EIDE BAILLY LLP 18081 BURT ST STE 200 OMAHA, NE 68022-4722

> MOSAIC 4980 S 118TH ST, A OMAHA, NE 68137

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Form 990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Α	For th	e 2022 calendar year, or tax year beginning JUL 1, 2022 and e	ending Jt	JN 30, 2023	
В	Check if applicat	C Name of organization		D Employer identif	fication number
	Addr	Je MOSAIC			
	Name	pe Doing business as		11-3669999)
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er
	Final returr	4980 S 118TH ST	A	(402)896-38	84
	termi ated			G Gross receipts \$	352,958,102.
	Amer returr			H(a) Is this a group	return
	Appli tion	F Name and address of principal officer: Scoll nor Finan		for subordinate	es? Yes X No
	pend	^{ng} same as c above		H(b) Are all subordinates	included? Yes No
<u> </u>	Tax-e>	empt status: 🕱 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach	a list. See instructions
J	Webs	te: WWW.MOSAICINFO.ORG		H(c) Group exempti	on number
K	Form o	f organization: X Corporation Trust Association Other	L Year of	of formation: 2003	M State of legal domicile: NE
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:	ING GOD'S	CALL, MOSAIC	
uce D		RELENTLESSLY PURSUES OPPORTUNITIES THAT EMPOWER PEOPLE.			
Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			15
		Number of independent voting members of the governing body (Part VI, line 1b)		4	15
ŝ	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			5272
vitie	6	Total number of volunteers (estimate if necessary)			148
Activities &	7a	Total unrelated business revenue from Part VIII, column (C), line 12		78	50,106.
_	` <u>b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		19,390,548	
nua	9	Program service revenue (Part VIII, line 2g)		320,706,511	· · ·
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-343,697	, ,
Ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		606,388.	, ,
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		340,359,750	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		164,500	· · · ·
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\$		181,491,030	· · ·
en se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
Expenses	έ b	Total fundraising expenses (Part IX, column (D), line 25) 2,606,5			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		136,292,676	, ,
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		317,948,206	
	19	Revenue less expenses. Subtract line 18 from line 12		22,411,544	
S OL	CES		Beg	ginning of Current Year	
Assets	20	Total assets (Part X, line 16)		190,314,841	, ,
tAS	7	Total liabilities (Part X, line 26)		72,258,146	
Net.		Net assets or fund balances. Subtract line 21 from line 20		118,056,695	. 137,445,091.
1 D.					

Part II Signature Block

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.

Sign	Signature of officer	DA JU		Date		
Here	SCOTT HOFFMAN, CHIEF FINANCIAL OFFICE	R AU		02/27/24		
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	WENDY R. COOLEY, CPA	WENDY R. COOLEY, CPA	02/27/24	4 self-employed	P01523804	
Preparer	Firm's name EIDE BAILLY LLP			Firm's EIN 45	-0250958	
Use Only	Firm's address 18081 BURT ST STE 200					
	30-2660					
May the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
232001 12-1	13-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990	(2022)

	n 990 (2022) MOSAIC	11-3669999 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: EMBRACING GOD'S CALL, MOSAIC RELENTLESSLY PURSUES OPPORTUNITIES THAT	
	EMPOWER PEOPLE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as m	heasured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$197,611,876. including grants of \$) (Revenue COMMUNITY BASED SERVICES PROVIDED TO PEOPLE WITH INTELLECTUAL AND	e\$231,222,140.)
	DEVELOPMENTAL DISABILITIES ARE SERVICES THAT CAN EITHER BE ON-GOING OR	
	INTERMITTENT SUCH AS RESPITE, FAMILY SUPPORT, FOSTER CARE, PHYSICAL	
	THERAPIES, TRANSPORTATION, AND SUPPORTED EMPLOYMENT. MOSAIC SERVES	
	APPROXIMATELY 3,768 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS	
	SERVICE CATEGORY.	
4b		e\$56,770,352.)
	INTERMEDIATE CARE FACILITIES (ICF)ICF SERVICES PROVIDE 24/7 SUPPORT	
	FOR VERY MEDICALLY FRAGILE INDIVIDUALS WITH INTELLECTUAL OR	
	DEVELOPMENTAL DISABILITIES. MOSAIC SERVES APPROXIMATELY 259	
	INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY.	
4c	(Code:) (Expenses \$14,237,047. including grants of \$) (Revenue	_م 16 658 515)
	DAY AND VOCATIONAL SERVICES ARE PROVIDED TO INDIVIDUALS WITH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN A VARIETY OF WAYS	
	INCLUDING SUPOORTED EMPLOYMENT, WORK ENCLAVES, VOCATIONAL TRAINING AND	
	SOME SHELTERED WORKSHOPS. MOSAIC SERVES APPROXIMATELY 919 INDIVIDUALS	
	ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY.	
4d	Other program services (Describe on Schedule O.)	
		34,283,015.)
4e	Total program service expenses 289,666,845.	- 000 (****

Form	990 (2022) MOSAIC 11-36699	99	Р	age 3
	t 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	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6		--		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	x	
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	~	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	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	Х	
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	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17				<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
~-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	

	1990 (2022) MOSAIC 11-36699	99	Р	age 4
Pa	rt 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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash 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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
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		X
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	Х	
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	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 43	_		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		

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

1c

Form	990	(2022) MOSAIC		11-366999	9	P	_{age} 5
Par	t V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
						Yes	No
2a	Ente	er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
		for the calendar year ending with or within the year covered by this return	2a	5272			
b		least one is reported on line 2a, did the organization file all required federal employment tax retur	·		2b	х	
3a					<u>5</u> 3a	х	
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	х	
		ny time during the calendar year, did the organization have an interest in, or a signature or other a			50		
та		ncial account in a foreign country (such as a bank account, securities account, or other financial a			4a	х	
h			account) :		4 a		
U		es," enter the name of the foreign country	occupto (E				
Fa			``	,	Ee		х
					5a 5b		X
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac					
		es" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		s the organization have annual gross receipts that are normally greater than \$100,000, and did th	-		A -		х
L	-	contributions that were not tax deductible as charitable contributions?			6a		
D		es," did the organization include with every solicitation an express statement that such contributi	•		a 1		
_		e not tax deductible?			6b		
7	-	anizations that may receive deductible contributions under section 170(c).			_		v
а		he organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	rvices provid	ted to the payor?	7a		X
					7b		
С		the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•				w
		e Form 8282?	1 1		7c		X
d		es," indicate the number of Forms 8282 filed during the year	7d				v
e		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f		the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g		e organization received a contribution of qualified intellectual property, did the organization file Fc			7g		
h		e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		-orm 1098-C?	7h		
8		nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		•		
•	-				8		
9	-	nsoring organizations maintaining donor advised funds.			0.		
a					9a		
b 10		the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10		tion 501(c)(7) organizations. Enter:	100				
		ation fees and capital contributions included on Part VIII, line 12	10a 10b				
44		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
	-	tion 501(c)(12) organizations. Enter:	4 4-				
		ss income from members or shareholders	11a				
b		ss income from other sources. (Do not net amounts due or paid to other sources against	446				
10-		unts due or received from them.) tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412		10-		
			1 1		12a		
		es," enter the amount of tax-exempt interest received or accrued during the year	12b				
13		tion 501(c)(29) qualified nonprofit health insurance issuers.			120		_
а		e organization licensed to issue qualified health plans in more than one state? e: See the instructions for additional information the organization must report on Schedule O.			13a		
h							
b		er the amount of reserves the organization is required to maintain by the states in which the	13b				
•		nization is licensed to issue qualified health plans	13D 13C				
		er the amount of reserves on hand	· · · ·		14.0		x
14a h					14a 14b		
		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			14b		<u> </u>
15					15		х
		es parachute payment(s) during the year?			15		
16		es," see the instructions and file Form 4720, Schedule N. e organization an educational institution subject to the section 4968 excise tax on net investment	t incomo?		16		х
16			cincome?		10		
17		es," complete Form 4720, Schedule O. tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
17		would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
		es," complete Form 6069.			17		

Form	1990 (2022) MOSAIC 11-366999		Pa	age 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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 1a15			
	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 15			
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			
	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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<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 <u>CO</u>			
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) a	availat	DIE
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)	£		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
20	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 SCOTT HOFFMAN - 402-896-3884			
	4980 SOUTH 118TH STREET, OMAHA, NE 68137			

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

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

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per id a di	son i	s both	n an	compensation	compensation	amount of
	week				10010	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1)	from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	se or i	trustee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ial tru		oyee	ompe		1099-NEC)	,	and related
	below	In dividual trustee or director	In stitutio nal 1	Cer	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) LINDA TIMMONS	39.70									
PRESIDENT AND CEO	0.30			X				648,851.	0.	154,241.
(2) SCOTT HOFFMAN	39.70									
SENIOR VP AND CFO	0.30			X				373,725.	0.	66,497.
(3) JOSEPH LYONS	39.90									
SR VP AND GENERAL COUNSEL	0.10				Х			318,830.	0.	30,964.
(4) RENEE COUGHLIN	40.00									
SVP OF MISSION ADVANCEMENT	0.00				Х			286,850.	0.	48,699.
(5) JENNIFFER LEDOUX	39.90									
SVP OF OPERATIONS	0.10				Х			285,868.	0.	29,986.
(6) PARKER MCKENNA	40.00									
SVP OF HUMAN RESOURCES	0.00				Х			280,540.	0.	29,079.
(7) ANGELA WEIS	40.00									
SVP OF MISSION SUPPORT	0.00				Х			223,271.	0.	45,220.
(8) HEATHER GUNN	39.90									
SVP OF MISSION EXPANSION	0.10				Х			241,175.	0.	23,328.
(9) RAYMOND WALLACE	40.00									
ASSOCIATE VP OF FINANCE	0.00				Х			225,063.	0.	17,713.
(10) KRISTIN ROSSOW	37.30									
VP OF ACCOUNTING	2.70				Х			208,948.	0.	31,203.
(11) STACY MORTON	39.90									
VP OF FINANCIAL PLAN & ANALYSIS	0.10				Х			209,031.	0.	29,841.
(12) KATIE KELLY	40.00									
VP OF INFORMATION TECHNOLOGY	0.00				Х			214,421.	0.	17,178.
(13) ANDREA FERRUCCI	40.00									
VP OF OPERATIONS	0.00				Х			191,714.	0.	38,955.
(14) MOLLY KENNIS	40.00									
VP OF OPERATIONS	0.00				Х			190,974.	0.	31,750.
(15) JENNIFER ZAJICEK	40.00									
VP OF OP EXCELLENCE	0.00				Х			187,594.	0.	25,497.
(16) HASSAN SHALLA	40.00									
ASSOCIATE VP OF INFO TECHNOLOGY	0.00				х			175,449.	0.	30,835.
(17) ERICA GIBSON	40.00									
VP OF HR SERVICES	0.00				Х			186,772.	0.	17,253.

