

# TAX RETURN FILING INSTRUCTIONS

**\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\***

**FOR THE YEAR ENDING**

**June 30, 2021**

<b>Prepared for</b>	Mosaic 4980 S 118th St, Lind Center No. A Omaha, NE 68137
<b>Prepared by</b>	Seim Johnson, LLP 18081 Burt Street, Suite 200 Omaha, NE 68022-4722
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **8868**  
(Rev. January 2020)**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

- **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>MOSAIC</b>	Taxpayer identification number (TIN) <b>11-3669999</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>4980 S 118TH ST, LIND CENTER, NO. A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OMAHA, NE 68137</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return)		<b>0</b>	<b>1</b>
Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SCOTT HOFFMAN**

- The books are in the care of ► **4980 SOUTH 118TH STREET - OMAHA, NE 68137**

Telephone No. ► **402-896-3884**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **►** ☐ . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year **►** or► ☒ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)e-file 10/11/21  
MRE

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021



<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>MOSAIC</u> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>4980 S 118TH ST, LIND CENTER</u> <u>A</u> City or town, state or province, country, and ZIP or foreign postal code <u>OMAHA, NE 68137</u> <b>F</b> Name and address of principal officer: <u>SCOTT HOFFMAN</u> <u>SAME AS C ABOVE</u>	<b>D</b> Employer identification number <u>11-3669999</u> <b>E</b> Telephone number <u>(402) 896-3884</u> <b>G</b> Gross receipts \$ <u>281,651,274.</u> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number <u>        </u>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <u>WWW.MOSAICINFO.ORG</u>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <u>        </u>		
<b>L</b> Year of formation: <u>2003</u> <b>M</b> State of legal domicile: <u>NE</u>		

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>EMBRACING GOD'S CALL, MOSAIC</u> <u>RELENTLESSLY PURSUES OPPORTUNITIES THAT EMPOWER PEOPLE.</u> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) <u>6097</u> <b>6</b> Total number of volunteers (estimate if necessary) <u>127</u> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <u>53,623.</u> <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <u>0.</u>																	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <u>4,060,183.</u> <b>9</b> Program service revenue (Part VIII, line 2g) <u>248,614,863.</u> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>11,524,735.</u> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>730,548.</u> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>264,930,329.</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td><u>4,060,183.</u></td> <td><u>10,560,753.</u></td> </tr> <tr> <td><u>248,614,863.</u></td> <td><u>269,513,083.</u></td> </tr> <tr> <td><u>11,524,735.</u></td> <td><u>667,795.</u></td> </tr> <tr> <td><u>730,548.</u></td> <td><u>873,895.</u></td> </tr> <tr> <td><u>264,930,329.</u></td> <td><u>281,615,526.</u></td> </tr> </tbody> </table>	Prior Year	Current Year	<u>4,060,183.</u>	<u>10,560,753.</u>	<u>248,614,863.</u>	<u>269,513,083.</u>	<u>11,524,735.</u>	<u>667,795.</u>	<u>730,548.</u>	<u>873,895.</u>	<u>264,930,329.</u>	<u>281,615,526.</u>				
Prior Year	Current Year																	
<u>4,060,183.</u>	<u>10,560,753.</u>																	
<u>248,614,863.</u>	<u>269,513,083.</u>																	
<u>11,524,735.</u>	<u>667,795.</u>																	
<u>730,548.</u>	<u>873,895.</u>																	
<u>264,930,329.</u>	<u>281,615,526.</u>																	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>152,005.</u> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <u>0.</u> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>153,970,012.</u> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <u>0.</u> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>1,791,620.</u> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>96,648,594.</u> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>250,770,611.</u> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <u>14,159,718.</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td><u>152,005.</u></td> <td><u>325,816.</u></td> </tr> <tr> <td><u>0.</u></td> <td><u>0.</u></td> </tr> <tr> <td><u>153,970,012.</u></td> <td><u>161,750,036.</u></td> </tr> <tr> <td><u>0.</u></td> <td><u>0.</u></td> </tr> <tr> <td><u>1,791,620.</u></td> <td><u>110,130,675.</u></td> </tr> <tr> <td><u>250,770,611.</u></td> <td><u>272,206,527.</u></td> </tr> <tr> <td><u>14,159,718.</u></td> <td><u>9,408,999.</u></td> </tr> </tbody> </table>	Prior Year	Current Year	<u>152,005.</u>	<u>325,816.</u>	<u>0.</u>	<u>0.</u>	<u>153,970,012.</u>	<u>161,750,036.</u>	<u>0.</u>	<u>0.</u>	<u>1,791,620.</u>	<u>110,130,675.</u>	<u>250,770,611.</u>	<u>272,206,527.</u>	<u>14,159,718.</u>	<u>9,408,999.</u>
Prior Year	Current Year																	
<u>152,005.</u>	<u>325,816.</u>																	
<u>0.</u>	<u>0.</u>																	
<u>153,970,012.</u>	<u>161,750,036.</u>																	
<u>0.</u>	<u>0.</u>																	
<u>1,791,620.</u>	<u>110,130,675.</u>																	
<u>250,770,611.</u>	<u>272,206,527.</u>																	
<u>14,159,718.</u>	<u>9,408,999.</u>																	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <u>138,785,820.</u> <b>21</b> Total liabilities (Part X, line 26) <u>50,831,432.</u> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <u>87,954,388.</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr> <td><u>138,785,820.</u></td> <td><u>186,268,901.</u></td> </tr> <tr> <td><u>50,831,432.</u></td> <td><u>89,750,279.</u></td> </tr> <tr> <td><u>87,954,388.</u></td> <td><u>96,518,622.</u></td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	<u>138,785,820.</u>	<u>186,268,901.</u>	<u>50,831,432.</u>	<u>89,750,279.</u>	<u>87,954,388.</u>	<u>96,518,622.</u>								
Beginning of Current Year	End of Year																	
<u>138,785,820.</u>	<u>186,268,901.</u>																	
<u>50,831,432.</u>	<u>89,750,279.</u>																	
<u>87,954,388.</u>	<u>96,518,622.</u>																	

