	
Print name: Ronald Newton	, CSO President
Friends of Oscar Scherer Park , Inc.	
Date: 5-7-24	
Signature: Matthew Kruse Digitally signed by Matthew Kruse Date: 2024.05.07 13:38:09 -04'00'	
Print name: Matthew Kruse	, Park Manager
5 7 24	

Friends of Oscar Scherer Park Code of Ethics

Preamble

- It is essential to the proper conduct and operation of Friends of Oscar Scherer Park, Inc.
 (herein "CSO") that its board members, officers, and employees be independent and
 impartial and that their position not be used for private gain. Therefore, the Florida
 Legislature in Section 112.3251, Florida Statute (Fla. Stat.), requires that the law protect
 against any conflict of interest and establish standards for the conduct of CSO board
 members, officers, and employees in situations where conflicts may exist.
- 2. It is hereby declared to be the policy of the state that no CSO board member, officer, or employee shall have any interest, financial or otherwise, direct or indirect, or incur any obligation of any nature which is in substantial conflict with the proper discharge of his or her duties for the CSO. To implement this policy and strengthen the faith and confidence of the people in Citizen Support Organizations, there is enacted a code of ethics setting forth standards of conduct required of Friends of Oscar Scherer Park, Inc. board members, officers, and employees in the performance of their official duties.

Standards

The following standards of conduct are enumerated in Chapter 112, Fla. Stat., and are required by Section 112.3251, Fla. Stat., to be observed by CSO board members, officers, and employees.

1. Prohibition of Solicitation or Acceptance of Gifts

No CSO board member, officer, or employee shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the CSO board member, officer, or employee would be influenced thereby.

2. Prohibition of Accepting Compensation Given to Influence a Vote

No CSO board member, officer, or employee shall accept any compensation, payment, or thing of value when the person knows, or, with reasonable care, should know that it was given to influence a vote or other action in which the CSO board member, officer, or employee was expected to participate in his or her official capacity.

3. Salary and Expenses

No CSO board member or officer shall be prohibited from voting on a matter affecting his or her salary, expenses, or other compensation as a CSO board member or officer, as provided by law.

4. Prohibition of Misuse of Position

A CSO board member, officer, or employee shall not corruptly use or attempt to use one's official position or any property or resource which may be within one's trust, or perform official duties, to secure a special privilege, benefit, or exemption.

5. Prohibition of Misuse of Privileged Information

No CSO board member, officer, or employee shall disclose or use information not available to members of the general public and gained by reason of one's official position for one's own personal gain or benefit or for the personal gain or benefit of any other person or business entity.

6. Post-Office/Employment Restrictions

A person who has been elected to any CSO board or office or who is employed by a CSO may not personally represent another person or entity for compensation before the governing body of the CSO of which he or she was a board member, officer, or employee for a period of two years after he or she vacates that office or employment position.

7. Prohibition of Employees Holding Office

No person may be, at one time, both a CSO employee and a CSO board member at the same time.

8. Requirements to Abstain From Voting

A CSO board member or officer shall not vote in official capacity upon any measure which would affect his or her special private gain or loss, or which he or she knows would affect the special gain or any principal by whom the board member or officer is retained. When abstaining, the CSO board member or officer, prior to the vote being taken, shall make every reasonable effort to disclose the nature of his or her interest as a public record in a memorandum filed with the person responsible for recording the minutes of the meeting, who shall incorporate the memorandum in the minutes. If it is not possible for the CSO board member or officer to file a memorandum before the vote,

the memorandum must be filed with the person responsible for recording the minutes of the meeting no later than 15 days after the vote.

9. Failure to Observe CSO Code of Ethics

Failure of a CSO board member, officer, or employee to observe the Code of Ethics may result in the removal of that person from their position. Further, failure of the CSO to observe the Code of Ethics may result in the Florida Department of Environmental Protection terminating its Agreement with the CSO.