						gries		ompensated Employee	· /			
(A)	(B)			_ (0	-			(D)	(E)		(F)	
Name and title	Average	(do		Pos heck i		۱ than c	ne	Reportable	Reportable	Es	timate	эd
	hours per	box	, unles	ss per	son i	s both pr/trust	an	compensation	compensation		nount	
	week (list any				Tecio	1/11/13		from	from related		other	
	hours for	lirecto						the organization	organizations (W-2/1099-MISC/		pensa om th	
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)		anizat	
	organizations	ruste	al trus		/ee	mpen		1099-NEC)	1000 NEO	u v	d relat	
	below	ndividual trustee or director	Institutional trustee	-	mploy	Highest compensated employee	er				anizati	
	line)	Indivi	Instit	Officer	key ei	Highe	Former					
18) ROBIN WESTFALL	40.00											
P OF TALENT MANAGEMENT	0.00				х			162,055.	0.		37,	178
19) NICHOLAS BATTERTON	40.00							,				
XECUTIVE DIRECTOR	0.00					x		144,462.	0.		51	700
20) JULIE ZITTERGRUEN	37.30										,	
P OF REVENUE CYCLE	2.70				x			154,892.	0.		40	659
21) MATTHEW SHEFFIELD	40.00							134,052.	••		±0,	000
R DEVELOPMENT OFFICER	0.00				х			157 269	0.		21	715
					~			157,268.	0.		51,	715
22) PAULA BURTON	40.00							4 5 4 9 5 9			4 -	
P OF HR OPERATIONS	0.00				х			171,272.	0.		17,	253
23) BRENDA SOLOMON	40.00											
P OF MARKETING & COMMUNICATION	0.00					X		144,801.	0.		26,	061
24) PATRICK COSTIGAN	40.00											
P OF OPERATIONS	0.00					X		144,065.	0.		26,	482
25) RICHARD NELSON	40.00											
P OF OPERATIONS	0.00				х			154,381.	0.		10,	419
26) AMBROSIA BELCHIC	40.00											
P OF COMPLIANCE	0.00					x		143,817.	0.		19,	103
1b Subtotal	•							5,826,089.	٥.		928,	809
c Total from continuation sheets to Part								146,561.	0.		14,	267
d Total (add lines 1b and 1c)								5,972,650.	0.		943,	076
2 Total number of individuals (including but								ceived more than \$100.0	000 of reportable			
compensation from the organization						,						7
											Yes	No
3 Did the organization list any former office	ar director trust	ا مم		mnl	ove	a or	hia	hest compensated empl				
5			-	•	-		-			3		x
line 1a? If "Yes," complete Schedule J for										3		
4 For any individual listed on line 1a, is the											х	
and related organizations greater than \$1			•							4	<u></u>	
5 Did any person listed on line 1a receive o	-				-			-		-		v
rendered to the organization? <i>If "Yes," co</i>	mplete Schedule	e J fo	or su	ich r	pers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest of										tion fro	om	
the organization. Report compensation for	r the calendar ye	ear e	endin	ng w	ith c	or wi	hin T		ear.			
(A)								(B)		(C		
Name and busines	ss address						_	Description of se	ervices C	compe	nsatio	n
ONCO CONSTRUCTION COMPANY INC												
717 N 74TH ST, OMAHA, NE 68114							_	CONSTRUCTION SERVIO	CES		744,	252
DN CONSULTING SERVICES LLC												
O BOX 185010, HAMDEN, CT 06518							•	NURSING SERVICES			383,	700
RAPETREE MEDICAL STAFFING							T					
O BOX 5340, SIOUX FALLS, SD 57117							•	NURSING SERVICES			323,	138
USION MEDICAL STAFFING												
O BOX 82674, LINCOLN, NE 68501								NURSING SERVICES			195,	332
NE SOURCE											,	
O BOX 24148, OMAHA, NE 68124							F	PRE-EMPLOYMENT SCR	EENING		191,	719
 2 Total number of independent contractors 	(including but p	ot lin	nitor	1 + 0 +	thee		_				- ,	
2 Total number of independent contractors \$100,000 of compensation from the orga		J. 11	mec	01	1105 22		cu					
	nzaliun					-						
SEE PART VII, SECTION A CONTI		mα								Form	gan /	0000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 MOSAIC									11-36699	999
Part VII Section A. Officers, Directors		nplo	yee			ligh	est (```	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	<i>,</i> .			ition			Reportable	Reportable	Estimated
	hours	(Cl	heck	all :	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	or				oloye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	or director				d em l		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	e or	stee			Isate		(** 2/1000 10100)		and related
	organizations	Individual trustee	Institutional trustee		yee	Highest com pen sated em ployee				organizations
	below	idual	ution	er l	Key employee	est co	er			0
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) TRACI GRUENBERGER	40.00									
EXECUTIVE DIRECTOR	0.00					x		146,561.	0.	14,267.
(28) KEITH HOHLY	1.50									
CHAIRPERSON	0.00	Х		Х				٥.	٥.	0.
(29) PATRICIA A. NIMTZ	1.50									
VICE CHAIRPERSON	0.00	Х		х				0.	Ο.	0.
(30) MONICA HOLLE	1.50									
SECOND VICE CHAIRPERSON	0.00	Х		х				0.	Ο.	0.
(31) AKASH SETHI	1.50									
SECRETARY	0.00	Х		х				0.	0.	0.
(32) JODI BENJAMIN	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(33) MARK NICHOLSON	1.50									
DIRECTOR	0.10	Х						0.	0.	0.
(34) PETER ENKO	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(35) ROBERT GRAULICH	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(36) SARAH MEEK	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(37) DR. JOE N. SAVAGE JR.	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(38) KAREN PEPPMULLER	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(39) MICHELLE THOMPSON	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(40) DR. ADAM D. WELLS	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(41) ELIZABETH WILLIS	1.50									
DIRECTOR	0.00	Х						0.	Ο.	Ο.
(42) MICHA PROCHASKA	1.50									
DIRECTOR	0.00	Х						0.	Ο.	Ο.
(43) MEGAN GUSTAFSON	1.50									
DIRECTOR THRU 10/22	0.00	х						0.	0.	0.
(44) SEAN POELLNITZ	1.50									
DIRECTOR THRU 10/22	0.00	х						0.	0.	0.
							1			
Total to Part VII, Section A, line 1c								146,561.		14,267.

ar	t VI	II Statement of Ro	even	ue						
		Check if Schedule O	cont	ains a res	oonse	or note to any line				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluc from tax unde sections 512 - 5
Ś	1 a	a Federated campaigns		1a						
nut										
mo	c	Fundraising events			:					
ar⊿		d Related organizations			I	3,299,345.				
Ē		e Government grants (cont			•	4,629,602.				
r S	f	f All other contributions, gifts	, gran	ts, and						
Ę		similar amounts not include	d abov		+	3,255,136.				
and Other Similar Amounts	ç	9 Noncash contributions included in	n lines	1a-1f 1g	\$	2,278,107.	11 104 002			
đ	ł	h Total. Add lines 1a-1f				Dusiness Code	11,184,083.			
	•	MEDICARE/MEDICAID	DMmc			Business Code 624100	266,623,730.	266,623,730.		
	2 a t					624100	60,904,653.	60,904,653.		
Ine		MANAGEMENT FEES	v.			541610	9,397,708.	9,397,708.		
ver		RENTAL INCOME				532000	1,023,824.	1,023,824.		
Revenue	e						, _ , , , , •	, _ , ,		
		All other program service	e reve	nue						
							337,949,915.			
	3	Total. Add lines 2a-2f Investment income (including dividends, inter other similar amounts)								
		other similar amounts)					1,965,802.		50,106.	1,915,69
	4	4 Income from investment of tax-exempt bond proceeds				roceeds				
	5	Royalties	··· <u>····</u>				6,057.			6,05
				(i) Re		(ii) Personal				
		a Gross rents			<u>,491.</u>					
		b Less: rental expenses		1	,927.					
		c Rental income or (loss)	6 <u>6</u>		,564.		213,564.			213,50
		 d Net rental income or (los a Gross amount from sales of 	·	(i) Secu	rities	(ii) Other	213,304.			213,30
	1 6	assets other than inventory	7a			610,317.				
	t	b Less: cost or other basis				, í				
2		and sales expenses	7b			274,889.				
	c	c Gain or (loss)	7c			335,428.				
	c	d Net gain or (loss)			····		335,428.			335,42
	8 a	a Gross income from fundrais	sing ev	rents (not						
5				of						
		contributions reported or		,						
		Part IV, line 18								
		b Less: direct expenses								
		 Net income or (loss) from a Gross income from gami 								
	56	Part IV, line 19	-							
	ŀ	b Less: direct expenses								
		c Net income or (loss) from				I				
		a Gross sales of inventory,								
		and allowances			. 10a	21,531.				
	k	b Less: cost of goods sold				21,330.				
	c	c Net income or (loss) from	n sale	s of inven	tory		201.	201.		
						Business Code				
e	11 a					900099	349,631.	349,631.		
Revenue	b	pURCHASING CARD RE	BATE			900099	103,882.	103,882.		
Be/	c					900099	E20 202	E20 202		
		d All other revenue					530,393. 983,906.	530,393.		
1	e	<u>Total. Add lines 11a-11d</u> Total revenue. See instruct				·····	352,638,956.	338,934,022.	50,106.	2,470,74

	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	91,065.	91,065.		
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				
	individuals. See Part IV, lines 15 and 16	114,348.	114,348.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	6,054,407.		6,054,407.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	145,569,525.	126,594,387.	17,815,721.	1,159,417.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,115,437.	1,067,739.	42,661.	5,037.
9	Other employee benefits	14,289,213.	12,493,210.	1,762,218.	33,785.
10	Payroll taxes	10,918,048.	9,312,821.	1,569,091.	36,136.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	347,543.		197,543.	150,000.
с	Accounting	175,731.	73,351.	102,380.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	102,052,072.	99,971,772.	1,855,317.	224,983.
12	Advertising and promotion				
13	Office expenses	6,866,105.	6,502,977.	355,345.	7,783.
14	Information technology				
15	Royalties				
16	Occupancy	13,806,669.	12,324,011.	1,476,975.	5,683.
17	Travel	4,315,404.	4,257,421.	22,081.	35,902.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,981,632.	587,464.	1,198,681.	195,487.
20	Interest	1,404,484.	418,703.	985,781.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,897,742.	6,203,706.	1,694,036.	
23	Insurance	3,249,235.	2,597,500.	651,147.	588.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES & MEMBERSHIPS	3,085,502.	318,823.	2,735,481.	31,198.
b	BAD DEBT EXPENSE	145,687.	145,664.	23.	
с	CFR EXPENSE	136,214.		19,448.	116,766.
d					
е	All other expenses	8,750,731.	6,591,883.	1,555,043.	603,805.
25	Total functional expenses. Add lines 1 through 24e	332,366,794.	289,666,845.	40,093,379.	2,606,570.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farma 990 (0000)

Form 990 (2022)

MOSAIC Part IX Statement of Functional Expenses

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

X

Form 990 (2022)

				(A)		(B)
				Beginning of year		End of year
1	Cash - non-interest-bearing			47,232,171.	1	42,829,414
2	Savings and temporary cash investments			8,359,903.	2	33,077,755
3	Pledges and grants receivable, net				3	
4				31,125,226.	4	26,882,771
5	Loans and other receivables from any curren					
	trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
	controlled entity or family member of any of these persons				5	
6	Loans and other receivables from other disqu					
	under section 4958(f)(1)), and persons descri	oed in sect	ion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9				1,736,076.	9	1,975,035
10a	Land, buildings, and equipment: cost or othe	1 1	Γ			
	basis. Complete Part VI of Schedule D		115,074,589.			
b	Less: accumulated depreciation		77,583,519.	34,817,250.	10c	37,491,070
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, lir			27,918,361.	12	27,490,422
13	Investments - program-related. See Part IV, li				13	
14	Intangible assets			31,350,086.	14	30,094,896
15	Other assets. See Part IV, line 11		7,775,768.	15	7,040,978	
16	Total assets. Add lines 1 through 15 (must e	190,314,841.	16	206,882,341		
17	Accounts payable and accrued expenses	33,989,992.	17	22,978,920		
18	Grants payable			18		
19	Deferred revenue			3,663,383.	19	4,604,231
20	Tax-exempt bond liabilities			17,667,337.	20	14,932,905
21	Escrow or custodial account liability. Comple				21	
22	Loans and other payables to any current or for	ormer offic	er, director,			
22	trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
	controlled entity or family member of any of t	hese perso	ons		22	
23	Secured mortgages and notes payable to un	-		3,894,501.	23	12,001,216
24	Unsecured notes and loans payable to unrela				24	
25	Other liabilities (including federal income tax,					
	parties, and other liabilities not included on li					
	of Schedule D	13,042,933.	25	14,919,978		
26	Total liabilities. Add lines 17 through 25			72,258,146.	26	69,437,250
	Organizations that follow FASB ASC 958, o					
	and complete lines 27, 28, 32, and 33.					
27				117,153,119.	27	136,447,869
28	Net assets with donor restrictions			903,576.	28	997,222
	Organizations that do not follow FASB AS					
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current fun	ds			29	
30	Paid-in or capital surplus, or land, building, or		Γ		30	
31	Retained earnings, endowment, accumulated				31	
27 28 29 30 31 32	Total net assets or fund balances		·····	118,056,695.	32	137,445,091
33	Total liabilities and net assets/fund balances			190,314,841.	33	206,882,341

Form **990** (2022)

 Form 990 (2022)
 M

 Part X
 Balance Sheet

MOSAIC

Form	1990 (2022) MOSAIC	11-36699	99	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	352,	,638,	956.
2	Total expenses (must equal Part IX, column (A), line 25)	2	332	,366,	794.
3	Revenue less expenses. Subtract line 2 from line 1	3	20	,272,	162.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	118	,056,	695.
5	Net unrealized gains (losses) on investments	5		502,	468.
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	-1	,386,	234.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	137	,445,	091.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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			w	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			v	1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require			v	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public

