

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>MOSAIC   |   | <b>D</b> Employer identification number<br>11-366999 |
|  | Doing business as   |   | <b>E</b> Telephone number<br>(402)896-3884           |
|  | Number and street (or P.O. box if mail is not delivered to street address)                  | Room/suite  |  |
|  | 4980 S 118TH ST   |   | <b>G</b> Gross receipts \$ 374,929,985.              |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>OMAHA, NE 68137 |   |  |
| <b>F</b> Name and address of principal officer: SCOTT HOFFMAN<br>SAME AS C ABOVE   |   | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number |  |

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: WWW.MOSAICINFO.ORG

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: 2003 **M** State of legal domicile: NE

| Part I Summary  |   | Prior Year                                | Current Year                |
|---|---|---|-----------------------------|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: EMBRACING GOD'S CALL, MOSAIC RELENTLESSLY PURSUES OPPORTUNITIES THAT EMPOWER PEOPLE. |   |                             |
|   | <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)  | <b>3</b>                                  | 15                          |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                                  | 15                          |
|   | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)   | <b>5</b>                                  | 4665                        |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                                  | 134                         |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                                 | 42,641.                     |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11     | <b>7b</b>   | 0.  |                             |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | 11,184,083.                               | 10,367,471.                 |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | 337,949,915.                              | 355,080,200.                |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 2,301,230.                                | 4,776,664.                  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 1,203,728.                                | 3,993,594.                  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 352,638,956.                              | 374,217,929.                |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 205,413.                                  | 519,042.                    |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | 0.  | 0.                          |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 177,946,630.                              | 187,239,891.                |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | 0.  | 116,894.                    |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  | 3,397,473.                                |                             |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 154,214,751.                              | 171,576,156.                |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 332,366,794.  | 359,451,983.                              |                             |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | 20,272,162.   | 14,765,946.                               |                             |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)  | Beginning of Current Year<br>206,882,341. | End of Year<br>227,075,430. |
|   | <b>21</b> Total liabilities (Part X, line 26)   | 69,437,250.                               | 68,430,980.                 |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | 137,445,091.                              | 158,644,450.                |

**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                   |                      | Date         |   |           |
|                               | SCOTT HOFFMAN, CHIEF FINANCIAL OFFICER |                      |              |   |           |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name             | Preparer's signature | Date         | Check if self-employed <input type="checkbox"/> | PTIN      |
|                               | WENDY R. COOLEY, CPA                   | WENDY R. COOLEY, CPA | 03/06/25     |   | P01523804 |
| <b>Preparer Use Only</b>      | Firm's name                            | Firm's EIN           | Phone no.    |   |           |
|                               | EIDE BAILLY LLP                        | 45-0250958           | 402-330-2660 |   |           |
|                               | Firm's address                         |                      |              |   |           |
|                               | 18081 BURT ST STE 200                  |                      |              |   |           |
|                               | OMAHA, NE 68022-4722                   |                      |              |   |           |

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: EMBRACING GOD'S CALL, MOSAIC RELENTLESSLY PURSUES OPPORTUNITIES THAT EMPOWER PEOPLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 231,914,785. including grants of \$ ) (Revenue \$ 271,197,698. ) 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 3,750 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY.

4b (Code: ) (Expenses \$ 39,196,773. including grants of \$ ) (Revenue \$ 45,835,896. ) INTERMEDIATE CARE FACILITIES (ICF)--ICF SERVICES PROVIDE 24/7 SUPPORT FOR VERY MEDICALLY FRAGILE INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES. MOSAIC SERVES APPROXIMATELY 250 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY.

4c (Code: ) (Expenses \$ 17,260,247. including grants of \$ ) (Revenue \$ 20,184,179. ) 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 950 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY.

4d Other program services (Describe on Schedule O.) (Expenses \$ 18,512,407. including grants of \$ 519,042. ) (Revenue \$ 21,648,312. )

4e Total program service expenses 306,884,212.

**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)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....  | 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> .....  |     | 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> .....   | 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....  |     | 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> .....  |     | 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> .....  | 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> .....   |     | 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?<br><i>If "Yes," complete Schedule D, Part IV</i> .....         | 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> .....   | 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> .....   | 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> .....  | 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> .....  |     | 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> .....   |     | 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> .....   | 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> .....  | 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> .....  |     | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | X   |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | 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> ..... |     | 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> .....   | 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> .....   |     | 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> See instructions .....   | 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> .....   |     | 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> .....   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |
| <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> .....  | X   |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