## 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.

<b>Sign Here</b>	Signature of officer <u></u> <u>SCOTT HOFFMAN, CHIEF FINANCIAL OFFICER</u> Type or print name and title	Date <u>3-23-22</u>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>WENDY R. COOLEY</u> Preparer's signature <u></u> Date <u>3-9-22</u> Firm's name <u>SEIM JOHNSON, LLP</u> Firm's EIN <u>47-6097913</u> Firm's address <u>18081 BURT STREET, SUITE 200</u> Phone no. <u>(402) 330-2660</u> <u>OMAHA, NE 68022-4722</u>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



**Part III** Statement of Program Service AccomplishmentsCheck 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 ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 139,828,569. including grants of \$ ) (Revenue \$ 156,696,947. )

COMMUNITY BASED SERVICES PROVIDED TO PEOPLE WITH INTELLECTUAL AND  
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 4,327 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS  
SERVICE CATEGORY.

**4b** (Code: ) (Expenses \$ 66,013,473. including grants of \$ ) (Revenue \$ 73,977,082. )

INTERMEDIATE CARE FACILITIES (ICF)--ICF SERVICES PROVIDE 24/7 SUPPORT  
FOR VERY MEDICALLY FRAGILE INDIVIDUALS WITH INTELLECTUAL OR  
DEVELOPMENTAL DISABILITIES. MOSAIC SERVES APPROXIMATELY 459  
INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY.

**4c** (Code: ) (Expenses \$ 16,344,489. including grants of \$ ) (Revenue \$ 18,316,225. )

DAY AND VOCATIONAL SERVICES ARE PROVIDED TO INDIVIDUALS WITH  
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN A VARIETY OF WAYS  
INCLUDING SUPPORTED EMPLOYMENT, WORK ENCLAVES, VOCATIONAL TRAINING AND  
SOME SHELTERED WORKSHOPS. MOSAIC SERVES APPROXIMATELY 1,155  
INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 18,949,239. including grants of \$ 325,816.) (Revenue \$ 21,235,202.)

**4e** Total program service expenses 241,135,770.



**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> x	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> x	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	x
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> x	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	x
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	x
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b> x	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	x
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b> x	
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> x	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> x	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b> x	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	x
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> x	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> x	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> x	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	x
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> x	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	x
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	x
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	x
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b> x	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	x
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	x
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	x
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	x
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	x
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b> x	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part 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 ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	640	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return <span style="float: right;">2a 6097</span>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b> x	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b> x	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b> x	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b> x	
<b>b</b> If "Yes," enter the name of the foreign country <b>BERMUDA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	x
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	x
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	x
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	x
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	x
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <span style="float: right;">7d</span>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	x
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	x
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 <span style="float: right;">10a</span>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <span style="float: right;">10b</span>		
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders <span style="float: right;">11a</span>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">11b</span>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float: right;">12b</span>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans <span style="float: right;">13b</span>		
<b>c</b> Enter the amount of reserves on hand <span style="float: right;">13c</span>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	x
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	x
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	x



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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 16		
<b>2</b> 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? ..... <b>2</b>		x
<b>3</b> 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? ..... <b>3</b>		x
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		x
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		x
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		x
<b>7a</b> 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? ..... <b>7a</b>	x	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>	x	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	x	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	x	
<b>9</b> 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 ..... <b>9</b>		x

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		x
<b>b</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? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	x	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	x	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	x	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	x	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	x	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	x	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	x	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	x	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		x
<b>b</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 exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **co**