Inspection

Nam	e of t	he organization	5					Employer	identification number	
	MOSAIC								11-3669999	
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The c 1 2 3 4	organi	zation is not a private found A church, convention of chu A school described in sect i A hospital or a cooperative A medical research organiz	urches, or association ion 170(b)(1)(A)(ii). (/ hospital service orga	n of churches described Attach Schedule E (Forn unization described in s e	l in sectio n 990).) ection 170	n 170(b)(1 (b)(1)(A)(ii	i).	Viii). Enter	the hospital's name.	
-		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 6 7		 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 								
8 9		 An organization that normally receives a substantial part on its support normal governmental unit of norm the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 								
10	X	An organization that norma activities related to its exem income and unrelated busin	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
11 12 a		See section 509(a)(2). (Con An organization organized a An organization organized a more publicly supported org lines 12a through 12d that Type I. A supporting orga	and operated exclusion and operated exclusion ganizations described describes the type of	vely for the benefit of, to d in section 509(a)(1) of supporting organization	perform the perform the perform the perform the performance of the per	ne functior 509(a)(2). plete lines	ns of, or to ca See section 12e, 12f, and	5 09(a)(3). (12g.	Check the box on	
u		the supported organization organization. You must o	on(s) the power to rec complete Part IV, Se	gularly appoint or elect a ections A and B.	majority o	f the direc	tors or truste	es of the su	ipporting	
b		Type II. A supporting org control or management o organization(s). You mus	f the supporting orga	anization vested in the sa			•		•	
с		Type III functionally inte its supported organization						ly integrate	d with,	
d		Type III non-functionally that is not functionally int requirement (see instructi	egrated. The organiz	ation generally must sat	isfy a distr	bution req	uirement and	°,		
e		Check this box if the orga functionally integrated, or	anization received a v r Type III non-functior	written determination fro	m the IRS	that it is a		II, Type III	r	
f		r the number of supported or ride the following information	•	d arganization(a)						
<u> g</u>		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi Yes	nization listed ng document? No	(v) Amount of support (see in	-	(vi) Amount of other support (see instructions)	
Tota										

Sch		DSAIC				11-36699	i age z
Pa	rt II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi))
	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I o	r if the organizatio	n failed to qualify u	under Part III. If the	organization
	fails to qualify under the tests	s listed below, plea	se complete Part I	II.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		(1) = 0 + 0	(0) = 0 = 0	(0) = 0 = 0		(1) 1010
8	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
11 12	Gross receipts from related activities,		ons)			12	
13	First 5 years. If the Form 990 is for th	·	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	fourth or fifth tax	vear as a section 5	· · · ·	
10	organization, check this box and sto	-			-		
Se	ction C. Computation of Publi						
14	Public support percentage for 2022 (I			column (f))		14	%
15	Public support percentage from 2021					15	<u> </u>
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2021. If the o		-				
~	and stop here. The organization qual						
17:	10% -facts-and-circumstances test						
110	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
L		-		• • • •	•	17a and line 15 is 1	
C	10% -facts-and-circumstances test more and if the organization meets the	-					070 01
	more, and if the organization meets the						
10	organization meets the facts-and-circle		•				
18	Private foundation. If the organization	in ulu not check a		a, 100, 17a, 01 171	J, CHECK THIS DOX A	na see instructions	L

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

MOSAIC

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2020 (a) 2018 (b) 2019 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 4,036,298 10,560,753 19,390,548 11,184,083 5,663,266. 50,834,948. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 235,126,706. 248,614,863. 269,513,083. 320,706,511. 337,971,446. 1411932609. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 240,789,972, 252,651,161, 280,073,836. 340,097,059. 349,155,529 1462767557. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3,928 1,470 226 3,020 1,465, 10,109. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 3,928, 1,470, 226 3,020, 1,465 10 109 1462757448 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 9 Amounts from line 6 1462767557. 240,789,972 252,651,161 280,073,836 340,097,059 349,155,529 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 743,051 780,522 532,787, 454,511, 2,158,244, 4,669,115. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses 85,688 acquired after June 30, 1975 112,165 53,623 25,302 50,106 326,884. 855,216 866,210 586,410 479 813 2,208,350 4,995,999. c 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 675,113 570,234 712,373 397,120, 983,906, 3,338,746. assets (Explain in Part VI.) 242,320,301. 254,087,605. 281,372,619. 340,973,992. 1471102302. 352,347,785, **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 99.43 % Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 15 99.53 16 Public support percentage from 2021 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .34 17 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) % .24 18 Investment income percentage from 2021 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

Yes

No

11 Has the originization accepted a gift or contribution from any of the following person? Image: Control of Control Contro Control Contrecontrol Contro Contrecontrol Control Control Contro				Yes	No
1 be larwy memory of a camportied organization? 11a 2 A larwy memory of a camportie described on line 11 a or 11b above? 17 Yes? to line 11a, 11b, or 11c, provide 2 Bottom B. Type I Supporting Organizations 11c 3 Bottom B. Type I Supporting Organization and the transformation is a web to power to regularly appoint or dect al least a negotity of the organization is a web to power to regularly appoint or dect al least a negotity of the organization is a web to power to regularly appoint or dect al least a negotity of the organization is a web to power to regularly appoint or dect al least a negotity of the organization is a web to power to regularly appoint or dect al least a negotity of the organization is a web to power to regularly appoint or dect al least a negotity of the organization is a web to power to regularly appoint or dect al least a negotity of the organization is a web to power to regularly appoint or dect al least an electron is an organization is a web to power to regularly appoint or dect al least an electron is an organization is a negotite organization is an transfer to power to regularly appoint or dect al least an electron is an organization is a negotite organization is a negotite organization is a negotite organization is an upported organization is a negotite organization is a supported organization is a negotite organization is an upported organization is a negotite organization is a negotite organization is a negotite organization is a negotite organization is a negetite nethe seare to negotite an organization is neg	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A differential entity of a person described on line 11 a above? If 'Yes' to line 11a, 11b, or 11c, provide definition of the approximation of the symportial capacity of a person described on line 11 a ar 11b above? If 'Yes' to line 11a, 11b, or 11c, provide definition of the approximation of the	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
 a A 3% controlled entity of a person described on line 11a or 11b above? # 'Yes' to line 11a, 11b, or 11c, provide deal in PerVI. Section B. Type I Supporting Organizations In device a period organization has the together together append or deal at least a manying of the organization or others, directory organization, describe now the organization states to append to append to append to append together append together append together append together append together appendix appendix appendix append to append together appendix a		11c below, the governing body of a supported organization?	11a		
decid in Part VI. Section B. Type I Supporting Organizations Yes No To Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organization have the governing body, officers acting in their official capacity, or membership of one or more supported organization have the governing body, members of the organization is attending to the support of elect at least a majority of the organization officers, directors, or trutess at all times during the tax year? // two, "explain in Part VI how providing such proves to appoint and/or remove offices, directors, or trutesses at all times during the tax year also a majority of the directors or trustees of each of the organization of the supported organization of the their officers, directors, or trustees of each of the organization supported organization of the their officers or trustees of each of the supporting organization, support of organization, support of organization, supervised, supervised, constructions or trustees during the tax year also a majority of the directors or trustees of each of the organization supported organization officers directory, or the supporting organization, supported organization, support of organization, support	b	A family member of a person described on line 11a above?	11b		
Section 8. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their efficial capacity, or membership of one or indire specific predictions in their the power to popular appoint or direct at least a memory of the organization or officer, directors, or trustees at all times during the tax year? If No; 'decorbs in Pert VI how the supported organization and what conditions or exerciscions, If any applied to subtraction had more its year? Image: the organization and what conditions or exerciscions, If any applied to subtraction had more its year? Image: the organization and what conditions or exerciscions, If any applied to subtraction had more its year? Image: the organization and what conditions or exerciscions, If any applied to subtraction had more its year? Image: the organization and what conditions or exerciscions, If any applied to subtraction had more its year? Image: the organization and what conditions or exerciscions, If any applied to subtraction had more its year? Image: the organization is applied organization is the supported organization of the supported organization and what conditions or the supported organization is applied organization is the supported organization is supported organization? Image: the organization is the organization is the supported organization is the supported organization and what most is described in the same persons that controlled or manageed the supported organization is supported organization? Image: the organization is the organization is the supported organization is applied organization is the supported organization is applied organization. The exercise of the organization is applied organization is applied organization is applied ore supported organization is the supported org	с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Def the generating body, members of the governing body, officers acting in their efficial capacity, or membership of one or more supported organizations have the governing body, members appoint of releval at least a majority of the organizations of the supported organizations (e.g. truttees at all times during the tax event // trv, organizations) and there bounds to accurate the supported organization (search how the powers to appoint) and/or review of the organization of the organization (search how the powers to appoint) and/or review of the organization of the support of the support of organization and whet controlled the supported organization (search how the powers to appoint) and supported organization of the thene of a support of organization of the tax event of the support of any supported organization (search how the powers to appoint) and supported organization (search how the powers to appoint) and support of organization (search how the powers to appoint) and support of organization (search how the upposes) of the support of the organization (search how the upposes) of the support of the organization is directors or trustees of each of the organization is directors or trustees of each of the organization is supported organization(s)? If 'No,' describe in Part W how control or management of the supporting Organizations, by the last day of the fifth month of the organization provide to each of the support of organization, by the the organization (search have) and the support of organization, search and mount of support of organization (search and the organization) and the support of organization, by the last day of the fifth month of the organization is direct and the date of notification, and (si) copies of the organization is direct and the date of notification, and (si) copies of the organization is direct and the date of notification, and (si) copies of the organization is supported organization (search and the organization is support of organization (search and the organization is the suppor			11c		
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more subported organizations have the power to regularly appoint or elect at least a majority of the organizations) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one subported organization, describe how the powers to againization's activities. If the organization had more than one than one subported organization, describe how the powers to againization is activities. If the organization had more than one subported organization, describe how the powers to againization of the than the subported organization operated, supervised, or controlled the supported organization of the tax the purposes or particle to the benefit of and our powerses or the organization's directors or trustees during the tax year or the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees or to the supporting organization's directors or trustees or to usees of each of the organization's directors or trustees or to usees of each of the organization's directors or trustees organization's directors or trustees organization's directors or trustees organization's directors or trustees organization's directors or trustees and the supporting organization's use organization's directors or trustees organization's directors organization's directors or				Yes	No
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 organizations (s) that operated, supervised, or controlled the supporting Organization. 2 I Were a majority of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting Organizations are vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization supported organization (s) or upport the organization is supported organizations, by the last day of the fifth month of the organization's support of the organization is a of the date of notification, and (like copies of the organization's of the ergs discusses in the fifth month of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided by the supported organization's of the organization's integer of the organization's investment policies and in directing the use of the organization's and the organization's working relationship with the supported organization's. 2 Were any of the regeneration supported organization's supported organization's. 3 by reason of the relation the arganization supported organization's. 3 by reason of the relation of and the cayanization's working relationship with the supported organization's. 3 content of the organization and optimit ta yea, 'describe	1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) 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	1		
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1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported 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 doescribed on line 2a, above, constitute 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 position that its supported organization(s) would have been engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer lines 3a and 3b below. 2b a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organizations? If "Yes," or "No" provide details in Part VI. 3a b Did the organizations? If "Yes," describe in Part VI the ro	<u> </u>	supported organizations played in this regard.	3		
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2 Activities Test. Answer lines 2a and 2b below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported 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 described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. 2a Image: Comparize the tax of the organization's involvement. Image: Comparize the tax of t	a b	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 			การแน่งแปก		No
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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. 2b a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	a				
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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. 3a	3				
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	а				
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b		trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	b				
232025 12-09-22 Schedule A (Form 990) 2022		of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	232025	5 12-09-22 Sched	ule A (For	m 990)	2022

MOSAIC

 Schedule A (Form 990) 2022
 MOSAIC

 Part IV
 Supporting Organizations (continued)

Page 5

11-3669999

	edule A (Form 990) 2022 MOSAIC	-		11-3669999 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	1
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-functiona	lly integrate	ed Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

	dule A (Form 990) 2022 MOSAIC	(a)(2) Supporting Orga	nizotiono		11-3669999 Page 7
Par		a)(s) Supporting Orga	mzations (continu	ied)	
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	j	3	
4	Amounts paid to acquire exempt-use assets			 5	
<u>5</u> 6	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		6	
7	Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
0	(provide details in Part VI). See instructions.	le organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	IS	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	MOSAIC	11-3669999	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	r mation. Provide the explanations required by Part II, line 10; Part II, line 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a	lines 1 and 2; Part IV, Sectior ; Part V, Section B, line 1e; Pa	n C,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule	of Co	ontribu	tors

Attach to Form 990 or Form 990-PF.

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

** PUBLIC DISCLOSURE COPY **

OMB No. 1545-0047

2022

Employer identification number

5		
1	MOSAIC	11-3669999
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

X 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 for an *exclusively* set.