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.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                               | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>PRESIDENT AND CEO              | 39.70<br>0.30   |   |                       | X       |              |                              | 673,617. | 0.  | 193,681.   |   |
| (2) SCOTT HOFFMAN<br>SENIOR VP AND CFO              | 39.70<br>0.30   |   |                       | X       |              |                              | 464,048. | 0.  | 42,059.  |   |
| (3) JOSEPH LYONS<br>SR VP AND GENERAL COUNSEL       | 39.90<br>0.10   |   |                       |         | X            |                              | 407,882. | 0.  | 30,430.  |   |
| (4) RENEE COUGHLIN<br>CAO & FOUNDATION PRESIDENT    | 39.90<br>0.10   |   |                       |         | X            |                              | 372,224. | 0.  | 38,767.  |   |
| (5) JENNIFFER LEDOUX<br>SVP OF OPERATIONS           | 39.90<br>0.10   |   |                       |         | X            |                              | 297,466. | 0.  | 28,510.  |   |
| (6) PARKER MCKENNA<br>SVP OF HUMAN RESOURCES        | 40.00<br>0.00   |   |                       |         | X            |                              | 290,511. | 0.  | 27,948.  |   |
| (7) HEATHER GUNN<br>SVP OF STRATEGIC INITIATIVES    | 39.90<br>0.10   |   |                       |         | X            |                              | 254,212. | 0.  | 25,787.  |   |
| (8) ANGELA WEIS<br>SVP OF MISSION SUPPORT           | 40.00<br>0.00   |   |                       |         | X            |                              | 231,964. | 0.  | 34,933.  |   |
| (9) RAYMOND WALLACE<br>ASSOCIATE VP OF FINANCE      | 40.00<br>0.00   |   |                       |         | X            |                              | 238,857. | 0.  | 18,087.  |   |
| (10) MOLLY KENNIS<br>VP OF OPERATIONS               | 40.00<br>0.00   |   |                       |         | X            |                              | 219,815. | 0.  | 27,741.  |   |
| (11) KATIE KELLY<br>VP OF IT & HIPPA SEC OFFICER    | 40.00<br>0.00   |   |                       |         | X            |                              | 222,859. | 0.  | 17,404.  |   |
| (12) ANDREA FERRUCCI<br>VP OF OPERATIONS            | 40.00<br>0.00   |   |                       |         | X            |                              | 214,722. | 0.  | 25,279.  |   |
| (13) STACY MORTON<br>VP OF FIN. PLANNING & ANALYSIS | 39.90<br>0.10   |   |                       |         | X            |                              | 212,132. | 0.  | 26,897.  |   |
| (14) KRISTIN ROSSOW<br>VP OF ACCOUNTING             | 37.30<br>2.70   |   |                       |         | X            |                              | 209,924. | 0.  | 26,896.  |   |
| (15) RICHARD NELSON<br>VP OF OPERATIONS             | 40.00<br>0.00   |   |                       |         | X            |                              | 209,039. | 0.  | 17,018.  |   |
| (16) PATRICK COSTIGAN<br>VP OF OPERATIONS           | 40.00<br>0.00   |   |                       |         | X            |                              | 191,744. | 0.  | 28,726.  |   |
| (17) LISA PARTEH<br>VP OF OPERATIONS                | 40.00<br>0.00   |   |                       |         | X            |                              | 188,721. | 0.  | 27,108.  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) JENNIFER ZAJICEK<br>VP OF OPERATIONAL EXCELLENCE          | 40.00<br>0.00   |   |                       |         | X            |                              |        | 186,872.  | 0.   | 26,674.   |
| (19) AMBROSIA BELCHIC<br>VP OF COMPLIANCE                      | 40.00<br>0.00   |   |                       |         | X            |                              |        | 183,361.  | 0.   | 26,024.   |
| (20) PAULA BURTON<br>VP OF HR OPERATIONS                       | 40.00<br>0.00   |   |                       |         | X            |                              |        | 187,755.  | 0.   | 16,949.   |
| (21) ROBIN WESTFALL<br>VP OF TALENT MANAGEMENT                 | 40.00<br>0.00   |   |                       |         | X            |                              |        | 178,455.  | 0.   | 26,218.   |
| (22) ERICA GIBSON<br>VP OF HR SERVICES                         | 40.00<br>0.00   |   |                       |         | X            |                              |        | 187,756.  | 0.   | 16,471.   |
| (23) HASSAN SHALLA<br>ASSOCIATE VP OF INFO TECHNOLOGY          | 40.00<br>0.00   |   |                       |         |              | X                            |        | 190,337.  | 0.   | 11,664.   |
| (24) JULIE ZITTERGRUEN<br>VP OF REVENUE CYCLE                  | 37.30<br>2.70   |   |                       |         |              | X                            |        | 166,675.  | 0.   | 26,058.   |
| (25) BRENDA SOLOMON<br>VP OF MARKETING & COMMUNICATIONS        | 40.00<br>0.00   |   |                       |         |              | X                            |        | 157,140.  | 0.   | 25,750.   |
| (26) KELCIE DEKONING<br>AVP OF MISSION EXPANSION               | 40.00<br>0.00   |   |                       |         |              | X                            |        | 153,005.  | 0.   | 25,580.   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 6,491,093.  | 0.   | 838,659.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 156,954.  | 0.   | 21,336.   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 6,648,047.  | 0.   | 859,995.  |