**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) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ 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 financial 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**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA TIMMONS PRESIDENT AND CEO	39.70 0.30			X				609,851.	0.	76,219.
(2) SCOTT HOFFMAN TREASURER AND CFO	39.70 0.30			X				357,875.	0.	38,750.
(3) MARLIN WILKERSON SVP OF OPERATIONS	39.80 0.20				X			285,805.	0.	50,872.
(4) RENEE COUGHLIN SVP OF MISSION ADVANCEMENT	40.00 0.00				X			267,535.	0.	53,447.
(5) JOSEPH LYONS GENERAL COUNSEL	39.90 0.10				X			285,863.	0.	28,397.
(6) JON HANSON SVP STRATEGIC ALIGNMENT	40.00 0.00				X			239,205.	0.	43,216.
(7) PARKER MCKENNA SVP OF HUMAN RESOURCES	40.00 0.00				X			253,799.	0.	26,184.
(8) RAYMOND WALLACE ASSOCIATE VP OF FINANCE	40.00 0.00				X			220,267.	0.	17,503.
(9) MARY BETH O'NEILL VP OF OPERATIONS	40.00 0.00				X			198,478.	0.	37,535.
(10) MOLLY KENNIS VP OF OPERATIONS	40.00 0.00				X			194,117.	0.	19,755.
(11) CAROL MAU VP OF OPERATIONS	39.90 0.10				X			171,333.	0.	37,719.
(12) KRISTIN ROSSOW VP OF ACCOUNTING	37.50 2.50				X			175,721.	0.	29,484.
(13) KATIE KELLY VP OF INFORMATION TECHNOLOGY	40.00 0.00				X			187,313.	0.	16,592.
(14) ANDREA FERRUCCI VP OF OPERATIONS	40.00 0.00				X			170,250.	0.	24,892.
(15) SARAH KHALILI VP OF COMPLIANCE	40.00 0.00					X		148,561.	0.	46,104.
(16) MATTHEW SHEFFIELD SR DEVELOPMENT OFFICER	40.00 0.00					X		156,980.	0.	34,687.
(17) JENNIFFER LEDOUX VP OF OPERATIONS	40.00 0.00				X			174,141.	0.	17,147.



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HEATHER GUNN VP OF MISSION EXPANSION	40.00 0.00				X			174,310.	0.	16,178.
(19) PAULA BURTON VP OF HR OPERATIONS	40.00 0.00				X			164,458.	0.	16,029.
(20) BRENDA SOLOMON VP OF MARKETING & COMMUNICATION	40.00 0.00					X		146,331.	0.	24,713.
(21) DONNA GARST VP OF COMMUNITY RELATIONS	40.00 0.00					X		143,067.	0.	15,271.
(22) HASSAN SHALLA DIRECTOR OF TECHNOLOGY	40.00 0.00					X		141,057.	0.	10,040.
(23) THE REV. DANIEL FOREHAND CHAIRPERSON	1.50 0.00	X		X				0.	0.	0.
(24) JAMES J. OLMSTED VICE CHAIRPERSON	1.50 0.00	X		X				0.	0.	0.
(25) LINDA K. BURT SECOND VICE CHAIRPERSON	1.50 0.00	X		X				0.	0.	0.
(26) AKASH SETHI SECRETARY	1.50 0.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								4,866,317.	0.	680,734.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,866,317.	0.	680,734.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **67**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4 X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PJW NURSING CONSULTANTS LLC 150 TRUMBELL ST STE 3C, HARTFORD, CT 06103	NURSING SERVICES	346,246.
DDN CONSULTING SERVICES LLC PO BOX 185010, HAMDEN, CT 06518	NURSING SERVICES	322,017.
KOLEY JESSEN 1125 S 103RD ST STE 800, OMAHA, NE 68124	LEGAL SERVICES	229,141.
ONE SOURCE PO BOX 24148, OMAHA, NE 68124	PRE-EMPLOYMENT SCREENING	217,782.
ALPHA REHABILITATION PC, 920 E 56TH ST BLDG A, KEARNEY, NE 68847-8628	REHABILITATION	188,348.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **22**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2020)



[illegible]

9

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 62,323.			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d 3,711,564.			
	e	Government grants (contributions)	1e 5,812,681.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 974,185.			
	g	Noncash contributions included in lines 1a-1f	1g \$			
	h	<b>Total.</b> Add lines 1a-1f		10,560,753.		
	Program Service Revenue			Business Code		
2 a		MEDICARE/MEDICAID PMTS	624100	233,827,516.	233,827,516.	
b		PROGRAM SERVICE REV.	624100	28,528,406.	28,528,406.	
c		MANAGEMENT FEES	541610	6,626,096.	6,626,096.	
d		RENTAL INCOME	532000	529,510.	529,510.	
e		CONSULTING INCOME	541610	1,555.	1,555.	
f		All other program service revenue				
g		<b>Total.</b> Add lines 2a-2f		269,513,083.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		389,140.	53,623.	335,517.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties		9,997.		9,997.
	6 a	Gross rents	(i) Real	6a 187,273.		
			(ii) Personal	6b 35,748.		
			6c 151,525.			
	d	Net rental income or (loss)		151,525.		151,525.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a 278,655.		
			(ii) Other	7b 0.		
			7c 278,655.			
			d	Net gain or (loss)		278,655.
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a			
	b	Less: direct expenses	8b			
	c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See Part IV, line 19	9a			
	b	Less: direct expenses	9b			
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code			
	11 a	PURCHASING CARD REBATE	900099	101,917.	101,917.	
	b	INSURANCE PROCEEDS	900099	30,000.	30,000.	
	c					
	d	All other revenue	900099	580,456.	580,456.	
	e	<b>Total.</b> Add lines 11a-11d		712,373.		
12	<b>Total revenue.</b> See instructions		281,615,526.	270,225,456.	53,623.	775,694.