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).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 2
Name of o	rganization	Emplo	over identification number
MOSAIC		1	1-3669999
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$3,299,345.	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
2		\$4,056,685.	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
3		\$572,918.	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		\$3,113,992.	Person X Payroll Noncash X (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 I	B (Form 990) (2022)			Page 3
Name of o	rganization		Employ	ver identification number
MOSAIC			11	-3669999
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	J.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
4	REAL PROPERTY AND VEHICLES	_		
		\$2,278,	107.	07/01/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		 \$		

Schedule B (Form 990) (2022)

Name of or	rganization		Employer identification number
MOSAIC			11-3669999
Part III	from any one contributor. Complete columns (a)	through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ī		(e) Transfer of gi	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift		(d) Decoription of how sift is hold
Part I	(b) Fulpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gi	 gift
-	Transferee's name, address, a	nd 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
-		(e) Transfer of gi	gift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	yift
-	Transferee's name, address, an	nd ZIP + 4	Relationship of transferor to transferee

(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527 2022						
Complete if the experimetion is described below. Attach to Form 000 or Form 000 FZ					Open to Public	
Department of the Treasury Internal Revenue Service	epartment of the Treasury					Inspection
If the organization ans		Form 990, Part IV, line 3, or For			aign Activ	vities), then
•		plete Parts I-A and B. Do not com			iigii Aotii	
		1(c)(3)) organizations: Complete F	•	Do not complete Part	I-B.	
 Section 527 organization 						
U U	•	Form 990, Part IV, line 4, or For	m 990-EZ. Part VI. lin	ne 47 (Lobbving Activ	vities), the	en
		nave filed Form 5768 (election unc				
		nave NOT filed Form 5768 (election		•	•	
	vered "Yes," on	Form 990, Part IV, line 5 (Proxy	. ,	<i>,</i> .		•
		ions: Complete Part III.				
Name of organization	, or (o) organizat				Employer	r identification numbe
······	MOSAIC					11-3669999
Part I-A Comple		anization is exempt under	r section 501(c) o	r is a section 52	7 organ	
	J					
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign					\$	
3 Volunteer hours for						
	pennear earripa					
Part I-B Comple	ete if the org	anization is exempt unde	r section 501(c)(3	3).		
1 Enter the amount o	f any excise tax	incurred by the organization unde	r section 4955		\$	
2 Enter the amount o	f any excise tax	incurred by organization manager				
3 If the organization i	ncurred a section	n 4955 tax, did it file Form 4720 fo	or this year?			Yes No
4a Was a correction m	ade?					Yes No
b If "Yes," describe ir	ı Part IV.					
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c), e	except section 5	01(c)(3)	•
1 Enter the amount d	irectly expended	I by the filing organization for sect	ion 527 exempt function	on activities	\$	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for sec	ction 527		
exempt function ac	tivities					
3 Total exempt functi	on expenditures	. Add lines 1 and 2. Enter here and	d on Form 1120-POL,			
line 17b					. \$	
4 Did the filing organi	zation file Form	1120-POL for this year?				Yes No
5 Enter the names, a	ddresses and em	ployer identification number (EIN)	of all section 527 poli	tical organizations to	which the	filing organization
	•	tion listed, enter the amount paid				•
		omptly and directly delivered to a s			parate seg	gregated fund or a
political action com	mittee (PAC). If	additional space is needed, provid	le information in Part I	V.		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid fr filing organization		(e) Amount of political intributions received and
				funds. If none, ente	r -0	promptly and directly
						delivered to a separate political organization.
						If none, enter -0

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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SCHEDULE C

(Form 990)

	SAIC				3669999 Page 2
Part II-A Complete if the organ	ization is exer	npt under section	n 501(c)(3) and filed	d Form 5768 (el	ection under
section 501(h)).					
A Check if the filing organization	n belongs to an affi	iliated group (and list ir	n Part IV each affiliated g	roup member's nam	ne, address, EIN,
expenses, and share c	f excess lobbying	expenditures).			
B Check if the filing organization	n checked box A a	nd "limited control" pro	ovisions apply.		-
Limits ((The term "expenditu)	on Lobbying Expe)	(a) Filing organization's	(b) Affiliated group totals
		•	,	totals	
1a Total lobbying expenditures to influen					
b Total lobbying expenditures to influen					
c Total lobbying expenditures (add lines	a 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter the					
If the amount on line 1e, column (a) or (b	-	bying nontaxable am			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500, Over \$1,500,000 but not over \$17,000		00 plus 10% of the exc			
		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	,000.			
 Subtract line 1f from line 1c. If zero or j If there is an amount other than zero of reporting section 4911 tax for this year (Some organizations that) 	on either line 1h or ar? 4-Year Av	line 1i, did the organiz eraging Period Under	r Section 501(h)	the five columns h	Yes No
		ate instructions for li			elow.
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					ula C (Earm 990) 202

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(1)
	lobbying activity.	Yes	No	Amo	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?	X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?	X X			
	Mailings to members, legislators, or the public?	X			
			х		
			X		
		x			8,524.
g k	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x			0,021.
		X			45,552.
	Other activities?	A			54,076.
	Total. Add lines 1c through 1i		v		54,070.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio	n 501(c)(5) or sec	tion	
	501(c)(6).		,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
	t III-B Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		• •		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		. 2b		
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions				
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PART	II-B, LINE 1, LOBBYING ACTIVITIES:				
DURI	NG THE PAST YEAR, MOSAIC ENGAGED IN VARIOUS NON-PARTISAN ACTIVITIES				
TO I	NFLUENCE SPECIFIC LEGISLATION IMPACTING THE ORGANIZATION. MOSAIC				
ENGA	GED ADVOCATES ON SOCIAL MEDIA ABOUT ISSUES IMPACTING THE				
ORGA	NIZATION, INCLUDING PROVIDING A LINK FOR ADVOCATES TO CONTACT THEIR				

MEMBERS OF CONGRESS. MOSAIC ADVERTISED ON SOCIAL MEDIA IN 2023.

Part IV Supplemental Information (continued)

MOSAIC ALSO SENT CORRESPONDENCE TO PEOPLE AFFILIATED WITH THE

ORGANIZATION INFORMING THEM ABOUT PREVAILING PUBLIC POLICY ISSUES

IMPACTING THE ORGANIZATION AND PROVIDING CONTACT INFORMATION FOR

MEMBERS OF CONGRESS. MOSAIC AS AN ORGANIZATION ENGAGED ITS MEMBERS OF

CONGRESS THROUGH LETTERS, EMAILS, AND OFFICE VISITS. MOSAIC ALSO SENT

A VARIETY OF ACTION ALERTS TO ITS ADVOCACY NETWORK.

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(Form 9	3 0)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

MOSAIC

Employer identification number

11-3669999

organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (c) Funds and other accounts (c) Funds and other accounts (c) Apprendix value of contributions to (Junng year) (c) Apprendix value of contributions to (Junng year) (c) Apprendix value of and to form 900, form 40% or advisors in writing that the assets held in donor advised funds are the organization sproperty, subject to the organization's exclusive legal control? Yes No O Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conterring mormissible orvitab benefits Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protoction of natural habitat Preservation of conservation assements Held at the End of the Tax Year Total number of conservation assements acturities historic structure Automber of conservation easements acturities historic structure Number of conservation easements acturities historic structure Number of conservation easements acturities historic structure included in (a) Number of conservation easements acturities historic structure included in (a) Number of conservation easements motion (account and habitat So account and habitat Number of conservation easements acturities historic structure included in (a) Number of conservation easements acturities historic structure acturities historic structure acturities Number of conservation easements motion (account and habitat So account and habitat So account anon account and analysise Number of conservation easements	Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the			
1 Total number at end of year		organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
2 Aggregate value of contributions to (during year)			(a) Donor advised funds	(b) Funds and other accounts	
2 Aggregate value of contributions to (during year)	1	Total number at end of vear			
3 Aggregate value of grants from (during year)					
Aggregate value at end of year Decision of the organization inform all donors and donor advisors in writing that the assets held in donor advised tunds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised tunds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and to for the benefit of the donor of one advisor, or for any other purposes conferring moernispible private benefit? Proservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a tart babilist Protection of natural habilist Protection of advisor, or log on space Complete lines 2 althrough 2 of the organization induced conservation contribution in the form of a conservation easement on the last dy of the axy ear. Total number of conservation easements Decision of conservation easements Decision of conservation easements Decision of conservation easements included in (a) discusted attent by 25,2006, and not on a historic structure listed in the National Register Number of conservation easements included in (a) discusted attent by 25,2006, and end on a Number of conservation easements included in (a) discusted attent by 25,2006, and end on a Number of conservation easements included in (a) discusted attent by 25,2006, and end on a Number of conservation easements included in constroing, inspecting, handling of violations, and enforcing conservation easements during the year <u>0 Number of states where property subject to conservation easements in located 1 Annuber of states where property subject to conservation easements in diverse, provide in fanning 1 Does the conservation easements included in contoring, inspecting, handling of violations, and enforcing co</u>	-				
5 Did the organization inform all conors and door advisors in writing that the assets held in doors advised funds are the organization's property, subject to the organization's exclusive legal control?	4				
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Impermissible private benefit? Yes No. Part II Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. No. Purpose(s) of conservation easements held by the organization (check all that apply). No. Preservation of a historically important land area No. Preservation of an off or public use (for example, recreation or education) Preservation of a historically important land area No. Preservation of a bistoric structure Preservation of a conservation easement on the last day of the tax year. Total arceage restricted by conservation easements 2a 1 Total number of conservation easements 2a 1 2a 20.00 e Number of conservation easements included in (c) acquired after July 25.2006, and not on a historic structure listoric structure easement is located 1 20 Number of states where property subject to conservation easement is located 1 5 Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 100 O Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements to hods? No.					
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d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year0	b	Total acreage restricted by conservation easements		2b 80.00	
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year0	с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 100 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 0. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization is accounting for conservation easements. Part III Organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, not proport in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: c) Revenue included on Form 990, Part X f the organization received or held works of art, historical treasures, or other similar assets	5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
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 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year a 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's ganization genoments. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar asset	6	Staff and volunteer hours devoted to monitoring, inspecting,			
 0. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		100			
 B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X 5 If the organization received or beld works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 	7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sements during the year	
and section 170(h)(4)(B)(ii)? Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: b If the organization of Form 990, Part VIII, line 1 (i) Assets included in Form 990, Part X c [ii) a Revenue included on Form 990, Part X c [ii] at the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the		0.			
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 	8		· · · · · · · · · · · · · · · · · · ·		
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 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 		of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in furthera	nce of public	
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 (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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1\$ b Assets included in Form 990, Part X\$ 		art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherance	e of public service,	
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a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$	2	If the organization received or held works of art, historical tree	asures, or other similar assets for financial gain,	provide	
b Assets included in Form 990, Part X \$			-		
b Assets included in Form 990, Part X \$					
	b	Assets included in Form 990, Part X		\$ Calcadula D. (Earra 000) 0000	

	dule D (Form 990) 2022 MOSAIC					11-366		Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant ι	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е		51 5					
c	Preservation for future generations	_							
4	Provide a description of the organization's co	lections and explain	how they further th	e organization's exe	empt purpo	se in Part i	xIII		
5	During the year, did the organization solicit of	•		•			·		
Ŭ	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		te il the organizatio		0000000	, i aitiv, i	ine 3, 0i		
10	· · · · · · · · · · · · · · · · · · ·		n, for contribution	a ar athar agasta na	tipoludod				
Ia	Is the organization an agent, trustee, custodia					v	Yes		7
	on Form 990, Part X?			•••••			Tes		No
a	If "Yes," explain the arrangement in Part XIII a	and complete the folio	owing table:				Amoun	+	
							Amount 2,517,233.		
	Beginning balance								
	Additions during the year						23,543,887.		
е	Distributions during the year							258,	
f	Ending balance							802,	_
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	L	Yes	L X	No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i						() =		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y		(e) Four		
	Beginning of year balance	45,918,481.	50,067,707.			78,162.		312,	
b	Contributions	2,333,615.	1,732,294.					689,	
	Net investment earnings, gains, and losses	3,616,595.	-3,358,135.	7,685,646.	. – 5	39,550.	1	853,	397.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	2,308,834.	2,523,385.	2,102,105.	3,4	50,830.	2	677,	212.
f	Administrative expenses								
g	End of year balance	49,559,857.	45,918,481.	50,067,707.	40,3	44,859.	37	178,	162.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	85.3211	%						
b	Permanent endowment .0000	%							
с	Term endowment 14.6789	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for	the				
	organization by:	Ū						Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)	х	
b	If "Yes" on line 3a(ii), are the related organiza						3b	х	
4	Describe in Part XIII the intended uses of the								
Par		<u>u</u>							
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or ot			Accumulate	-d	(d) Boo	k valu	
	Description of property	basis (investm	• •		epreciation		(u) 000	it value	5
10	Land			,357,652.			4	357,	652
	Land			,071,989.	57,164,113.				
	Buildings			,002,105.			, ,		
	Leasehold improvements				1	226,			
	Equipment			,437,394.	9,379,			825,	
	Other			, ,	, ,			491,	
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	<u>, column (B), line 1</u>	0c.)			37	47⊥,	070.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

i õ	, ,	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests	110,000.	COST
(3) Other		
(A) INVESTMENT IN BICO	18,397,836.	COST
(B) INVESTMENT IN SALES TYPE LEASE	8,982,586.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	27,490,422.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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, col. (B) line 15.)	
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.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE FEES	21,899.
(3) CRATS PAYABLE	478,119.
(4) LIABILITY FOR PENSION BENEFITS	1,251,426.