**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 101

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| GRAPETREE MEDICAL STAFFING<br>PO BOX 5340, SIOUX FALLS, SD 57117             | TEMP STAFFING                  | 1,348,843.          |
| DDN CONSULTING SERVICES LLC<br>PO BOX 185010, HAMDEN, CT 06518               | NURSING SERVICES               | 1,017,624.          |
| MEDEFIS CONSOLIDATED<br>PO BOX 5068, NEW YORK, NY 10087-5068                 | TEMP STAFFING                  | 938,412.            |
| CHOICE SOLUTIONS LLC, 7015 COLLEGE BLVD<br>STE 300, OVERLAND PARK, KS 66211  | IT CONSULTING                  | 692,686.            |
| ASPIRE CONSULTING LLC, 12935 N OUTER FORTY<br>RD STE 201, ST LOUIS, MO 63141 | IT CONSULTING                  | 651,712.            |

**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 27

SEE PART VII, SECTION A CONTINUATION SHEETS

| <b>Part VII</b> Section A. <b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued) |   |  |                       |         |              |                              |          |  |   |   |
|---|---|--|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| (A)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| (27) MATTHEW SHEFFIELD<br>SR DEVELOPMENT OFFICER  | 40.00<br>0.00   |  |                       |         |              | X                            | 156,954. | 0.   | 21,336.   |   |
| (28) KEITH HOHLY<br>CHAIRPERSON   | 1.50<br>0.00  | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (29) PATRICIA A. NIMTZ<br>VICE CHAIRPERSON  | 1.50<br>0.00  | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (30) MONICA HOLLE<br>SECOND VICE CHAIRPERSON  | 1.50<br>0.00  | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (31) AKASH SETHI<br>SECRETARY   | 1.50<br>0.00  | X                                      |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| (32) JODI BENJAMIN<br>DIRECTOR  | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (33) PETER ENKO<br>DIRECTOR   | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (34) ROBERT GRAULICH<br>DIRECTOR  | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (35) SARAH MEEK<br>DIRECTOR   | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (36) MARK NICHOLSON<br>DIRECTOR   | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (37) KAREN PEPPMULLER<br>DIRECTOR   | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (38) DR. MICAH PROCHASKA<br>DIRECTOR  | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (39) DR. JOE N. SAVAGE JR.<br>DIRECTOR  | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (40) MICHELLE THOMPSON<br>DIRECTOR  | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (41) DR. ADAM D. WELLS<br>DIRECTOR  | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| (42) ELIZABETH WILLIS<br>DIRECTOR   | 1.50<br>0.00  | X                                      |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>Total to Part VII, Section A, line 1c</b> .....  |   |  |                       |         |              |                              | 156,954. |  | 21,336.   |   |