**Part IX Statement of Functional Expenses**

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 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	138,172.	138,172.		
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	187,644.	187,644.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,680,240.		4,680,240.	
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	129,164,696.	114,530,799.	13,730,155.	903,742.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	764,462.	741,363.	17,797.	5,302.
9 Other employee benefits	17,448,456.	16,167,616.	1,251,864.	28,976.
10 Payroll taxes	9,692,182.	8,420,886.	1,252,296.	19,000.
11 Fees for services (nonemployees):				
a Management				
b Legal	630,864.		480,864.	150,000.
c Accounting	142,531.	23,987.	118,544.	
d Lobbying				
e 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. O.)	66,342,514.	64,411,385.	1,729,229.	201,900.
12 Advertising and promotion				
13 Office expenses	8,667,258.	7,690,306.	975,300.	1,652.
14 Information technology				
15 Royalties				
16 Occupancy	12,251,109.	11,379,650.	856,698.	14,761.
17 Travel	2,768,345.	2,735,604.	28,538.	4,203.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	343,126.	134,139.	195,501.	13,486.
20 Interest	1,032,008.	437,980.	594,028.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,710,860.	8,446,678.	1,264,182.	
23 Insurance	2,235,692.	2,040,272.	195,420.	
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 O.)				
a <b>DUES &amp; MEMBERSHIPS</b>	1,737,069.	270,880.	1,439,752.	26,437.
b <b>BAD DEBT EXPENSE</b>	118,307.	118,307.		
c <b>CFR EXPENSE</b>	18,207.			18,207.
d				
e All other expenses	4,132,785.	3,260,102.	468,729.	403,954.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	272,206,527.	241,135,770.	29,279,137.	1,791,620.
<b>26 Joint costs.</b> 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)



**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	35,490,585.	<b>1</b>	52,316,058.
	<b>2</b> Savings and temporary cash investments .....	2,626,919.	<b>2</b>	5,692,159.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	24,565,677.	<b>4</b>	31,227,864.
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,366,290.	<b>9</b>	1,938,325.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 109,883,022.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 74,849,305.	35,473,883.	<b>10c</b> 35,033,717.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	15,376,324.	<b>12</b>	25,986,029.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	7,193,542.	<b>14</b>	18,481,302.
	<b>15</b> Other assets. See Part IV, line 11 .....	16,692,600.	<b>15</b>	15,593,447.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	138,785,820.	<b>16</b>	186,268,901.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	23,830,623.	<b>17</b>	36,679,010.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,892,216.	<b>19</b>	11,587,897.
	<b>20</b> Tax-exempt bond liabilities .....	20,424,592.	<b>20</b>	20,331,529.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	2,908,625.	<b>23</b>	8,083,370.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,775,376.	<b>25</b>	13,068,473.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	50,831,432.	<b>26</b>	89,750,279.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	87,122,186.	<b>27</b>	95,700,876.
	<b>28</b> Net assets with donor restrictions .....	832,202.	<b>28</b>	817,746.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	87,954,388.	<b>32</b>	96,518,622.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	138,785,820.	<b>33</b>	186,268,901.	

Form **990** (2020)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	281,615,526.
2	Total expenses (must equal Part IX, column (A), line 25)	2	272,206,527.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,408,999.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87,954,388.
5	Net unrealized gains (losses) on investments	5	7,415.
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	-852,180.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	96,518,622.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	x
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	x
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	x
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	x

Form **990** (2020)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

MOSAIC

Employer identification number

11-3669999

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		

Schedule A (Form 990 or 990-EZ) 2020

**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) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	6,775,651.	7,166,036.	5,663,266.	4,036,298.	10,560,753.	34,202,004.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....	223,485,812.	221,852,846.	235,126,706.	248,614,863.	269,513,083.	1198593310.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....	230,261,463.	229,018,882.	240,789,972.	252,651,161.	280,073,836.	1232795314.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....	3,317.	864.	3,928.	1,470.	226.	9,805.
<b>b</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.
<b>c</b> Add lines 7a and 7b .....	3,317.	864.	3,928.	1,470.	226.	9,805.
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						1232785509.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....	230,261,463.	229,018,882.	240,789,972.	252,651,161.	280,073,836.	1232795314.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	275,533.	314,475.	743,051.	780,522.	532,787.	2,646,368.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....	79,978.	92,943.	112,165.	85,688.	53,623.	424,397.
<b>c</b> Add lines 10a and 10b .....	355,511.	407,418.	855,216.	866,210.	586,410.	3,070,765.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,066,526.	812,919.	675,113.	570,234.	712,373.	3,837,165.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	231,683,500.	230,239,219.	242,320,301.	254,087,605.	281,372,619.	1239703244.

**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**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	99.44 %
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	99.43 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	.25 %
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	.24 %

**19a 33 1/3% support tests - 2020.** 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 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 - 2019.** 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 in line 12 on 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> 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>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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 <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 <b>Part VI</b> .		
<b>7</b> 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 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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 <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in 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 <b>Part VI</b> .		
<b>10a</b> 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>b</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.)		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
b A family member of a person described in line 11a above?	<b>11b</b>	
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<b>2</b>	

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify 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>2a</b>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> 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>3a</b>		
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.	<b>3b</b>		



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

**Supplemental Information.**

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

Area for supplemental information with horizontal lines.