(\pm)	- <i>j</i> = · - <i>j</i> = - · ·
(5) ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	4,786,394.
(6) LEASE LIABILITY	8,382,140.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (R) line 25)	14,919,978.

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

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

Sche	dule D (Form 990) 2022 MOSAIC		11-3669999	Page 4	
Par	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reven	ue per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exper	nses per Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1				
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				
Part XIII Supplemental Information.					
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b and 2b;	Part V, line 4; Part X, line 2; Part X	XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional information.			

PART II, LINE 9:

THE FINANCIAL STATEMENTS FOR MOSAIC AND ITS AFFILIATES DO NOT CONTAIN ANY

INFORMATION REGARDING THE CONSERVATION EASEMENT.

PART IV, LINE 1B:

MOSAIC IS THE REPRESENTATIVE-PAYEE FOR THE PERSONAL FUNDS OF A NUMBER OF

INDIVIDUALS IN SERVICE. MOSAIC DOES NOT OWN THE ACCOUNTS. IN PREVIOUS

YEARS, THE ACCOUNTING FOR SUCH ACTIVITIES OCCURRED AT THE AGENCY LEVEL AND

AN AGGREGATE ACCOUNTING OF SUCH SERVICES WAS NOT POSSIBLE. MOSAIC TRACKS

ALL ACCOUNT ACTIVITIES, AND THE NUMBERS LISTED ON PART IV, LINES 1C - 1F

ACCURATELY REFLECT THE AGGREGATE BALANCE OF THESE ACCOUNTS.

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE INTENDED FOR SUPPORT OF MOSAIC'S LONG TERM

COMMITMENT TO ITS MISSION AND FOR CAPITAL IMPROVEMENTS AND GENERAL

OPERATIONS. THE ENDOWMENT FUNDS ARE HELD BY THE MOSAIC FOUNDATION.

PART X, LINE 2:

MOSAIC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. SUCH TAX POSITIONS,

WHICH ARE MORE THAN 50% LIKELY OF BEING REALIZED, ARE MEASURED AT THEIR

HIGHEST VALUE. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE

PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. DURING 2023 AND 2022,

MANAGEMENT DETERMINED THAT THERE ARE NO INCOME TAX POSITIONS REQUIRING

RECOGNITION IN THE FINANCIAL STATEMENTS OTHER THAN DESCRIBED PREVIOUSLY.

SCHEDULE	F
(Form 990)	

Department of the Treasury

Internal Revenue Service

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.

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

Name of the organization

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

MOSZ						11-3669999		
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on	
	Form 990, Part IV, line 14b.							
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a			
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No							
2		ribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	her assistance outsi	de the	
	United States.							
3				n be duplicated if additional space is n			(n	
	(a) Region	(b) Number of offices	(c) Number of	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d)	(f) Total expenditures	
		in the region	employees, agents, and independent	gram services, investments, grants to		gram service, e specific type	for and	
		in the region	contractors	recipients located in the region)		(s) in the region	investments in the region	
			in the region			., 3	In the region	
3 a	Subtotal	0	0				0.	
b	Total from continuation							
	sheets to Part I	0	0				٥.	
с	Totals (add lines 3a							

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Schedule F (Form 990) 2022

Ο.

and 3b)

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)
			SUPPORT DEVELOPMENT					
			OF SERVICES FOR					
		SUB-SAHARAN AFRICA	PEOPLE WITH INTELLECTUAL AND	114 348	WIRE TRANSFER	0.		
				114,540.				
2 Enter total number of	recipient organization	 ns listed above that are	 recognized as charities by the t	foreign country	 recognized as a tay			
			or counsel has provided a sect			►		1
								0

Schedule F (Form 990) 2022

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. (c) Number of (f) Amount of (d) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance

(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)
						0-1	lule F (Form 990) 202

Sched	JIE F (Form 990) 2022 MOSAIC	11-3669999	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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 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? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	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? <i>If</i> "Yes," <i>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 Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see 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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, COLUMN (D):

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT DEVELOPMENT OF SERVICES FOR PEOPLE WITH

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES. CENTER-BASED AND IN-HOME

SUPPORT FOR CHILDREN WITH DISABILITIES AND THEIR CAREGIVERS.

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, ar lete if the organizatio	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	·	C C	Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization MOSAIC							Employer identification number 11-3669999
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr 	stance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organiz	zations and Domestic	c Governments. C	Complete if the org	anization answered "Y	′es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MOSAIC HOUSING CORP. II 4980 S 118TH STREET	47 0772690	E01(0)(2)	0.000	0			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT
OMAHA, NE 68137	47-0773689	501(C)(3)	9,000.	0.			FUNCTION. THE GRANT PROVIDED IS TO
MOSAIC HOUSING CORP. XXII - LOGAN 4980 S 118TH STREET							THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT
OMAHA, NE 68137	27-3483415	501(C)(3)	7,000.	0.			FUNCTION.
MOSAIC HOUSING CORP. I 4980 S 118TH STREET OMAHA, NE 68137	36-3756911	501(C)(3)	40,000.	0.			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION.
MOSAIC HOUSING CORP. VIII 4980 S 118TH STREET OMAHA, NE 68137	47-0828012	501(C)(3)	9,500.	0.			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION.
MOSAIC HOUSING CORP. XVII - BEATRICE - 4980 S 118TH STREET - OMAHA, NE 68137	26-1710013	501(C)(3)	11,065.	0.			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION.
MOSAIC HOUSING CORP. XVIII - OSCEOLA-WAUKON - 4980 S 118TH STREET - OMAHA, NE 68137	26-1710184	501(C)(3)	14,500.	0.			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION.
2 Enter total number of section 501(c)(3) a			a line d table	1	1		6.
3 Enter total number of other organization		-					0.

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Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 MOSAIC

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

GRANTS ARE PROVIDED TO RELATED ORGANIZATIONS TO FURTHER THEIR TAX EXEMPT

FUNCTIONS.

SCHEDUL	EJ	Compensation Information	OMB	lo. 1545-00	47
(Form 990)	For certain	Officers, Directors, Trustees, Key Employees, and Highest	2	N 22)
	Complete if	Compensated Employees he organization answered "Yes" on Form 990, Part IV, line 23.	2	UZZ	-
Department of the	reasury	Attach to Form 990.		to Pub	
nternal Revenue S		.irs.gov/Form990 for instructions and the latest information.		pection	
Name of the c	MOSAIC		Employer identific 11-3669999		mber
Part I G	uestions Regarding Compe	posation	11-3003333		
	destions negationing compe			Yes	No
1a Check th	a appropriate box(es) if the organiza	tion provided any of the following to or for a person listed on Form §		res	
		to provide any relevant information regarding these items.	, ,		
	-class or charter travel	Housing allowance or residence for persor			
	el for companions	Payments for business use of personal res			
	indemnification and gross-up paym				
	retionary spending account	Personal services (such as maid, chauffeur			
	retionary sponding account				
b If any of	he boxes on line 1a are checked, di	d the organization follow a written policy regarding payment or			
-		nses described above? If "No," complete Part III to explain	1	h X	
		ior to reimbursing or allowing expenses incurred by all directors,		~	
	• · ·	cutive Director, regarding the items checked on line 1a?		x	
1031003,				-	
3 Indicate	which if any of the following the or	anization used to establish the compensation of the organization's			
		. Do not check any boxes for methods used by a related organization	n to		
	compensation of the CEO/Executiv				
	pensation committee	X Written employment contract			
	pendent compensation consultant	X Compensation survey or study			
	n 990 of other organizations	X Approval by the board or compensation co	mmittaa		
	1990 of other organizations		Jiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
1 During th	a voor did anv naroon listad on For	n 000 Dart VII. Section A line 1a with respect to the filing			
		n 990, Part VII, Section A, line 1a, with respect to the filing			
-	ion or a related organization:	antral novement?		-	x
	severance payment or change-of-c	Jamantal managemelifical estimates at a lan0			x
•	., .	blemental nonqualified retirement plan? 			x
•	.,	, , , , , , , , , , , , , , , , , , , ,			
li res l	any of lines 4a-c, list the persons a	Ind provide the applicable amounts for each item in Part III.			
Only one	tion $E01(a)(2) = E01(a)(4)$ and $E01(a)(4)$	(29) organizations must complete lines 5-9.			
-					
		tion A, line 1a, did the organization pay or accrue any compensation	'		
0	nt on the revenues of:		E	-	x
					X
			5	0	
	n line 5a or 5b, describe in Part III.	tion A line to did the ergenization new or econy any environment	、		
-		tion A, line 1a, did the organization pay or accrue any compensatior	'		
•	nt on the net earnings of:				x
a me orga					X
				U	
	n line 6a or 6b, describe in Part III.	tion A line to did the exercicities succide success of first and			
		tion A, line 1a, did the organization provide any nonfixed payments		,	x
		cribe in Part III			
-		rt VII, paid or accrued pursuant to a contract that was subject to the			v
				5	X
		llow the rebuttable presumption procedure described in			
Regulatio	ns section 53.4958-6(c)?			,	

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LINDA TIMMONS	(i)	496,193.	148,468.	4,190.	112,628.	41,613.	803,092.	0.
PRESIDENT AND CEO	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(2) SCOTT HOFFMAN	(i)	311,970.	60,570.	1,185.	38,974.	27,523.	440,222.	0.
SENIOR VP AND CFO	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(3) JOSEPH LYONS	(i)	267,742.	50,128.	960.	19,300.	11,664.	349,794.	0.
SR VP AND GENERAL COUNSEL	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(4) RENEE COUGHLIN	(i)	238,878.	47,012.	960.	16,134.	32,565.	335,549.	0.
SVP OF MISSION ADVANCEMENT	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(5) JENNIFFER LEDOUX	(i)	239,905.	45,003.	960.	15,922.	14,064.	315,854.	0.
SVP OF OPERATIONS	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(6) PARKER MCKENNA	(i)	235,659.	43,921.	960.	17,415.	11,664.	309,619.	0.
SVP OF HUMAN RESOURCES	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(7) ANGELA WEIS	(i)	185,721.	36,670.	880.	13,371.	31,849.	268,491.	0.
SVP OF MISSION SUPPORT	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(8) HEATHER GUNN	(i)	203,263.	37,024.	888.	11,664.	11,664.	264,503.	0.
SVP OF MISSION EXPANSION	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(9) RAYMOND WALLACE	(i)	206,290.	17,839.	934.	6,049.	11,664.	242,776.	0.
ASSOCIATE VP OF FINANCE	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(10) KRISTIN ROSSOW	(i)	184,591.	23,500.	857.	5,400.	25,803.	240,151.	0.
VP OF ACCOUNTING	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(11) STACY MORTON	(i)	187,175.	21,000.	856.	5,398.	24,443.	238,872.	0.
VP OF FINANCIAL PLAN & ANALYSIS	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(12) KATIE KELLY	(i)	194,969.	18,584.	868.	5,514.	11,664.	231,599.	0.
VP OF INFORMATION TECHNOLOGY	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(13) ANDREA FERRUCCI	(i)	185,863.	5,000.	851.	0.	38,955.	230,669.	0.
VP OF OPERATIONS	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(14) MOLLY KENNIS	(i)	182,635.	7,500.	839.	5,443.	26,307.	222,724.	0.
VP OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JENNIFER ZAJICEK	(i)	151,661.	35,000.	933.	4,344.	21,153.	213,091.	0.
VP OF OP EXCELLENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) HASSAN SHALLA	(i)	154,706.	20,000.	743.	0.	30,835.	206,284.	0.
ASSOCIATE VP OF INFO TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2022