**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |            |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|------------|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |            |
| Contributions, Gifts, Grants and Other Similar Amounts  | <b>1 a</b> Federated campaigns .....  | <b>1a</b>            |                |                                    |                            |  |            |
|   | <b>b</b> Membership dues .....  | <b>1b</b>            |                |                                    |                            |  |            |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>            |                |                                    |                            |  |            |
|   | <b>d</b> Related organizations .....  | <b>1d</b>            | 4,883,000.     |                                    |                            |  |            |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>            | 4,796,676.     |                                    |                            |  |            |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 687,795.       |                                    |                            |  |            |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$             |                                    |                            |  |            |
|   | <b>h Total.</b> Add lines 1a-1f .....   |                      |                | 10,367,471.                        |                            |  |            |
| Program Service Revenue   | <b>2 a</b> <u>MEDICARE/MEDICAID PMTS</u>  | <b>Business Code</b> | 624100         | 333,602,000.                       | 333,602,000.               |  |            |
|   | <b>b</b> <u>MANAGEMENT FEES</u>   |                      | 541610         | 10,976,009.                        | 10,976,009.                |  |            |
|   | <b>c</b> <u>PROGRAM SERVICE REVENUE</u>   |                      | 624100         | 9,405,012.                         | 9,405,012.                 |  |            |
|   | <b>d</b> <u>RENTAL INCOME</u>   |                      | 532000         | 1,097,179.                         | 1,097,179.                 |  |            |
|   | <b>e</b> _____  |                      |                |                                    |                            |  |            |
|   | <b>f</b> All other program service revenue .....  |                      |                |                                    |                            |  |            |
|   | <b>g Total.</b> Add lines 2a-2f .....   |                      |                | 355,080,200.                       |                            |  |            |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      |                | 3,854,409.                         |                            | 42,641.  | 3,811,768. |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |                      |                |                                    |                            |  |            |
|   | <b>5</b> Royalties .....  |                      |                | 9,452.                             |                            |  | 9,452.     |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>            | (i) Real       | 222,461.                           |                            |  |            |
|   |   |                      | (ii) Personal  |                                    |                            |  |            |
|   |   |                      |                |                                    |                            |  |            |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>            |                | 24,204.                            |                            |  |            |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                | 198,257.                           |                            |  |            |
|   | <b>d</b> Net rental income or (loss) .....  |                      |                | 198,257.                           |                            |  | 198,257.   |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory .....                     | <b>7a</b>            | (i) Securities |                                    |                            |  |            |
|   |   |                      | (ii) Other     |                                    | 1,603,034.                 |  |            |
|   |   |                      |                |                                    |                            |  |            |
|   |   |                      |                |                                    |                            |  |            |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            |                | 680,779.                           |                            |  |            |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>            |                | 922,255.                           |                            |  |            |
| <b>d</b> Net gain or (loss) .....   |   |                      | 922,255.       |                                    |                            | 922,255.   |            |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                      |                |                                    |                            |  |            |
|   |   |                      |                |                                    |                            |  |            |
|   |   |                      |                |                                    |                            |  |            |
| <b>b</b> Less: direct expenses .....  | <b>8b</b>   |                      |                |                                    |                            |  |            |
| <b>c</b> Net income or (loss) from fundraising events .....   |   |                      |                |                                    |                            |  |            |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |                      |                |                                    |                            |  |            |
|   |   |                      |                |                                    |                            |  |            |
|   |   |                      |                |                                    |                            |  |            |
| <b>b</b> Less: direct expenses .....  | <b>9b</b>   |                      |                |                                    |                            |  |            |
| <b>c</b> Net income or (loss) from gaming activities .....  |   |                      |                |                                    |                            |  |            |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  |                      | 7,137.         |                                    |                            |  |            |
|   |   |                      |                |                                    |                            |  |            |
|   |   |                      |                |                                    |                            |  |            |
| <b>b</b> Less: cost of goods sold .....   | <b>10b</b>  |                      | 7,073.         |                                    |                            |  |            |
| <b>c</b> Net income or (loss) from sales of inventory .....   |   |                      | 64.            | 64.                                |                            |  |            |
| Miscellaneous Revenue   | <b>11 a</b> <u>INSURANCE PROCEEDS</u>   | <b>Business Code</b> | 900099         | 113,300.                           | 113,300.                   |  |            |
|   | <b>b</b> <u>PURCHASING CARD REBATE</u>  |                      | 900099         | 96,660.                            | 96,660.                    |  |            |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |            |
|   | <b>d</b> All other revenue .....  |                      | 900099         | 3,575,861.                         | 3,575,861.                 |  |            |
|   | <b>e Total.</b> Add lines 11a-11d .....   |                      |                | 3,785,821.                         |                            |  |            |
| <b>12 Total revenue.</b> See instructions .....   |   |                      | 374,217,929.   | 358,866,085.                       | 42,641.                    | 4,941,732.   |            |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  | 309,700.              | 309,700.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....  | 209,342.              | 209,342.                        |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  | 7,398,282.            |                                 | 7,398,282.                             |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....  | 150,198,491.          | 129,911,399.                    | 18,877,408.                            | 1,409,684.                  |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 1,211,084.            | 1,209,697.                      |  | 1,387.                      |
| <b>9</b> Other employee benefits .....   | 17,179,773.           | 14,963,657.                     | 2,075,034.                             | 141,082.                    |
| <b>10</b> Payroll taxes .....  | 11,252,261.           | 9,449,945.                      | 1,802,316.                             |                             |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management .....  |                       |                                 |  |                             |
| <b>b</b> Legal .....   | 669,193.              | 47,123.                         | 471,920.                               | 150,150.                    |
| <b>c</b> Accounting .....  | 106,533.              |                                 | 106,533.                               |                             |
| <b>d</b> Lobbying .....  | 62,997.               | 62,997.                         |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 116,894.              |                                 |  | 116,894.                    |
| <b>f</b> Investment management fees .....  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 116,593,645.          | 113,072,899.                    | 3,378,271.                             | 142,475.                    |
| <b>12</b> Advertising and promotion .....  |                       |                                 |  |                             |
| <b>13</b> Office expenses .....  | 6,347,423.            | 6,129,690.                      | 207,906.                               | 9,827.                      |
| <b>14</b> Information technology .....   |                       |                                 |  |                             |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  | 13,198,603.           | 11,930,768.                     | 1,262,716.                             | 5,119.                      |
| <b>17</b> Travel .....   | 4,554,704.            | 4,398,081.                      | 102,672.                               | 53,951.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   | 1,808,796.            | 482,038.                        | 1,156,361.                             | 170,397.                    |
| <b>20</b> Interest .....   | 1,406,762.            | 383,784.                        | 1,022,978.                             |                             |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  | 8,213,921.            | 2,271,444.                      | 5,942,477.                             |                             |
| <b>23</b> Insurance .....  | 3,954,755.            | 3,071,352.                      | 882,765.                               | 638.                        |
| <b>24</b> 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.)                                    |                       |                                 |  |                             |
| <b>a</b> DUES & MEMBERSHIPS  | 2,777,408.            | 529,956.                        | 2,215,006.                             | 32,446.                     |
| <b>b</b> CFR EXPENSE   | 721,462.              | 0.                              | 26,102.                                | 695,360.                    |
| <b>c</b> BAD DEBT EXPENSE  | 230,941.              | 230,854.                        | 87.                                    | 0.                          |
| <b>d</b> _____   |                       |                                 |  |                             |
| <b>e</b> All other expenses _____  | 10,929,013.           | 8,219,486.                      | 2,241,464.                             | 468,063.                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 359,451,983.          | 306,884,212.                    | 49,170,298.                            | 3,397,473.                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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)<br>Beginning of year |              | (B)<br>End of year     |
|---|--|--------------------------|--------------|------------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 42,829,414.              | <b>1</b>     | 48,678,095.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 33,077,755.              | <b>2</b>     | 56,429,955.            |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | <b>3</b>     |                        |
|   | <b>4</b> Accounts receivable, net .....  | 26,882,771.              | <b>4</b>     | 31,787,590.            |
|   | <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 .....   | 1,975,035.               | <b>9</b>     | 2,351,107.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 117,529,991.  |              |                        |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 80,314,669.   | 37,491,070.  | <b>10c</b> 37,215,322. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>    |                        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 27,490,422.              | <b>12</b>    | 30,506,773.            |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>    |                        |
|   | <b>14</b> Intangible assets .....  | 30,094,896.              | <b>14</b>    | 12,463,317.            |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 7,040,978.               | <b>15</b>    | 7,643,271.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 206,882,341.   | <b>16</b>                | 227,075,430. |                        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 22,978,920.              | <b>17</b>    | 24,194,749.            |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>    |                        |
|   | <b>19</b> Deferred revenue .....   | 4,604,231.               | <b>19</b>    | 1,484,370.             |
|   | <b>20</b> Tax-exempt bond liabilities .....  | 14,932,905.              | <b>20</b>    | 12,406,904.            |
|   | <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 .....   | 12,001,216.              | <b>23</b>    | 10,318,878.            |
|   | <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 .....  | 14,919,978.              | <b>25</b>    | 20,026,079.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 69,437,250.              | <b>26</b>    | 68,430,980.            |
| <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 .....  | 136,447,869.             | <b>27</b>    | 157,596,979.           |
|   | <b>28</b> Net assets with donor restrictions .....   | 997,222.                 | <b>28</b>    | 1,047,471.             |
|   | <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> Total net assets or fund balances .....  | 137,445,091.             | <b>32</b>    | 158,644,450.           |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 206,882,341.   | <b>33</b>                | 227,075,430. |                        |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 374,217,929. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 359,451,983. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 14,765,946.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 137,445,091. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 1,608,283.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 4,825,130.   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 158,644,450. |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? \_\_\_\_\_
- 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 \_\_\_\_\_