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2023 calenda	ar year, or tax year beginning , 2023, and	l ending			, 20		
В	Check if ap	oplicable:	C Name of organization		D Empl	oyer identifi	cation number		
	Address c	hange	FRIENDS OF OSCAR SCHERER STATE PARK INC			65-02	32041		
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telep	hone numbe	r		
	Initial retu	m	1843 S TAMIAMI TRAIL		(941)483-5956				
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		F Grou	up Exempti	on		
=	Amended	Section 1	Osprey, FL, 34229		The state of the s	nber	211		
-		n pending	Cash Accrual Other (specify):	16			anization is not		
	Nebsite	ting Method:	Gasii Accidal Other (specify).	= '		to attach			
			eck only one) — 🗷 501(c)(3) 🔲 501(c) () (insert no.) 🔲 4947(a)(1) or	7 527	(Form 9		Soriodalo B		
_				321	(, 0,,,,,,	/-			
			★ Corporation ☐ Trust ☐ Association ☐ Other: 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more **Corporation ☐ Trust ☐ Association ☐ Other: **The Corporation ☐ Trust ☐ Other: **The Corporation ☐ Trust ☐ Other:	e or if tot	al assets				
			S500,000 or more, file Form 990 instead of Form 990-EZ.				445 404		
-							115,491 Dort IV		
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances						
_			the organization used Schedule O to respond to any question in t						
	1		ons, gifts, grants, and similar amounts received			1	5,339		
	2		ervice revenue including government fees and contracts			2	65,335		
	3	Membersh	ip dues and assessments			3	3,130		
	4	Investment				4			
	5a		ount from sale of assets other than inventory 5a						
	b		or other basis and sales expenses						
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c 0							
en	6	Gaming and fundraising events:							
	а		ome from gaming (attach Schedule G if greater than		0				
Revenue	b	Gross inco	me from fundraising events (not including \$ of c	ontribut	ions				
é			aising events reported on line 1) (attach Schedule G if the						
u			ch gross income and contributions exceeds \$15,000) 6b						
	C	Less: direc	t expenses from gaming and fundraising events 6c						
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6	b and s	ubtract				
	-					6d	0		
	7a		s of inventory, less returns and allowances		41,687				
	b		of goods sold						
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)			7c	41,687		
	8		nue (describe in Schedule O)			8			
						9	115,491		
-	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			10	110,431		
	10					11			
	11		aid to or for members			12	***		
Expenses	12		ther compensation, and employee benefits			13	2 106		
ens	13		al fees and other payments to independent contractors			14	3,196		
X	14		y, rent, utilities, and maintenance						
Ш			ublications, postage, and shipping			15	44,104		
	16		enses (describe in Schedule O)			16			
_	17		enses. Add lines 10 through 16			17	47,300		
S	18		(deficit) for the year (subtract line 17 from line 9)			18	68,191		
sel	19		or fund balances at beginning of year (from line 27, column (A)) (n			41			
Net Assets			ar figure reported on prior year's return)			19	367,486		
et	20	Other char	nges in net assets or fund balances (explain in Schedule O)			20			
Z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20			21	435,677		

Part II Balance Sheets (see the instruction Check if the organization used Sched		nv question in this F	Part II		
Crieck if the organization used Scried	ule o to respond to a		(A) Beginning of year		3) End of year
22 Cash, savings, and investments		-	367,486		435,677
23 Land and buildings		-		23	
24 Other assets (describe in Schedule O)		-		24	
25 Total assets			367,486		435,677
26 Total liabilities (describe in Schedule O) .				26	
27 Net assets or fund balances (line 27 of colu		th line 21)	367,486		435,677
Part III Statement of Program Service Acco					
Check if the organization used Sched					Expenses
What is the organization's primary exempt purpose?					red for section (3) and 501(c)(4)
Describe the organization's program service accomes measured by expenses. In a clear and concise persons benefited, and other relevant information for	nplishments for each of manner, describe the	of its three largest pr	ogram services,		zations; optional for
28 STATEMENT FORM 990 EZ PART III STATEMENT			The state of the s		
(Grants \$) If this amount	unt includes foreign gr	ants, check here .	🗆	28a	
29					
(Grants \$) If this amount	unt includes foreign gr	ants, check here .	🗆	29a	
30					
	unt includes foreign gr			30a	
31 Other program services (describe in Schedule					
	unt includes foreign gr			31a	0
32 Total program service expenses (add lines 2 Part IV List of Officers, Directors, Trustees, and	sa inrough sia)	h	anastad ass the in	32	
Part IV List of Officers, Directors, Trustees, and Check if the organization used Sched					
Check if the organization used Sched	luie O to respond to a		artiv	÷	••••
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	oth	stimated amount of ner compensation
OLIVER J JANEY					
SECRETARY	4	0		0	0
ANNE HEUER	4				
TREASURER	7	0		0	0
DYLAN MURPHY	2				
DIRECTOR		0		0	. 0
CHRISTINE BAUM	2				
DIRECTOR		0		0	0
RON NEWTON	4				1.4
PRESIDENT		0		0	0
CAROLYN MORGAN	2				
V PRESIDENT		0		0	0
JOEL ROBBINS	2				
DIRECTOR		0		0	0
JAMES ROGERS	2				0
DIRECTOR		0		0	0
				+	

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	3 Part		
00	Did the second of the IDCO if "Voc." provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		
250	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		
35a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		×
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		×
b	ii 100, complete concern all arm, and arms and arms are arms and arms are a			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911:; section 4912:; section 4955:			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	TOD		
С	on organization managers or disqualified persons during the year under sections 4912,			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed:			
42a	The organization o books are in said on	941)48		6
	Located at: 1843 S TAMIAMI TRAIL, Osprey, FL, ZIP + 4	34	229	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			. 0
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
c	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44.		
	explanation in Schedule O	44d	-	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-F7. See instructions	45h		×