# Schedule B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2020

Name of the organization

MOSAIC

Employer identification number

11-3669999

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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

- ☒ 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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization  <b>MOSAIC</b>	Employer identification number  <b>11-3669999</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>3,711,564.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>4,467,407.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>57,323.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>488,873.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>MOSAIC</b>	Employer identification number  <b>11-3669999</b>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 9,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,905.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 30,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 10,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>MOSAIC</b>	Employer identification number <b>11-3669999</b>
---------------------------------------	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 249,365.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 445,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

11-3669999

## Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_

27

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

MOSAIC

Employer identification number

11-3669999

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$

4 Did the filing organization file Form 1120-POL for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2020

LHA



**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

☐ Yes ☐ No

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

**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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?	X		
<b>d</b> Mailings to members, legislators, or the public?	X		
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		54,020.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			54,020.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions)	5	

**Part IV Supplemental Information**

Provide 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 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING THE PAST YEAR, MOSAIC ENGAGED IN VARIOUS NON-PARTISAN ACTIVITIES

TO INFLUENCE SPECIFIC LEGISLATION IMPACTING THE ORGANIZATION. MOSAIC

ENGAGED ADVOCATES ON SOCIAL MEDIA ABOUT ISSUES IMPACTING THE

ORGANIZATION, INCLUDING PROVIDING A LINK FOR ADVOCATES TO CONTACT THEIR

MEMBERS OF CONGRESS. MOSAIC ADVERTISED ON SOCIAL MEDIA IN 2021.

**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.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**Open to Public  
Inspection

Name of the organization

MOSAIC

Employer identification number

11-3669999

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, 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 conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input checked="" type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input checked="" type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input checked="" type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a 1
b Total acreage restricted by conservation easements .....	2b 80.00
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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 year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☒ No

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) 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:

(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 .....



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 3,457,167.
d Additions during the year	1d 21,726,025.
e Distributions during the year	1e 21,382,228.
f Ending balance	1f 3,800,964.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	40,344,859.	37,178,162.	36,312,083.	36,379,971.	35,983,964.
b Contributions	4,139,307.	7,157,077.	1,689,894.	1,618,196.	1,341,962.
c Net investment earnings, gains, and losses	7,685,646.	-539,550.	1,853,397.	2,591,357.	4,036,488.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,102,105.	3,450,830.	2,677,212.	4,277,441.	4,982,443.
f Administrative expenses					
g End of year balance	50,067,707.	40,344,859.	37,178,162.	36,312,083.	36,379,971.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☒ 85.9030 %  
 b Permanent endowment ☒ .0000 %  
 c Term endowment ☒ 14.0970 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
 (ii) Related organizations

	Yes	No
3a(i)		x
3a(ii)	x	
3b	x	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,329,194.		4,329,194.
b Buildings		81,054,366.	55,606,552.	25,447,814.
c Leasehold improvements		1,205,320.	998,924.	206,396.
d Equipment		11,669,863.	9,541,072.	2,128,791.
e Other		11,624,279.	8,702,757.	2,921,522.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				35,033,717.

Schedule D (Form 990) 2020

**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.

(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) BOND RESERVES	100,000.	END-OF-YEAR MARKET VALUE
(B) INVESTMENT IN BICO	13,622,018.	COST
(C) INVESTMENT IN SALES TYPE LEASE	12,154,011.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	25,986,029.	

**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)		
<b>Total.</b> (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) AFFILIATE RECEIVABLES	9,979,744.
(2) MISCELLANEOUS RECEIVABLES	3,084,231.
(3) INTERUNIT RECEIVABLE	1,624,472.
(4) INVESTMENT IN PROPERTY	905,000.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	15,593,447.

**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	17,911.
(3) CRATS PAYABLE	478,119.
(4) LIABILITY FOR PENSION BENEFITS	1,259,275.
(5) ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	472,865.
(6) LEASE LIABILITY	10,812,671.
(7) CASH SURRENDER VALUE OF LIFE INSURANCE	27,632.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	13,068,473.

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... ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

**Part XIII Supplemental Information.**

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

PART 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:

ALL CONSOLIDATED AFFILIATED ENTITIES, EXCEPT FOR MOSAIC HOUSING CORP V,  
INC., EASE-E MEDICAL, INC. (EASE-E) AND BICO ARE NOT-FOR-PROFIT  
CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OR 501(C)(2) OF THE  
INTERNAL REVENUE CODE AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED  
INCOME PURSUANT TO SECTION 501(A) OF THE CODE. THE INTERNAL REVENUE  
SERVICE HAS ESTABLISHED STANDARDS TO BE MET TO MAINTAIN MOSAIC'S TAX  
EXEMPT STATUS.

LIVING INNOVATIONS SUPPORT SERVICES, LLC (LISS, LLC) ELECTED TO BE TAXED  
UNDER THE PROVISIONS OF SUBCHAPTER S AND IS CONSIDERED A DISREGARDED  
ENTITY UNDER THE INTERNAL REVENUE CODE SINCE ITS SOLE MEMBER IS MOSAIC.  
MOSAIC WOULD BE RESPONSIBLE IF ANY FEDERAL INCOME TAXES WERE ASSESSED ON  
LISS, LLC'S INCOME.

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 2021 AND 2020,  
MANAGEMENT DETERMINED THAT THERE ARE NO INCOME TAX POSITIONS REQUIRING  
RECOGNITION IN THE FINANCIAL STATEMENTS OTHER THAN DESCRIBED PREVIOUSLY.



Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

### Open to Public Inspection

Name of the organization

Employer identification number

MOSAIC

11-3669999

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
<b>3 a</b> Subtotal .....	0	0			0.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			0.