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> |     | X  |
|           |     |    |
| <b>2b</b> | X   |    |
|           |     |    |
| <b>2c</b> | X   |    |
|           |     |    |
| <b>3a</b> | X   |    |
|           |     |    |
| <b>3b</b> | X   |    |



**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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (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) .....   |          |          |          |          | 12       |                          |
| <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> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....   | 14 | %                        |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2023.</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 .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</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 .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2023.</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 .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2022.</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 ..... |    | <input type="checkbox"/> |
| <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 .....  |    | <input type="checkbox"/> |

**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) 2019     | (b) 2020     | (c) 2021     | (d) 2022     | (e) 2023     | (f) Total   |
|---|--------------|--------------|--------------|--------------|--------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 4,036,298.   | 10,560,753.  | 19,390,548.  | 11,184,083.  | 10,367,471.  | 55,539,153. |
| <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 | 248,614,863. | 269,513,083. | 320,706,511. | 337,971,446. | 355,087,337. | 1531893240. |
| <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   | 252,651,161. | 280,073,836. | 340,097,059. | 349,155,529. | 365,454,808. | 1587432393. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  | 1,470.       | 226.         | 3,020.       | 1,465.       | 3,626.       | 9,807.      |
| <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  | 1,470.       | 226.         | 3,020.       | 1,465.       | 3,626.       | 9,807.      |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |              |              |              |              |              | 1587422586. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019     | (b) 2020     | (c) 2021     | (d) 2022     | (e) 2023     | (f) Total   |
|--|--------------|--------------|--------------|--------------|--------------|-------------|
| <b>9</b> Amounts from line 6   | 252,651,161. | 280,073,836. | 340,097,059. | 349,155,529. | 365,454,808. | 1587432393. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 780,522.     | 532,787.     | 454,511.     | 2,158,244.   | 4,043,681.   | 7,969,745.  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                           | 85,688.      | 53,623.      | 25,302.      | 50,106.      | 42,641.      | 257,360.    |
| <b>c</b> Add lines 10a and 10b   | 866,210.     | 586,410.     | 479,813.     | 2,208,350.   | 4,086,322.   | 8,227,105.  |
| <b>11</b> Net income from unrelated business activities not included on 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.)                                  | 570,234.     | 712,373.     | 397,120.     | 983,906.     | 3,785,821.   | 6,449,454.  |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 254,087,605. | 281,372,619. | 340,973,992. | 352,347,785. | 373,326,951. | 1602108952. |