11-3669999

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(17) ERICA GIBSON	(i)	165,537.	20,500.	735.	4,790.	12,463.	204,025.	0.
VP OF HR SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ROBIN WESTFALL	(i)	156,309.	5,000.	746.	4,713.	32,465.	199,233.	0.
VP OF TALENT MANAGEMENT	(ii)	0.	0.	٥.	0.	0.	0.	0.
(19) NICHOLAS BATTERTON	(i)	126,815.	17,466.	181.	0.	51,700.	196,162.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	٥.	0.	0.	0.	0.
(20) JULIE ZITTERGRUEN	(i)	148,163.	6,000.	729.	4,561.	36,098.	195,551.	0.
VP OF REVENUE CYCLE	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) MATTHEW SHEFFIELD	(i)	146,856.	9,407.	1,005.	0.	31,715.	188,983.	0.
SR DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) PAULA BURTON	(i)	165,537.	5,000.	735.	4,790.	12,463.	188,525.	0.
VP OF HR OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) BRENDA SOLOMON	(i)	138,686.	5,500.	615.	3,922.	22,139.	170,862.	0.
VP OF MARKETING & COMMUNICATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(24) PATRICK COSTIGAN	(i)	140,703.	3,017.	345.	1,360.	25,122.	170,547.	0.
VP OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(25) RICHARD NELSON	(i)	151,385.	2,500.	496.	3,068.	7,351.	164,800.	0.
VP OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(26) AMBROSIA BELCHIC	(i)	119,400.	24,200.	217.	808.	18,295.	162,920.	0.
VP OF COMPLIANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(27) TRACI GRUENBERGER	(i)	137,836.	8,500.	225.	0.	14,267.	160,828.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

11-3669999

Page 3

Part III Supplemental Information

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

PART I, LINE 1A:

EVERY EMPLOYEE ENROLLED IN A HEALTH PLAN CAN BE REIMBURSED UP TO \$25 PER

MONTH FOR GYM MEMBERSHIPS OR INITIATION FEES. THIS BENEFIT IS TREATED AS

TAXABLE COMPENSATION TO THE EMPLOYEE.

SCHEDULE J, PART II, COLUMN C:

MOSAIC EVALUATES THE LIABILITY RELATED TO THEIR POSTRETIREMENT BENEFITS

(SALARY AND HEALTH INSURANCE CONTINUATION) THROUGH AN ACTUARIAL REVIEW.

THE ADJUSTMENT IS INCLUDED IN RETIREMENT AND OTHER DEFERRED

COMPENSATION.

SCHEDULE K

Internal Revenue Service

(Form 990) Department of the Treasury

Part I

Supplemental Information on Tax-Exempt Bonds Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

OMB No. 1545-0047 2022 Open to Public Inspection

(i) Pooled

financing

Name of the organization

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

Employer identification number 11-3669999

of issuer

(g) Defeased (h) On behalf

3

Bond Issues

MOSAIC

(a) Issuer name

SEE	PART VI FOR CO	LUMN (F) CONT	INUATIONS		
	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose

						Yes	No	Yes	No	Yes	No
					REFUND PRIOR ISSUES						
A PUBLIC FINANCE AUTHORITY	27-3866124	00000000	06/29/17	12,188,750.	(1/28/03, 6/1/05, 3/12/10		Х		х		Х
					ACQUIRE FACILITY. REFUND						
B PUBLIC FINANCE AUTHORITY	27-3866124	00000000	10/31/18	10,101,544.	BONDS ISSUED 11/1/2017 AN		Х		х		Х
C PUBLIC FINANCE AUTHORITY	27-3866124	00000000	11/01/17	6,740,000.	SEE PART VI		Х		х		Х
_D											
Part II Proceeds											

		ļ	۸		В	(C	[)
1	Amount of bonds retired	8	3,578,669.		1,507,175.		3,423,852.		
2	Amount of bonds legally defeased								
3	Total proceeds of issue	12	2,188,750.	1	0,101,544.		6,740,000.		
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
_7	Issuance costs from proceeds		187,009.						
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds				1,800,000.		6,294,309.		
11	Other spent proceeds	12	2,001,741.		8,301,544.		134,987.		
12	Other unspent proceeds						310,704.		
13	Year of substantial completion				2018		2021		
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,								
	if issued prior to 2018, a current refunding issue)?	Х		Х		Х			
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if								
	issued prior to 2018, an advance refunding issue)?		Х	Х			Х		
16	Has the final allocation of proceeds been made?	Х		Х		Х			
17	Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	х		Х		Х			

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

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022 MOSAIC

11-3669999

Page 2

Part III Private Business Use								1 age
		A		В		С		D
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		Х		X		X		
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		x		x		x		
3a Are there any management or service contracts that may result in private								
business use of bond-financed property?		x		x		x		
 b If "Yes" to line 3a, does the organization routinely engage bond counsel or of 								
counsel to review any management or service contracts relating to the finance								
c Are there any research agreements that may result in private business use of								
		x		x		x		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or of								
outside counsel to review any research agreements relating to the financed p								
		.00 %		.00 %		.00 %		
other than a section 501(c)(3) organization or a state or local government		.00 %		.00 %		.00 %		
5 Enter the percentage of financed property used in a private business use as a	a							
result of unrelated trade or business activity carried on by your organization,		00		0.0		0.0		
another section 501(c)(3) organization, or a state or local government		.00 %		.00 %		.00 %		
6 Total of lines 4 and 5		.00 %		.00 %		.00 %		1
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a	a non-							
governmental person other than a 501(c)(3) organization since the bonds we	re issued?	Х		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
disposed of		%		%		%		-
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all								
nonqualified bonds of the issue are remediated in accordance with the								
requirements under Regulations sections 1.141-12 and 1.145-2?	х Х		Х		x			
Part IV Arbitrage								
		A		В		ç		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		Х		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?			Х		x			
c No rebate due?		x		x		x		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was		1		-				•
performed								
perornica	х	1	x	-	x	1		1

Schedule K (Form 990) 2022 MOSAIC			11-3	669999				Pa
Part IV Arbitrage (continued)	1		1		1		1	
		A		3		<u> </u>		2
4a Has the organization or the governmental issuer entered into a qualified	Yes	No x	Yes	No X	Yes	No X	Yes	No
hedge with respect to the bond issue?	-	Δ		Δ	+	A		
b Name of provider	-				+			
c Term of hedge					+			
d Was the hedge superintegrated?								
e Was the hedge terminated?		x		x		x		
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		А		А				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		x		x		x		
6 Were any gross proceeds invested beyond an available temporary period?		<u>л</u>		А				
7 Has the organization established written procedures to monitor the	x		x		x			
Part V Procedures To Undertake Corrective Action	A		А		A			
Fait V Procedures to Ondertake Corrective Action	Α		В		с		,	
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No No	Yes	No
of federal tax requirements are timely identified and corrected through the	Tes	NO	res	NO	res	NO	res	NO
voluntary closing agreement program if self-remediation isn't available under								
	x		x		x			
applicable regulations? Part VI Supplemental Information. Provide additional information for responses to question		k Soo instri						
SCHEDULE K, PART I, BOND ISSUES:	is on concourt							
(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY								
(F) DESCRIPTION OF PURPOSE:								
REFUND PRIOR ISSUES (1/28/03, 6/1/05, 3/12/10, 3/31/10, 4/14/10, 5/30/1	2).							
	/•							
(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY								
(F) DESCRIPTION OF PURPOSE:								
ACQUIRE FACILITY, REFUND BONDS ISSUED 11/1/2017 AND TAXABLE BOND 10/31/	2018							
PART I, COLUMN C, (F):								
CONSTRUCT & IMPROVE FACILITY. PAY ISSUANCE COSTS OF THE 2017B TAXABLE								
DRAW-DOWN BONDS ON 6/29/17.								
PART II, COLUMN C, LINE 12:								
THE DEBT WAS ISSUED ON A DRAW DOWN BASIS AND THE TOTAL PRINCIPAL DRAWN								
WAS LESS THAN THE AMOUNT AVAILABLE. THE REMAINING PRINCIPAL WILL NOT								
BE DRAWN.								

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection Employer identification number

20

Name of the organization

loyer	achuncation	mui
	11-3669999	

	MOSAIC
Part I	Types of Property

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		•	
		applicable		Form 990, Part VIII, line 1g	noneasir contribe		Junto	,
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	X	13	50,450.	FAIR MARKET VALU	E		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
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 \cdot Other $_$							
15	Real estate - Residential	X	10	1,848,000.	FAIR MARKET VALU	E		
16	Real estate - Commercial	X	1	379,657.	FAIR MARKET VALU	E		
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 organi	-						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			.	
							/es	No
30a	During the year, did the organization receive b							
	must hold for at least 3 years from the date of		ntribution, and whi	ch isn't required to be used	for			77
	exempt purposes for the entire holding period	?				30a		<u>X</u>
	If "Yes," describe the arrangement in Part II.			f			v	
31	Does the organization have a gift acceptance		-	•	ions?	31	X	
32a	Does the organization hire or use third parties		•					v
	contributions?					32a		X
	If "Yes," describe in Part II.				d an al			
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	for which column (a) is cheo	cked,			

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

Schedule M (Form 990) 2022

LHA

Schedule M (Form 990) 2022 MOSAIC	11-3669999	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	, and whether the organiz	ation
is reporting in Part I, column (b), the number of contributions, the number of items received, or a comi	pination of both. Also cor	nplete
this part for any additional information.		
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF ITEMS		
DONATED.		

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 11-3669999

MOSAIC

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MISCELLANEOUS SERVICES PROVIDED TO INDIVIDUALS WITH INTELLECTUAL AND

DEVELOPMENTAL DISABILITIES.

EXPENSES \$ 29,299,663. INCL GRANTS OF \$ 205,413. REVENUE \$ 34,283,015.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE, DURING THE INTERIM BETWEEN REGULAR OR SPECIAL

MEETINGS OF THE BOARD, SHALL HAVE AUTHORITY TO DO ALL THINGS NECESSARY FOR

THE CONDUCT OF THE CORPORATE AFFAIRS WHICH THE BOARD OF DIRECTORS COULD

UNDERTAKE EXCEPT AS MAY BE PROHIBITED BY LAW, BY THE BYLAWS, OR BY

RESOLUTION OF THE BOARD OF DIRECTORS, PROVIDED HOWEVER, THAT THE EXECUTIVE

COMMITTEE SHALL EXERCISE ITS AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD

ONLY WHEN A DECISION MUST BE MADE AND THERE IS INSUFFICIENT TIME TO

ASSEMBLE A MEETING OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7A:

THE EVANGELICAL LUTHERAN CHURCH IN AMERICA APPOINTS THREE MEMBERS OF THE

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

MOSAIC BOARD OF DIRECTORS MAY MAKE ANY AMENDMENTS TO THE ARTICLES OF

INCORPORATION WITHOUT OTHER APPROVAL WITH THE EXCEPTION OF SECTIONS 8 AND

10. AMENDMENTS TO SECTIONS 8 AND 10 OF THE ARTICLES OF INCORPORATION

REQUIRE PRIOR WRITTEN CONSENT OF THE EVANGELICAL LUTHERAN CHURCH IN

AMERICA. SECTION 8 OF THE ARTICLES OF INCORPORATION SPECIFIES WHERE ASSETS

WOULD BE TRANSFERRED UPON THE LIQUIDATION OF MOSAIC, AND SECTION 10 COVERS

Schedule O (Form 990) 2022 Name of the organization	Page : Employer identification number
MOSAIC	11-3669999
MOSAIC'S AFFILIATION WITH THE EVANGELICAL LUTHERAN CHURCH IN AMERICA.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE ACCOUNTING FIRM. THE	
CHIEF FINANCIAL OFFICER, THE ORGANIZATION'S OUTSIDE ACCOUNTING FIRM, AND	
THE CHIEF EXECUTIVE OFFICER REVIEW THE RETURN. THE FINANCE AND AUDIT	
COMMITTEE AND THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE RETURN	
PRIOR TO FILING FORM 990.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ON AN ANNUAL BASIS, EACH BOARD DIRECTOR COMPLETES A CONFLICT OF INTEREST	
FORM AND SUBMITS IT TO THE CHAIRPERSON OF THE BOARD INTEGRITY COMMITTEE.	
ANY FINANCIAL CONFLICTS OF INTEREST ARE REPORTED TO THE CHIEF FINANCIAL	
OFFICER FOR REPORTING ON THE FORM 990. WITHIN 90 DAYS OF THEIR HIRE DATE,	
ALL STAFF COMPLETE A CONFLICT OF INTEREST FORM. STAFF ARE NOTIFIED	
ANNUALLY THEY MUST COMPLETE A NEW CONFLICT OF INTEREST FORM IF THERE HAVE	
BEEN ANY CHANGES SINCE THEY LAST SUBMITTED THE FORM. ALL REPORTED CONFLICTS	
OF INTEREST ARE REVIEWED BY HUMAN RESOURCES, OPERATIONS AND COMPLIANCE	
DEPARTMENTS. ANY CONFLICTS OF INTEREST OF THE CHIEF EXECUTIVE OFFICER ARE	
REPORTED TO THE BOARD OF DIRECTORS. CONFLICTS OF INTEREST OF SENIOR STAFF	
ARE REVIEWED BY THE SENIOR VICE PRESIDENT FOR HUMAN RESOURCES AND VICE	
PRESIDENT OF COMPLIANCE AND REPORTED TO THE CHIEF EXECUTIVE OFFICER AND	
CHIEF FINANCIAL OFFICER FOR REPORTING ON THE FORM 990. ANY NEW CONFLICTS OF	
INTEREST THAT ARISE DURING THE YEAR ARE REQUIRED TO BE REPORTED AT THAT	
TIME.	