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

Schedule F (Form 990) 2020





**Part IV Foreign Forms**

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

Schedule F (Form 990) 2020



**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)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

MOSAIC

Employer identification number  
11-3669999

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MOSAIC HOUSING CORPORATION I 4980 S 118TH STREET OMAHA, NE 68137	36-3756911	501(C)(3)	7,000.	0.			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION.
MOSAIC HOUSING CORPORATION II 4980 S 118TH STREET OMAHA, NE 68137	47-0773689	501(C)(3)	6,000.	0.			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION.
MOSAIC HOUSING CORPORATION XII 4980 S 118TH STREET OMAHA, NE 68137	48-1297244	501(C)(3)	38,807.	0.			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION.
MOSAIC HOUSING CORPORATION XIX - WINFIELD - 4980 S 118TH STREET - OMAHA, NE 68137	26-1710259	501(C)(3)	7,000.	0.			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION.
MOSAIC ILLINOIS HOUSING OF ROCKFORD I - 4980 S 118TH STREET - OMAHA, NE 68137	20-4841856	501(C)(3)	9,500.	0.			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION.
MOSAIC ILLINOIS HOUSING I 4980 S 118TH STREET OMAHA, NE 68137	20-2997161	501(C)(3)	22,869.	0.			THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION.

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020



**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.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

MOSAIC

Employer identification number

11-366999

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	1b	x
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	2	x
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	4a	x
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	4b	x
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? ..... If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	x
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	5a	x
<b>b</b> Any related organization? ..... If "Yes" on line 5a or 5b, describe in Part III.	5b	x
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	6a	x
<b>b</b> Any related organization? ..... If "Yes" on line 6a or 6b, describe in Part III.	6b	x
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	7	x
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	8	x
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	9	

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

Schedule J (Form 990) 2020

**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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA TIMMONS PRESIDENT AND CEO	(i) 505,617.	100,000.	4,234.	38,237.	37,982.	686,070.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(2) SCOTT HOFFMAN TREASURER AND CFO	(i) 300,869.	56,001.	1,005.	13,088.	25,662.	396,625.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(3) MARLIN WILKERSON SVP OF OPERATIONS	(i) 254,859.	30,000.	946.	16,274.	34,598.	336,677.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(4) RENEE COUGHLIN SVP OF MISSION ADVANCEMENT	(i) 223,192.	43,463.	880.	15,465.	37,982.	320,982.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) JOSEPH LYONS GENERAL COUNSEL	(i) 259,983.	25,000.	880.	16,733.	11,664.	314,260.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(6) JON HANSON SVP STRATEGIC ALIGNMENT	(i) 218,325.	20,000.	880.	14,520.	28,696.	282,421.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) PARKER MCKENNA SVP OF HUMAN RESOURCES	(i) 227,869.	25,000.	930.	14,520.	11,664.	279,983.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) RAYMOND WALLACE ASSOCIATE VP OF FINANCE	(i) 213,775.	6,278.	214.	5,839.	11,664.	237,770.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(9) MARY BETH O'NEILL VP OF OPERATIONS	(i) 192,680.	5,000.	798.	5,599.	31,936.	236,013.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(10) MOLLY KENNIS VP OF OPERATIONS	(i) 181,948.	11,500.	669.	5,031.	14,724.	213,872.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) CAROL MAU VP OF OPERATIONS	(i) 158,868.	11,500.	965.	4,671.	33,048.	209,052.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(12) KRISTIN ROSSOW VP OF ACCOUNTING	(i) 171,795.	3,265.	661.	4,822.	24,662.	205,205.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(13) KATIE KELLY VP OF INFORMATION TECHNOLOGY	(i) 183,846.	2,765.	702.	3,705.	12,887.	203,905.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(14) ANDREA FERRUCCI VP OF OPERATIONS	(i) 164,616.	5,000.	634.	0.	24,892.	195,142.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(15) SARAH KHALILI VP OF COMPLIANCE	(i) 141,469.	6,500.	592.	4,592.	41,512.	194,665.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(16) MATTHEW SHEFFIELD SR. DEVELOPMENT OFFICER	(i) 150,461.	5,765.	754.	4,001.	30,686.	191,667.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2020



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 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  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Attach to Form 990. ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

MOSAIC

Employer identification number  
11-3669999

**Part I Bond Issues** SEE PART VI FOR COLUMN (F) CONTINUATIONS

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A PUBLIC FINANCE AUTHORITY	27-38666124	0000000000	06/29/17	12,188,750.	REFUND PRIOR ISSUES (1/28/03, 6/1/05, 3/12/10)		X		X		X
B PUBLIC FINANCE AUTHORITY	27-38666124	0000000000	10/31/18	10,101,544.	ACQUIRE FACILITY. REFUND PRIOR ISSUE (11/1/17 & 10/31/18)		X		X		X
C PUBLIC FINANCE AUTHORITY	27-38666124	0000000000	11/01/17	6,740,000.	CONSTRUCT & IMPROVE FACILITY. REFUND PRIOR TA		X		X		X
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		5,414,935.		797,095.		1,799,200.		
2 Amount of bonds legally defeased								
3 Total proceeds of issue		12,188,750.		10,101,544.		6,429,296.		
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								
11 Other spent proceeds		12,001,741.		8,301,544.		6,294,309.		
12 Other unspent proceeds						134,987.		
13 Year of substantial completion	2012		2018		2021			
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)?	X				X		Yes	No
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X				X		
16 Has the final allocation of proceeds been made?	X				X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X				X			

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

Schedule K (Form 990) 2020

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X		X		
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X		X		
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....		X		X		X		
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		.00 %		.00 %		.00 %		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		.00 %		.00 %		.00 %		%
<b>6</b> Total of lines 4 and 5 .....		.00 %		.00 %		.00 %		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....								%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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? .....								