**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 2023 (line 8, column (f), divided by line 13, column (f)) | <b>15</b> | 99.08 % |
| <b>16</b> Public support percentage from 2022 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 2023 (line 10c, column (f), divided by line 13, column (f)) | <b>17</b> | .51 % |
| <b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17                         | <b>18</b> | .34 % |

**19a 33 1/3% support tests - 2023.** 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 - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <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 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <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? <i>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.</i> |     |    |
| <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? <i>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.</i>   |     |    |
| <b>1</b>  |     |    |
| <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)? <i>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).</i> |     |    |
| <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>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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <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).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |  |
| <b>c</b> <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.   |  |  |  |
| <b>a</b> 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? <i>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.</i> |  |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> 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? <i>If "Yes" or "No" provide details in Part VI.</i>   |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3a</b>   |  |  |  |
| <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.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year<br>(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              |                                |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year<br>(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<br>( <i>explain in detail in Part VI</i> ):                               |                |                                |
| 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              |                                |

| <b>Section C - Distributable Amount</b> |   |   | 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). |   |              |

Schedule A (Form 990) 2023

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2023 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2023</b> | <b>(iii)<br/>Distributable<br/>Amount for 2023</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                                     |   |  |
| <b>a</b> From 2018   |                                     |   |  |
| <b>b</b> From 2019   |                                     |   |  |
| <b>c</b> From 2020   |                                     |   |  |
| <b>d</b> From 2021   |                                     |   |  |
| <b>e</b> From 2022   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2023 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2023 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2023 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2019  |                                     |   |  |
| <b>b</b> Excess from 2020  |                                     |   |  |
| <b>c</b> Excess from 2021  |                                     |   |  |
| <b>d</b> Excess from 2022  |                                     |   |  |
| <b>e</b> Excess from 2023  |                                     |   |  |



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

|                                    |  |
|------------------------------------|--|
| Name of organization<br><br>MOSAIC | Employer identification number<br><br>11-3669999 |
|------------------------------------|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/><br><hr/><br><hr/>           | \$ 4,883,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/><br><hr/><br><hr/>           | \$ 25,805.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/><br><hr/><br><hr/>           | \$ 1,401,919.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/><br><hr/><br><hr/>           | \$ 540,975.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/><br><hr/><br><hr/>           | \$ 1,453,467.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/><br><hr/><br><hr/>           | \$ 960,852.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                    |  |
|------------------------------------|--|
| Name of organization<br><br>MOSAIC | Employer identification number<br><br>11-3669999 |
|------------------------------------|--|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          | <hr/><br><hr/><br><hr/>           | \$ 413,656.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|                                    |  |
|------------------------------------|--|
| Name of organization<br><br>MOSAIC | Employer identification number<br><br>11-3669999 |
|------------------------------------|--|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |
|                              | <hr/> <hr/> <hr/> <hr/>                      | \$ _____  | _____                |

|                                    |  |
|------------------------------------|--|
| Name of organization<br><br>MOSAIC | Employer identification number<br><br>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.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**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.**

**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<br><b>MOSAIC</b> | Employer identification number<br><b>11-3669999</b> |
|---------------------------------------|---|

**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-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**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.

| <b>Limits on Lobbying Expenditures</b><br>(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%;"> <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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**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   |    | 12,000. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  | X   |    |         |
| <b>i</b> Other activities? .....  | X   |    | 62,997. |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    | 74,997. |
| <b>2a</b> Did the activities in line 1 cause the organization to not be 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 expenditures 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 2024.

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (land for public use, natural habitat, open space, historically important area, certified historic structure), a table for 2a-2d (Total number, acreage, certified historic structures, historic structures after 2006), and several yes/no questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a and 1b about reporting works of art, and question 2 about reporting amounts for works of art held for financial gain.

**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             | 1,802,837.  |
| d Additions during the year     | 21,691,000. |
| e Distributions during the year | 21,690,923. |
| f Ending balance                | 1,802,914.  |
- 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 in 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                     | 49,559,857.      | 45,918,481.    | 50,067,707.        | 40,344,859.          | 37,178,162.         |
| b Contributions                                  | 1,585,088.       | 2,333,615.     | 1,732,294.         | 4,139,307.           | 7,157,077.          |
| c Net investment earnings, gains, and losses     | 5,093,667.       | 3,616,595.     | -3,358,135.        | 7,685,646.           | -539,550.           |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 4,277,531.       | 2,308,834.     | 2,523,385.         | 2,102,105.           | 3,450,830.          |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 51,961,081.      | 49,559,857.    | 45,918,481.        | 50,067,707.          | 40,344,859.         |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 85.0000 %
  - b Permanent endowment 12.0000 %
  - c Term endowment 3.0000 %
- 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:
- |                              | Yes | No |
|------------------------------|-----|----|
| (i) Unrelated organizations? |     | X  |
| (ii) Related organizations?  | 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   |                                      | 4,302,652.                      |                              | 4,302,652.     |
| b Buildings   |                                      | 84,961,064.                     | 58,524,294.                  | 26,436,770.    |
| c Leasehold improvements  |                                      | 1,064,184.                      | 885,298.                     | 178,886.       |
| d Equipment   |                                      | 11,654,556.                     | 10,697,488.                  | 957,068.       |
| e Other   |                                      | 15,547,535.                     | 10,207,589.                  | 5,339,946.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 37,215,322.    |