	Yes	No
46		×
es f	or lin	es
	Yes	No
17		
47 48		
9a		
9b ste	es, ar	ld ke
r"N	lone.	,
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con	npensa	tion
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		e tha

Form 990-EZ (2023) Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) Organizations Only Part VI All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the ta 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax 47 year? If "Yes," complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Did the organization make any transfers to an exempt non-charitable related organization? . . . If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, 50 employees) who each received more than \$100,000 of compensation from the organization. If there is none, e (c) Reportable (d) Health benefits, (b) Average compensation contributions to employee (a) Name and title of each employee hours per week benefit plans, and deferred (Forms W-2/1099-MISC/ devoted to position 1099-NEC) compensation f Total number of other employees paid over \$100,000 . . Complete this table for the organization's five highest compensated independent contractors who each re 51 \$100,000 of compensation from the organization. If there is none, enter "None." (c) Cor (b) Type of service (a) Name and business address of each independent contractor d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a 52 completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Sign Signature of officer Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name Check I if Paid self-employed P00756859 LYNN DEPALO Preparer TAX PREP AND MORE Firm's EIN Firm's name Use Only (941)266-4468 392 PORTSIDE DR, North Port, FL, 34287, Phone no. Firm's address Yes X No May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name	of the organization					Employer identification	number
FRIE	NDS OF OSCAR SCHERER STATE					65-028	
Par							ons.
The c	rganization is not a private found						
1	A church, convention of church					0(b)(1)(A)(i).	
2	A school described in section						
3	A hospital or a cooperative ho	spital service o	rganization described in	n section	170(b)(1)(A)(iii). 	iii) Entartha
4	A medical research organizati hospital's name, city, and state	e:					
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					al unit described in
6	☐ A federal, state, or local gover	nment or gover	nmental unit described	in section	on 170(b)	(1)(A)(v).	The second of the second
7	An organization that normally described in section 170(b)(1	(A)(vi). (Comple	ete Part II.)		a goverr	nmental unit or from	the general public
8	☐ A community trust described						
9	An agricultural research organ or university or a non-land-gra university:	ant college of a	griculture (see instructio	ons). Ente	er the nam	ne, city, and state of	the college or
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization and the support from gross investment acquired by the organization and the support from gross investment from the support from gross investment from the support from the support from gross investment from the support from gross investment from the support from the support from gross investment fr	I to its exempt to the income and u after June 30, 1	functions, subject to ce inrelated business taxal 975. See section 509(a	rtain exc ole incom i)(2). (Coi	eptions; a ne (less se mplete Pa	ection 511 tax) from art III.)	331/3% OT ITS
11	☐ An organization organized and	d operated excl	usively to test for public	safety.	See secti	on 509(a)(4).	
12	An organization organized and one or more publicly supporte the box on lines 12a through 1	d organizations	described in section 50	09(a)(1) o	r section	509(a)(2). See secti	on 509(a)(3). Check
а	☐ Type I. A supporting orgathe supported organization supporting organization. Yellow the supporting organization. Yellow the supporting organization. Yellow the supporting organization. ☐ Type I. A supporting organi	n(s) the power t	o regularly appoint or e	lect a ma	ajority of the	rted organization(s), he directors or truste	typically by giving ees of the
b	control or management of organization(s). You must	the supporting complete Part	organization vested in tV, Sections A and C.	the same	persons	that control or mana	age the supported
c	Type III functionally integrated its supported organization	(s) (see instruct	ions). You must comp	lete Part	IV, Secti	ons A, D, and E.	
d	Type III non-functionally that is not functionally inte requirement (see instructionally interpretation)	grated. The org	ganization generally mu	st satisfy	a distribu	ition requirement an	orted organization(s) d an attentiveness
е	 Check this box if the orga functionally integrated, or 	nization receive Type III non-fur	d a written determination	on from toporting	he IRS tha organizati	at it is a Type I, Type ion.	II, Type III
f g	Enter the number of supported Provide the following information			• •	• • • • • •		• -
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
-		Contract of the Contract of th			1	0	0

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua	lify under
Secti	on A. Public Support	4					
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.)						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
	on B. Total Support	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Caler 7	Amounts from line 4	(a) 2019 0	(b) 2020 0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. (see instruction	ons)			12	0 501(0)(3)
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	re				ar as a section	
-	ion C. Computation of Public Suppor			Id solumn (f)		14	0 %
14	Public support percentage for 2023 (line of Public support percentage from 2022 Sci					15	%
15 16a	33 ¹ / ₃ % support test—2023. If the organi box and stop here. The organization qua	ization did not Iifies as a publi	check the box cly supported	on line 13, ar organization	id line 14 is 33	1/3% or more,	check this
b	331/3% support test—2022. If the organithis box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts- facts-and-circu	and-circumsta umstances tes	inces test, che	eck this box at ation qualifies	nd stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-circ	cts-and-circur cumstances te	nstances test,	check this box	x and stop he	re. Explain
18	Private foundation. If the organization instructions		a box on line	13, 16a, 16b	, 17a, or 17b,	check this bo	x and see