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X		X		X		
<b>b</b> Exception to rebate? .....	X		X		X		X	
<b>c</b> No rebate due? .....	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X		X		X	

**Part IV Arbitrage (continued)**

<b>4a</b>	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
		Yes	No	Yes	No
<b>b</b>	Name of provider	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b>	Term of hedge				
<b>d</b>	Was the hedge superintegrated?				
<b>e</b>	Was the hedge terminated?				
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b>	Name of provider				
<b>c</b>	Term of GIC				
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Part V Procedures To Undertake Corrective Action**

	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
		Yes	No	Yes	No
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(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, 4/30/12).

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

ACQUIRE FACILITY, REFUND PRIOR ISSUE (11/1/17 & 10/31/18).

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

CONSTRUCT & IMPROVE FACILITY, REFUND PRIOR TAXABLE ISSUE (6/29/17).

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 6/30/2021

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 6/30/2021

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions. (continued)

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY  
DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2019

NOTE: REGARDING THE REBATE COMPUTATION ON 6/30/2021 AND 12/31/2019:  
SINCE THE BOND PROCEEDS HAVE BEEN SPENT AND THE DEBT SERVICE FUND WAS  
OPERATED ON A BONA FIDE BASIS, NO FURTHER REBATE CALCULATIONS ARE  
NECESSARY.

SCHEDULE K PART II, COLUMN B, LINE 3:  
DIFFERENCES BETWEEN PART I, COLUMN (E) AND PART II, LINE 3 - THE TOTAL  
PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) AS THIS  
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 O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

MOSAIC

Employer identification number

11-3669999

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

MISCELLANEOUS SERVICES PROVIDED TO INDIVIDUALS WITH INTELLECTUAL AND

DEVELOPMENTAL DISABILITIES.

EXPENSES \$ 18,949,239. INCL GRANTS OF \$ 325,816. REVENUE \$ 21,235,202.

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

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:

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

Schedule O (Form 990 or 990-EZ) 2020



Name of the organization

MOSAIC

Employer identification number

11-3669999

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:

THE BOARD OF DIRECTORS ESTABLISHED AN EXECUTIVE COMMITTEE. THE EXECUTIVE

COMMITTEE IS RESPONSIBLE FOR CONTRACTING WITH AN INDEPENDENT CONSULTANT

WHICH SHALL: DOCUMENT COMPARABLE COMPENSATION LEVELS PAID TO EXECUTIVES

WITH SIMILAR POSITIONS AND RESPONSIBILITIES WITHIN THE MARKET APPLICABLE TO

EXECUTIVE RECRUITMENT, HELP THE COMMITTEE APPLY MOSAIC'S COMPENSATION

PHILOSOPHY TO THE MARKET SURVEY DATA TO IDENTIFY SUPPORTABLE COMPENSATION

LEVELS AND COMPENSATION RANGES, AND VERIFY IN ADVANCE THAT RESULTING

COMPENSATION RANGES ARE REASONABLE COMPENSATION. THE COMPENSATION

CONSULTANT WILL ALSO ADVISE AND OPINE ON BENEFIT DESIGN, BENEFIT OPTIONS,

AND REASONABLENESS OF BENEFIT AMOUNTS AS ELEMENTS OF COMPENSATION. THE

EXECUTIVE COMMITTEE WILL BE GUIDED BY THE CONSULTANT'S ANALYSIS AND

Name of the organization	Employer identification number
MOSAIC	11-3669999

EXPERTISE AND APPROVE THE COMPENSATION OF THE CEO, APPROVE THE COMPENSATION RANGES FOR OTHER OFFICERS AND KEY EMPLOYEES, AND REPORT ITS ACTIONS TO THE FULL BOARD. THE CEO, WORKING WITHIN SALARY RANGES APPROVED BY THE EXECUTIVE COMMITTEE, SETS THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. MINUTES, DOCUMENTATION OF INDEPENDENT CONSULTANT COMPARABILITY DATA AND RECOMMENDATIONS ARE MAINTAINED AS PART OF THE RECORD OF THE EXECUTIVE COMMITTEE.

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

INDIVIDUALS MAY REQUEST MOSAIC'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS THROUGH AN EMAIL REQUEST FORM AVAILABLE ON MOSAIC'S PUBLIC WEBSITE (WWW.MOSAICINFO.ORG).

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER FEES:

PROGRAM SERVICE EXPENSES	272,185.
MANAGEMENT AND GENERAL EXPENSES	1,334,531.
FUNDRAISING EXPENSES	52,249.
TOTAL EXPENSES	1,658,965.

DAY/HOST SERVICES:

PROGRAM SERVICE EXPENSES	64,055,425.
MANAGEMENT AND GENERAL EXPENSES	12,007.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	64,067,432.