**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) INVESTMENT IN BICO  | 21,551,915.    | COST  |
| (B) INVESTMENT IN SALES TYPE LEASE                                      | 8,844,858.     | COST  |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 30,506,773.    |   |

**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, line 13, col. (B)) |                |   |

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) REFUNDABLE FEES   | 20,858.        |
| (3) CRATS PAYABLE   | 478,119.       |
| (4) LIABILITY FOR PENSION BENEFITS  | 5,571,544.     |
| (5) ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS                               | 5,093,982.     |
| (6) LEASE LIABILITY   | 8,861,576.     |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 20,026,079.    |

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.

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

**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.

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

**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:

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 2024, MANAGEMENT  
DETERMINED THAT THERE ARE NO INCOME TAX POSITIONS REQUIRING RECOGNITION IN  
THE FINANCIAL STATEMENTS OTHER THAN DESCRIBED PREVIOUSLY.







**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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**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 G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

|   |   |
|---|---|
| Name of the organization<br><p style="text-align: center;">MOSAIC</p> | Employer identification number<br><p style="text-align: center;">11-3669999</p> |
|---|---|

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |   |   |
|---|---|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input type="checkbox"/> Special fundraising events</p> |
|---|---|

2 **a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)    | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|-----------------------------------|---|---|
|  |               | Yes  | No |                                   |   |   |
| ZACHARIAS ADVANCEMENT - 2206<br>N MAIN ST, WHEATON, IL 60187 | CONSULTING    |  | X  | 0.                                | 116,894.  | 0.  |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
|  |               |  |    |                                   |   |   |
| <b>Total</b> .....   |               |  |    |                                   | 116,894.  |   |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events                |
|--|---|--------------|--------------|------------------|---------------------------------|
|  |   | (event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue  | <b>1</b> Gross receipts .....   |              |              |                  |                                 |
|  | <b>2</b> Less: Contributions .....  |              |              |                  |                                 |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           |              |              |                  |                                 |
| Direct Expenses  | <b>4</b> Cash prizes .....  |              |              |                  |                                 |
|  | <b>5</b> Noncash prizes .....   |              |              |                  |                                 |
|  | <b>6</b> Rent/facility costs .....  |              |              |                  |                                 |
|  | <b>7</b> Food and beverages .....   |              |              |                  |                                 |
|  | <b>8</b> Entertainment .....  |              |              |                  |                                 |
|  | <b>9</b> Other direct expenses .....  |              |              |                  |                                 |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |              |              |                  |                                 |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |              |              |                  |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   |                                      | (a) Bingo   | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c)) |
|---|--------------------------------------|---|---|---|--|
|   |                                      | <b>1</b> Gross revenue .....  |   |   |  |
| Direct Expenses   | <b>2</b> Cash prizes .....           |   |   |   |  |
|   | <b>3</b> Noncash prizes .....        |   |   |   |  |
|   | <b>4</b> Rent/facility costs .....   |   |   |   |  |
|   | <b>5</b> Other direct expenses ..... |   |   |   |  |
|   | <b>6</b> Volunteer labor .....       | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |                                      |   |   |   |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |                                      |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_