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

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

Section	on A. Public Support dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Jaieno 1	Gifts, grants, contributions, and membership fees	(4) 2010	(2) 2020				Janes
	received. (Do not include any "unusual grants.IIIII)	4,275	8,100	36,405	15,450	8,469	72,699
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	67,514	25,072	293,012	90,473	65,335	541,406
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	71,789	33,172	329,417	105,923	73,804	614,105
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
с 8	Add lines 7a and 7b	0	0	0	0	0	614,105
Casti	on B. Total Support		.,	<u> </u>		the state of the s	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
Galen 9	Amounts from line 6	71,789	33,172	329,417	105,923	73,804	614,105
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	833	545	3,528	7	0	4,913
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	833	545	3,528	7	0	4,913
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11, and 12)	72,622	33,717	332,945	105,930	73,804	619,018
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	ere		d, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
Sect	ion C. Computation of Public Suppo	rt Percentag	е	10 1 (0)		145	99 %
15	Public support percentage for 2023 (line	8, column (f), c	livided by line	13, column (t))		15	%
16	Public support percentage from 2022 Sc	nedule A, Part	ntogo			10	70
	ion D. Computation of Investment In Investment income percentage for 2023	(line 10c colum	nrage	by line 13 colu	ımn (fl)	17	0.79 %
17	Investment income percentage from 202	2 Schedule A.	Part III, line 17			18	0.79 %
18 19a	221,0% support tests-2023 If the organ	nization did not	check the bo	x on line 14, at	nd line 15 is n	nore than 331/39	%, and line
b	17 is not more than 33½%, check this box	and stop here	. The organizat	ion qualifies as	a publicly supp 19a, and line 10	6 is more than 3	33 ¹ /3%, and
	line 18 is not more than 33½%, check this Private foundation. If the organization of	box and stop h	nere. The organ	nization qualifies	s as a publicly s	supported organ	iization .
20	Private foundation. If the organization of	nu not check a	DOV OU HUE I	1, 100, 0, 100,		Cobadula	A (Form 990) 2023

Part IV S

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.)

			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization Y?" "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		V.
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.	4b		
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.	4c		
5а	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).	5a	-	
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
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			
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	7		
0-	7? If "Yes," complete Part I of Schedule L (Form 990). Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
9a	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 .	9a		
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 .	9b		
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 .	9c		
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.	10a		
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.)	10a		

Part	V Supporting Organizations (continued)		× 1	
			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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		
	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Section	on B. Type I Supporting Organizations			
Jecu	on b. Type I dupporting digametations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations	-		
5000	On Birm Type in eappering and		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		nataia	tional
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ii	Vac	No.
2	Activities Test. Answer lines 2a and 2b below.		100	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
Ь	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
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		

Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	trust o	on Nov. 20, 1970 (explain as must complete Section	ns 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	0	0
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	0	0
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		,
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	0	0
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	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6	Multiply line 5 by 0.035.	6	0	0
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	0	0
Sect	tion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2	Enter 0.85 of line 1.	2		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4	Enter greater of line 2 or line 3.	4		0
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		C
7	☐ Check here if the current year is the organization's first as a non-function (see instructions).	ally int	egrated Type III supporti	ng organization

Part Sect	V Type III Non-Functionally Integrated 509(a)(3 ion D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe		rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.		1	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	(
10	Line 8 amount divided by line 9 amount			10	(
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				0
2	Underdistributions, if any, for years prior to 2023				
_	(reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e	0			
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2023 from Section D, line 7: \$ 0				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.	0			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			0	
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.				(
7	Excess distributions carryover to 2024. Add lines 3j and 4c.	0			
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

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

SCHEDULE 0 (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.

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Department of the Treasury Internal Revenue Service

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Inspection **Employer identification number** Name of the organization FRIENDS OF OSCAR SCHERER STATE PARK INC 65-0282041 **DUES AND SUBSCRIPTIONS** 850 ANNUAL MEETING 517 PROGRAM EXPENSES 39236 197 POSTAGE AND DELIVERY PARK SUPPORT 1210 **BANK CHARGES** 30 **EQUIPMENT** 155 958 **MISCELLANOUS**

ame of the organization RIENDS OF OSCAR SO	CHERER STATE PARK INC	Employer identification number 65-0282041
UPPLIES	411	
ARKETING	540	
	*	