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES	83,775.
--------------------------	---------

Name of the organization	Employer identification number
MOSAIC	11-3669999

MANAGEMENT AND GENERAL EXPENSES	382,691.
FUNDRAISING EXPENSES	149,651.
TOTAL EXPENSES	616,117.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	66,342,514.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

POSTRETIREMENT BENEFIT RELATED CHANGES OTHER THAN NET

PERIODIC COST	70,934.
OTHER TRANSFER OF LIABILITIES	-464,328.
EQUITY TRANSFER TO MOSAIC SENIOR SERVICES, INC.	-458,786.
TOTAL TO FORM 990, PART XI, LINE 9	-852,180.

FORM 990, PART XII, LINE 2C:

THE FINANCE AND AUDIT COMMITTEE OVERSEES THE AUDIT & SELECTION OF THE

INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR

YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Name of the organization

MOSAIC

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number  
11-3669999

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LIVING INNOVATIONS SUPPORT SERVICES, LLC - 02-0505172, 273 LOCUST ST UNIT 2C, DOVER, NH 03820	IN-HOME SUPPORT SERVICES	NEW HAMPSHIRE	18,390,147.	25,801,560.	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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MOSAIC FOUNDATION - 36-3837360	FUNDRAISING AND INVESTMENT						
4980 S 118 ST	ASSET MANAGEMENT	NEBRASKA	501(C)(3)	LINE 12A, I	MOSAIC		X
OMAHA, NE 68137							
OAKS OF DUNN COUNTY, INC. - 39-1913323							
4980 S 118 ST	SENIOR LIVING SERVICES	WISCONSIN	501(C)(3)	LINE 10	MOSAIC		X
OMAHA, NE 68137							
MOSAIC HOUSING CORP. I - 36-3756911							
4980 S 118 ST							
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
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) 2020

**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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MOSAIC HOUSING CORP. IV - 91-1823422							
4980 S 118 ST							
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
MOSAIC HOUSING CORP. VII - 47-0828015							
4980 S 118 ST							
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
MOSAIC HOUSING CORP. VIII - 47-0828012							
4980 S 118 ST							
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
MOSAIC HOUSING CORP. IX - 74-2838413							
4980 S 118 ST							
OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
MOSAIC HOUSING CORP. X - 74-2908789							
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 68137	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 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
MOSAIC HOUSING CORP. XVI - FARMINGTON -							
20-5765731, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
MOSAIC HOUSING CORP. XVII - BEATRICE -							
26-1710013, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X



**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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MOSAIC HOUSING CORP., XVIII - OSCOLA-WAUKON - 26-1710184, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
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 - 26-4555206, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
MOSAIC ILLINOIS HOUSING I - 20-2997161 4980 S 118 ST OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
MOSAIC ILLINOIS HOUSING II - 20-4417645 4980 S 118 ST OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
MOSAIC ILLINOIS HOUSING AT MACOMB I - 20-4841909, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
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 - 26-4555313, 4980 S 118 ST, OMAHA, NE 68137	LOW INCOME HOUSING	NEBRASKA	501(C)(3)	LINE 10	MOSAIC		X
MOSAIC HOUSING CORP., XXII - LOGAN - 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
MOSAIC EMPLOYEE WELFARE BENEFIT PLAN - 36-3831874, 4980 S 118 ST, OMAHA, NE 68137	EMPLOYEE WELFARE BENEFIT PLAN	NEBRASKA	501(C)(9)	N/A	MOSAIC		X
MOSAIC SENIOR SERVICES, INC., - 83-1746407 4980 S 118 ST OMAHA, NE 68137	SENIOR LIVING SERVICES	ARIZONA	501(C)(3)	LINE 12A, I	MOSAIC		X



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** 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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		1b X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		1c X
<b>d</b> Loans or loan guarantees to or for related organization(s)		1d X
<b>e</b> Loans or loan guarantees by related organization(s)		1e X
<b>f</b> Dividends from related organization(s)		1f X
<b>g</b> Sale of assets to related organization(s)		1g X
<b>h</b> Purchase of assets from related organization(s)		1h X
<b>i</b> Exchange of assets with related organization(s)		1i X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		1j X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		1k X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		1l X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		1m X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n X
<b>o</b> Sharing of paid employees with related organization(s)		1o X
<b>p</b> Reimbursement paid to related organization(s) for expenses		1p X
<b>q</b> Reimbursement paid by related organization(s) for expenses		1q X
<b>r</b> Other transfer of cash or property to related organization(s)		1r X
<b>s</b> 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) EASE-E MEDICAL EQUIPMENT	A	53,623.CASH TRANSFERRED	EQUALS FMV
(2) THE MOSAIC FOUNDATION	C	3,711,564.CASH TRANSFERRED	EQUALS FMV
(3) EASE-E MEDICAL EQUIPMENT	S	612,852.CASH TRANSFERRED	EQUALS FMV
(4) EASE-E MEDICAL EQUIPMENT	L	605,700.CASH TRANSFERRED	EQUALS FMV
(5) OAKS OF DUNN COUNTY, INC.	R	172,724.CASH TRANSFERRED	EQUALS FMV
(6) THE MOSAIC FOUNDATION	R	428,300.CASH TRANSFERRED	EQUALS FMV

**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) BICO	L	935,000	CASH TRANSFERRED EQUALS FMV
(8) MOSAIC SENIOR SERVICES	L	1,588,368	CASH TRANSFERRED EQUALS FMV
(9) MOSAIC SENIOR SERVICES	R	458,786	CASH TRANSFERRED EQUALS FMV
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			





## Part VII Supplemental Information

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.