FORM 990, PART VI, SECTION B, LINE 15:

Schedule O (Form 990) 2022 Name of the organization		Employer identification number
MOSAIC		11-3669999
COMMITTEE WILL BE GUIDED BY THE CONSULTANT'S ANAL	LYSIS AND EXPERTISE,	
APPROVE THE COMPENSATION OF THE CEO, AND REPORT	ITS ACTIONS TO THE FULL	
OARD. THE CEO, WORKING WITHIN SALARY RANGES BASH	ED UPON MARKET DATA	
ATHERED BY THE CONSULTANT, SETS THE COMPENSATION	N OF OTHER OFFICERS AND KEY	
MPLOYEES. MINUTES, DOCUMENTATION OF THE INDEPEN	DENT CONSULTANT'S ANALYSIS,	
EPORT AND RECOMMENDATIONS ARE MAINTAINED AS PART	T OF THE RECORD OF THE	
XECUTIVE COMMITTEE.		
FORM 990, PART VI, SECTION C, LINE 19:		
	· · · ·	
OLICY, AND FINANCIAL STATEMENTS THROUGH AN EMAII	L REQUEST FORM AVAILABLE ON	
MOSAIC'S PUBLIC WEBSITE (WWW.MOSAICINFO.ORG).		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
THER FEES:		
PROGRAM SERVICE EXPENSES	603,661.	
MANAGEMENT AND GENERAL EXPENSES	472,998.	
FUNDRAISING EXPENSES	71,900.	
TOTAL EXPENSES	1,148,559.	
	· · ·	
DAY/HOST SERVICES:		
PROGRAM SERVICE EXPENSES	99,305,059.	
IANAGEMENT AND GENERAL EXPENSES		
UNDRAISING EXPENSES	0	
OTAL EXPENSES		
CONSULTING SERVICES:		
	63 052	
PROGRAM SERVICE EXPENSES	63,052.	Schedule O (Form 990) 20

Schedule O (Form 990) 2022		Page 2
Name of the organization MOSAIC		Employer identification number 11-3669999
MANAGEMENT AND GENERAL EXPENSES	1,343,798.	
FUNDRAISING EXPENSES	153,083.	
TOTAL EXPENSES	1,559,933.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	102,052,072.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
POSTRETIREMENT BENEFIT RELATED CHANGES OTHER THAN NET		
PERIODIC COST	-96,099.	
OTHER TRANSFER OF LIABILITIES	-1,290,135.	
TOTAL TO FORM 990, PART XI, LINE 9	-1,386,234.	
FORM 990, PART XII, LINE 2C: THE FINANCE AND AUDIT COMMITEE OVERSEES THE AUDIT & SELECTI	ON OF THE	
INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM	THE PRIOR	
YEAR.		

232212 10-28-22

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.

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

Name of the organization

SCHEDULE R (Form 990)

MOSAIC

Employer identification number 11-3669999

OMB No. 1545-0047

Open to Public

Inspection

22

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
		loreigh countryy			,
LIVING INNOVATIONS SUPPORT SERVICES, LLC -					
02-0505172, 273 LOCUST ST UNIT 2C, DOVER, NH					
03820	IN-HOME SUPPORT SERVICES	NEW HAMPSHIRE	57,441,783.	22,701,643.	MOSAIC
]				
]				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
MOSAIC FOUNDATION - 36-3837360							
4980 S 118 ST	FUNDRAISING AND INVESTMENT						
OMAHA, NE 68137	ASSET MANAGEMENT	NEBRASKA	501(C)(3)	LINE 12A, I	MOSAIC	x	
OAKS OF DUNN COUNTY, INC 39-1913323							
4980 S 118 ST							
OMAHA, NE 68137	SENIOR LIVING SERVICES	WISCONSIN	501(C)(3)	LINE 10	MOSAIC	x	
MOSAIC HOUSING CORP. I - 36-3756911							
4980 S 118 ST							
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	х	
MOSAIC HOUSING CORP. II - 47-0773689							
4980 S 118 ST							
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	

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

Schedule R (Form 990) 2022

Schedule R (Form 990) MOSAIC

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
MOSAIC HOUSING CORP. IV - 91-1823422							
4980 S 118 ST			E01(0)(2)	TINE 10	NOGATO	v	
OMAHA, NE 68137 MOSAIC HOUSING CORP. VII - 47-0828015	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	X	<u> </u>
4980 S 118 ST	_						
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
MOSAIC HOUSING CORP. VIII - 47-0828012	LOW INCOME ROUSING	NEDRASKA	501(0)(3)	LINE IU	MOSAIC	^	<u> </u>
4980 S 118 ST							
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
MOSAIC HOUSING CORP. IX - 74-2838413			501(0/(3/		hobhite		
4980 S 118 ST							
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
MOSAIC HOUSING CORP. X - 74-2908789							<u> </u>
4980 S 118 ST	—						
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
MOSAIC HOUSING CORP. XI - 31-1706640							
4980 S 118 ST	—						
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
MOSAIC HOUSING CORP. XII - 48-1297244							
4980 S 118 ST	_						
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
MOSAIC HOUSING CORP. XIII - 42-1626679							
4980 S 118 ST							
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
MOSAIC HOUSING CORP. XIV - ROCKFORD -							
20-4417891, 4980 S 118 ST, OMAHA, NE 6813	V LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
MOSAIC HOUSING CORP. XV - COUNCIL BLUFFS -							
20-5765691, 4980 S 118 ST, OMAHA, NE 6813'	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
20 3,03031, 4900 5 110 51, OMAINA, NE 0015			501(0)(3)			~	<u> </u>
MOSAIC HOUSING CORP. XVI - FARMINGTON -	\neg						
20-5765731, 4980 S 118 ST, OMAHA, NE 6813	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
,				1			
MOSAIC HOUSING CORP. XVII - BEATRICE -	\neg						
26-1710013, 4980 S 118 ST, OMAHA, NE 6813	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	

Schedule R (Form 990) MOSAIC

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
MOSAIC HOUSING CORP. XVIII - OSCEOLA-WAUKON	_						
- 26-1710184, 4980 S 118 ST, OMAHA, NE	_						
68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	X	<u> </u>
MOSAIC HOUSING CORP. XIX - WINFIELD -	-						
26-1710259, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
,							
MOSAIC HOUSING CORP. XX - GARDEN CITY -	7						
26-4555206, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	х	
MOSAIC ILLINOIS HOUSING I - 20-2997161							
4980 S 118 ST	7						
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	х	
MOSAIC ILLINOIS HOUSING II - 20-4417645							
4980 S 118 ST	7						
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	х	
	_						
MOSAIC ILLINOIS HOUSING AT MACOMB I -	4						
20-4841909, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	X	<u> </u>
MOSAIC ILLINOIS HOUSING OF ROCKFORD I -	-						
20-4841856, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
,,,							
MOSAIC HOUSING CORP. XXI - MEMPHIS -	7						
26-4555313, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	х	
	_						
MOSAIC HOUSING CORP. XXII - LOGAN -	4						
27-3483415, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	X	
MOSAIC HOUSING CORPORATION XXIII - AUSTIN -	-						
71-0875364, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC	x	
<u> </u>							
MOSAIC EMPLOYEE WELFARE BENEFIT PLAN -							1
36-3831874, 4980 S 118 ST, OMAHA, NE 68137		NEBRASKA	501(C)(9)	N/A	MOSAIC	x	1
MOSAIC SENIOR SERVICES, INC 83-1746407	1			1			
4980 S 118 ST	1						1
OMAHA, NE 68137	SENIOR LIVING SERVICES	ARIZONA	501(C)(3)	LINE 12A, I	MOSAIC	x	1

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

						1			1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	amount in box 20 of Schedule	mana part	aging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
MOSAIC RESIDENTIAL SERVICES												
OF NEBRASKA, LLC -												
27-1695051, 4980 S 118 ST,	LOW INCOME											
OMAHA, NE 68137	HOUSING	NE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
	-											
	1											
	1											
	1											
						I	1	I	1	1		

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.

		entity	(C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	cont	(i) ction b)(13) rolled tity?
	country)		0. 1. 0.0 1				Yes	No
LOW INCOME HOUSING	NE	MOSAIC	C CORP	132.	914,555.	100%	Х	
CAPTIVE INSURANCE	BERMUDA	MOSAIC	C CORP	0.	28,993,149.	100%	х	<u> </u>
- INVESTMENT MANAGEMENT	NE	N/A	TRUST	N/A	N/A	N/A	x	
SALE OF MEDICAL								
EQUIPMENT AND								
SUPPLIES	NE	MOSAIC	C CORP	4,863,459.	493,939.	100%	х	<u> </u>
_								
	CAPTIVE INSURANCE INVESTMENT MANAGEMENT SALE OF MEDICAL EQUIPMENT AND	CAPTIVE INSURANCE BERMUDA INVESTMENT MANAGEMENT NE SALE OF MEDICAL EQUIPMENT AND	CAPTIVE INSURANCE BERMUDA MOSAIC INVESTMENT MANAGEMENT NE N/A SALE OF MEDICAL EQUIPMENT AND	CAPTIVE INSURANCE BERMUDA MOSAIC C CORP	CAPTIVE INSURANCE BERMUDA MOSAIC C CORP 0. INVESTMENT MANAGEMENT NE N/A TRUST N/A SALE OF MEDICAL EQUIPMENT AND	CAPTIVE INSURANCE BERMUDA MOSAIC C CORP 0. 28,993,149.	CAPTIVE INSURANCE BERMUDA MOSAIC C CORP 0. 28,993,149. 100%	CAPTIVE INSURANCE BERMUDA MOSAIC C CORP 0. 28,993,149. 100% X INVESTMENT MANAGEMENT NE N/A TRUST N/A N/A N/A X SALE OF MEDICAL EQUIPMENT AND

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X	
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			_
Dividends from related organization(s)	1f		
Sale of assets to related organization(s)			
Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)		_	_
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	x	
Reimbursement paid by related organization(s) for expenses		X	_
Other transfer of cash or property to related organization(s)	<u>1r</u>	x	
Other transfer of cash or property from related organization(s)	1s	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE MOSAIC FOUNDATION	с	3,299,345.	CASH TRANSFERRED EQUALS FMV
(2) EASE-E MEDICAL EQUIPMENT	S	186,992.	CASH TRANSFERRED EQUALS FMV
(3) EASE-E MEDICAL EQUIPMENT	L	565,000.	CASH TRANSFERRED EQUALS FMV
(4) OAKS OF DUNN COUNTY, INC.	R	240,758.	CASH TRANSFERRED EQUALS FMV
(5) THE MOSAIC FOUNDATION	R	1,058,310.	CASH TRANSFERRED EQUALS FMV
(6) BICO	L	935,000.	CASH TRANSFERRED EQUALS FMV

Schedule R (Form 990) MOSAIC

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MOSAIC SENIOR SERVICES	L	1,287,355.	CASH TRANSFERRED EQUALS FMV
(8) MOSAIC SENIOR SERVICES	S	1,474,170.	CASH TRANSFERRED EQUALS FMV
(9) EASE-E MEDICAL EQUIPMENT	А	50,106.	CASH TRANSFERRED EQUALS FMV
_ (10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
_ (23)			
(24)			

Schedule R (Form 990) 2022 MOSAIC

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(€ Are partne 501(i org	e) all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership	
		country)	sections 512-514)	Yes		income	assets	No	(Form 1065)	Yes No)	

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 MOSAIC Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Public	Disclosure	Copy
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Form	990-T		EXTENDED TO MAY 15, 2024 Exempt Organization Business Income Tax Retur (and proxy tax under section 6033(e))	n	OMB No. 1545-0047
		For cal	endar year 2022 or other tax year beginning JUL 1, 2022 , and ending JUN 30, 2023	·	ZUZZ
Depa Intern	rtment of the Treasury al Revenue Service	[Go to www.irs.gov/Form990T for instructions and the latest information. No not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identification number
B F	xempt under section	Print	MOSAIC		11-3669999
		or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 4980 S 118TH ST, A		ip exemption number instructions)
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68137	F	Check box if
		C Bo	ok value of all assets at end of year 206,882,341.		an amended return.
G	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
Н	Check if filing only to	С	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u> </u>	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J	Enter the number of	attache	ed Schedules A (Form 990-T)		1
Κ	During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	If "Yes," enter the na	ame an	d identifying number of the parent corporation.		
_	The books are in ca		SCOTT HOFFMAN Telephone number	402-89	96-3884
Ра			d Business Taxable Income		1
1		busine	ss taxable income computed from all unrelated trades or businesses (see		
				1	0.
2				2	
3	Add lines 1 and 2			3	
4			see instructions for limitation rules)		0.
5			taxable income before net operating losses. Subtract line 4 from line 3		
6		•	ng loss. See instructions	6	
7			ss taxable income before specific deduction and section 199A deduction.		
_	Subtract line 6 fro				1,000.
8			ally \$1,000, but see instructions for exceptions)		1,000.
9			Juction. See instructions		1,000.
10	Total deductions		hes 8 and 9 ble income. Subtract line 10 from line 7. If line 10 is greater than line 7.	10	1,000.
11		ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,	11	0.
Pa	enter zero	outati	on		
1		-	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
2	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins		· · · · · · · · · · · · · · · · · · ·	3	
4	Other tax amounts			4	
5	Alternative minimu			5	
6			cility income. See instructions	6	
7			n 6 to line 1 or 2, whichever applies	7	0.
<u> </u>					

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

	90-T (2022)			Page 2
Part	III Tax and Payments			
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 1b			
с	General business credit. Attach Form 3800 (see instructions)			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		٥.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866			
	Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions).			
	section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022			
b	2022 estimated tax payments. Check if section 643(g) election applies 6b			
с	Tax deposited with Form 8868 6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d			
е	Backup withholding (see instructions) 6e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total 6g			
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here BERMUDA		X	-
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a			
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year\$			
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL car	•		-
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part		i-	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
	Business Activity Code Available post-2017 NOL c	arryover	<u>r</u>	
	\$			
	\$			37
6a	Did the organization change its method of accounting? (see instructions)			X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"			
	explain in Part V	<u></u>		1

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have examin correct, and complete. Declaration of preparer (other the second					wledge	e and belief, it is true,		
Here			CHIEF FINANCIAL OFFICER			May the IRS discuss this return with the preparer shown below (see			
	Signature of officer	Date	Title		ins		uctions)? X Yes No		
	Print/Type preparer's name	Preparer's signature		Date	Check] if	PTIN		
Paid					self- employ	ed			
Preparer	WENDY R. COOLEY, CPA	WENDY R. COOLEY,	CPA	02/27/24		P01523804			
Use Only		Firm's EIN			V 45-0250958				
	18081 BURT ST								
	Firm's address OMAHA, NE 680	Phone no. 402-330-2660							

SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

ZUZZ Open to Public Inspection for

501(c)(3) Organizations Only

A	Name of the organization MOSAIC				B Employer identification number 11-3669999							
с	Unrelated business activity code (see instructions)	339110	D	Sequence:	1	of	1					

E Describe the unrelated trade or business RELATED PARTY INTEREST INCOME

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net		
1a	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a					
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
с	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8	50,106.	50,106.			
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
13	Total. Combine lines 3 through 12	13	50,106.	50,106.			
Pa	Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be						

directly connected with the unrelated business income

1114	E - D				L A (F 000 T) 0000
18	Unrelated business taxable income. Subtract line 17 from line 16			18	
17				17	٥.
	column (C)			16	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part I, li	ne 13,		
15				15	٥.
14				14	
13	Excess readership costs (Part IX)			13	
12	Excess exempt expenses (Part VIII)			12	
11	Employee benefit programs			11	
10	Contributions to deferred compensation plans			10	
9	Depletion			9	
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
7	Depreciation (attach Form 4562). See instructions				
6	Taxes and licenses			6	
5	Interest (attach statement). See instructions			5	
4	Bad debts			4	
3	Repairs and maintenance			3	
2	Salaries and wages			2	
1	Compensation of officers, directors, and trustees (Part X)			1	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

	ule A (Form 990-T) 2022					Pa	age 2
Part	III Cost of Goods Sold Enter method	od of inventory valuat	ion				
1	Inventory at beginning of year				1		
2	Purchases				2		
3	Cost of labor				3		
4	Additional section 263A costs (attach statement)				4		
5	Other costs (attach statement)				5		
6	Total. Add lines 1 through 5				6		
7	Inventory at end of year				7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	ere and in Part I, line	2		8		1
9	Do the rules of section 263A (with respect to property pr					Yes	No
Part					rty)		
1	Description of property (property street address, city, sta	te, ZIP code). Check	if a dual-use. See inst	ructions.			
	в						
	c 🗌						
	D						
		Α	В	С		D	
2	Rent received or accrued						
а	From personal property (if the percentage of						
	rent for personal property is more than 10%						
	but not more than 50%)						
b	From real and personal property (if the						
	percentage of rent for personal property exceeds						
	50% or if the rent is based on profit or income)						
с	Total rents received or accrued by property.						
	Add lines 2a and 2b, columns A through D						
3	Total rents received or accrued. Add line 2c columns A t	hrough D. Enter here	and on Part I, line 6, c	olumn (A)			0.
	Deductions directly connected with the income						
4	in lines 2(a) and 2(b) (attach statement)						
5	Total deductions. Add line 4 columns A through D. Enter		line 6, column (B)				0.
Part	V Unrelated Debt-Financed Income (see	e instructions)					
1	Description of debt-financed property (street address, cit	y, state, ZIP code). C	heck if a dual-use. See	e instructions.			
	A						
	В						
	c						
	D						
		Α	В	С		D	
2	Gross income from or allocable to debt-financed						
	property						
3	Deductions directly connected with or allocable						
	to debt-financed property						
а	Straight line depreciation (attach statement)						
b	Other deductions (attach statement)						
с	Total deductions (add lines 3a and 3b,						
	columns A through D)						
4	Amount of average acquisition debt on or allocable						
	to debt-financed property (attach statement)						
5	Average adjusted basis of or allocable to debt-						
	financed property (attach statement)						
6	Divide line 4 by line 5		%		%		%
7	Gross income reportable. Multiply line 2 by line 6						
8	Total gross income (add line 7, columns A through D).	Enter here and on Pa	rt I, line 7, column (A)				0.
	_						
9	Allocable deductions. Multiply line 3c by line 6						
10	Total allocable deductions. Add line 9, columns A thro	ugh D. Enter here and	d on Part I, line 7, colu	mn (B)			0.
11	Total dividends-received deductions included in line 1						0.

Sched	ule A (Form 990-T) 2022 VI Interest, Annu	lities Ro	ovalties and Re	onts fror	n Control	led Or	ganization	S (c	ee instruct	ions)		Page 3
1 011							Exempt Contro	,		,	ጦ 1	
1. Name of controlled organization		2. Employer identification number	3. Net unrelated 4. Total		al of specified nents made tion's gross in-		art of colur s included rolling orga	6. Deductions dir connected wi		eductions directly onnected with ome in column 5		
(1) EA	SE-E MEDICAL, IN		47-0842353						e greee me			
(2)												
(3)												
(4)												
			Noi		Controlled O	-	ons					
7	7. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		10. Part of that is inclusion controlling gross	luded	in the zation's		conr	uctions directly nected with e in column 10
(1)	0.		0.		5	0,106.			50,106.			50,106.
(2)												
(3)												
(4)												
Totals							Add colum Enter here line 8, c	and or	n Part I,	Ente	er her	umns 6 and 11. re and on Part I, s, column (B) 50 , 106 .
Part	VII Investment I	ncome	of a Section 50 ⁻	1(c)(7), (9), or (17)	Orgar	l nization (s	oo ine	tructions)			50,100.
(4)		cription of			2. Amou incon	nt of	3. Deduction directly conno (attach state)	ons ected	4. Set- (attach st		nt)	. Total deductions and set-asides (add cols 3 and 4)
(<u>1</u>)											_	
(2) (3)											_	
(3) (4)											-	
					Add amou column 2 here and ou line 9, colu	Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.
Totals Part	VIII Exploited E	vomnt A	Activity Income,	Other 1	Γhan Adve			(aaa in				••
1	Description of exploite			Other		a using	j income	see m	structions)			
2	Gross unrelated busin			ness Ente	r here and o	n Part I	line 10. colum	n (Δ)		2		
3	Expenses directly con											
Ū										3		
4	Net income (loss) from											
										4		
5	с							5				
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	art II, line	12							7		

Schedule A (Form 990-T) 2022

Schedu	ule A (Form 990-T) 2022				Page 4
Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals o	n a consolidated basis	3.	
	A				
	В				
	c 🗌				
	D				
Enter a	mounts for each periodical listed above in the c	corresponding column.			
		A	В	с	D
2	Gross advertising income			v	
-	Add columns A through D. Enter here and on	-			0.
•	Add coldmins A through D. Enter here and on				
а З	Direct advertising costs by periodical				
	Direct advertising costs by periodical				0.
а	Add columns A through D. Enter here and on	Part I, line TT, column (B)			••
4	Advertising gain (loss). Subtract line 3 from lin	e			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is les				
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain o				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the gr	eater of the line 8a, column	s total or zero here an	d on	
D I .	Part II, line 13				0.
Part 3	X Compensation of Officers, Dir	ectors, and Trustees	(see instructions)	I I	
				3. Percentage	4. Compensation
	1. Name	2. Title	9	of time devoted	attributable to
				to business	unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
					0.
Part 3	XI Supplemental Information (see	e instructions)			

Schedule A	(Form 99	0-T) 202	22	

FORM 990-T (A)	PART VI - DEDUCTIONS OF ORGANIZATIONS DIRECTLY COLUMN 10 INC	CONNECTED N		STATEMENT 1
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE	- SUBTOTAL -	1	50,106.	50,106.
TOTAL OF FORM 990	-T, SCHEDULE A, PART VI	, COLUMN 11		50,106.

SCHEDULE O (Form 1120)

(Rev. December 2018) Department of the Treasury Internal Revenue Service	
Name	

MOSAIC

Type of controlled group:

a X For the entire year.

a X Parent-subsidiary group

Brother-sister group

Part I

1

b

C

dL

b

Consent Plan and Apportionment Schedule for a Controlled Group

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
 Go to www.irs.gov/Form 1120 for instructions and the latest information.

Employer identification numb	er
------------------------------	----

11-3669999

3	This	corporation	consents	and	represents to:	
•	11110	oorporation	0011001110	unu	10010001110 10.	

____ Life insurance companies only

2 This corporation has been a member of this group:

Apportionment Plan Information

____ From _______, until ______

al	Adopt an apportionment plan. All the	e other members of this group are adopting a	an apportionment plan effective for
	the current tax year which ends on		, and for all succeeding tax years.

5	Amend the current apportionment plan. All the other members of this group are currently amending	a previously
	adopted plan, which was in effect for the tax year ending	_ , and for all succeeding tax
	years.	

c 🗌 Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are					
		adopting an apportionment plan.			

d	Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting	
	an apportionment plan effective for the current tax year which ends on	, and for all
	succeeding tax years.	

- 4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
- **a** Elected by the component members of the group.
- **b** Required for the component members of the group.
- 5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
- **a** No apportionment plan is in effect and none is being adopted.

b	X	An apportionment plan is already in effect. It was adopted for the tax year ending	JUNE 30	, 2015	 , and
		for all succeeding tax years.			

6	If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date
	(including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations
	from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See
	instructions.

a	Yes.				
	i) The statute of limitations for this year will expire on				
	ii) On, this corporation entered into an agreement with the				
	Internal Revenue Service to extend the statute of limitations for purposes of assessment until				

- **b** X No. The members may not adopt or amend an apportionment plan.
- 7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2018) MOSAIC
Part II Apportionment (See instructions)

			Apportionment			
(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other	
1 MOSAIC	11-3669999	23-06				
2 EASE-E MEDICAL, INC.	47-0842353	23-06				
3 MOSAIC HOUSING CORPORATION V	47-0805545	23-06				
4						
5						
6						
7						
8						
9						
10						
Total						

Schedule O (Form 1120) (Rev. 12-2018)