**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

**2023**

**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.

| <b>1 (a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance   |
|---|----------------|--|---------------------------------|---|--|--|---|
| MOSAIC HOUSING CORP. I<br>4980 S 118TH STREET<br>OMAHA, NE 68137                          | 36-3756911     | 501(C)(3)                              | 0.                              | 31,650.                                 |  |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
| MOSAIC HOUSING CORP. II<br>4980 S 118TH STREET<br>OMAHA, NE 68137                         | 47-0773689     | 501(C)(3)                              | 0.                              | 48,550.                                 |  |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
| MOSAIC HOUSING CORP. VIII<br>4980 S 118TH STREET<br>OMAHA, NE 68137                       | 47-0828012     | 501(C)(3)                              | 0.                              | 10,600.                                 |  |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
| MOSAIC HOUSING CORP. XVII -<br>BEATRICE - 4980 S 118TH STREET -<br>OMAHA, NE 68137        | 26-1710013     | 501(C)(3)                              | 0.                              | 22,000.                                 |  |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
| MOSAIC HOUSING CORP. XVIII -<br>OSCEOLA-WAUKON - 4980 S 118TH<br>STREET - OMAHA, NE 68137 | 26-1710184     | 501(C)(3)                              | 0.                              | 19,900.                                 |  |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
| MOSAIC HOUSING CORP. XXII - LOGAN<br>4980 S 118TH STREET<br>OMAHA, NE 68137               | 27-3483415     | 501(C)(3)                              | 0.                              | 91,115.                                 |  |  | 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 ..... **12.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                               | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance  |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| MOSAIC HOUSING CORP. XV - COUNCIL BLUFFS - 4980 S 118TH STREET - OMAHA, NE 68137 | 20-5765691 | 501(C)(3)                     | 0.                       | 8,400.                           |   |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
| MOSAIC HOUSING CORP. XVI - FARMINGTON - 4980 S 118TH STREET - OMAHA, NE 68137    | 20-5765731 | 501(C)(3)                     | 0.                       | 5,800.                           |   |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
| MOSAIC HOUSING CORP. XXIII - AUSTIN - 4980 S 118TH STREET - OMAHA, NE 68137      | 71-0875364 | 501(C)(3)                     | 0.                       | 12,994.                          |   |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
| MOSAIC HOUSING CORP. IX<br>4980 S 118TH STREET<br>OMAHA, NE 68137                | 74-2838413 | 501(C)(3)                     | 0.                       | 12,000.                          |   |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
| MOSAIC HOUSING CORP. X<br>4980 S 118TH STREET<br>OMAHA, NE 68137                 | 74-2908789 | 501(C)(3)                     | 0.                       | 5,950.                           |   |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
| MOSAIC HOUSING CORP. XI<br>4980 S 118TH STREET<br>OMAHA, NE 68137                | 31-1706640 | 501(C)(3)                     | 0.                       | 16,500.                          |   |  | THE GRANT PROVIDED IS TO THE RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION. |
|  |            |                               |                          |                                  |   |  |   |
|  |            |                               |                          |                                  |   |  |   |
|  |            |                               |                          |                                  |   |  |   |

**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

**2023**

Open to Public  
Inspection

Name of the organization

MOSAIC

Employer identification number

11-366999

**Part I Questions Regarding Compensation**

**1a** 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"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)        |

- 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 .....
- 2** 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? .....

**3** 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"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** 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:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** 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.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** 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 .....

**8** 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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  |     | X  |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) 2023

**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 and/or 1099-NEC 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<br>PRESIDENT AND CEO              | (i)  | 517,723.   | 155,894.                            | 0.                                  | 172,345.                                       | 21,336.                 | 867,298.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) SCOTT HOFFMAN<br>SENIOR VP AND CFO              | (i)  | 326,057.   | 137,991.                            | 0.                                  | 20,723.  | 21,336.                 | 506,107.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) JOSEPH LYONS<br>SR VP AND GENERAL COUNSEL       | (i)  | 280,246.   | 127,636.                            | 0.                                  | 18,766.  | 11,664.                 | 438,312.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) RENEE COUGHLIN<br>CAO & FOUNDATION PRESIDENT    | (i)  | 248,332.   | 123,892.                            | 0.                                  | 17,431.  | 21,336.                 | 410,991.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) JENNIFFER LEDOUX<br>SVP OF OPERATIONS           | (i)  | 250,213.   | 47,253.                             | 0.                                  | 16,846.  | 11,664.                 | 325,976.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) PARKER MCKENNA<br>SVP OF HUMAN RESOURCES        | (i)  | 244,834.   | 45,677.                             | 0.                                  | 16,284.  | 11,664.                 | 318,459.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) HEATHER GUNN<br>SVP OF STRATEGIC INITIATIVES    | (i)  | 214,596.   | 39,616.                             | 0.                                  | 14,123.  | 11,664.                 | 279,999.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) ANGELA WEIS<br>SVP OF MISSION SUPPORT           | (i)  | 193,825.   | 38,139.                             | 0.                                  | 13,597.  | 21,336.                 | 266,897.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) RAYMOND WALLACE<br>ASSOCIATE VP OF FINANCE      | (i)  | 207,224.   | 31,633.                             | 0.                                  | 6,423.   | 11,664.                 | 256,944.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) MOLLY KENNIS<br>VP OF OPERATIONS               | (i)  | 189,815.   | 30,000.                             | 0.                                  | 6,405.   | 21,336.                 | 247,556.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) KATIE KELLY<br>VP OF IT & HIPPA SEC OFFICER    | (i)  | 203,858.   | 19,001.                             | 0.                                  | 5,740.   | 11,664.                 | 240,263.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) ANDREA FERRUCCI<br>VP OF OPERATIONS            | (i)  | 192,522.   | 22,200.                             | 0.                                  | 3,943.   | 21,336.                 | 240,001.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (13) STACY MORTON<br>VP OF FIN. PLANNING & ANALYSIS | (i)  | 193,222.   | 18,910.                             | 0.                                  | 5,561.   | 21,336.                 | 239,029.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (14) KRISTIN ROSSOW<br>VP OF ACCOUNTING             | (i)  | 190,518.   | 19,406.                             | 0.                                  | 5,560.   | 21,336.                 | 236,820.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (15) RICHARD NELSON<br>VP OF OPERATIONS             | (i)  | 190,039.   | 19,000.                             | 0.                                  | 5,354.   | 11,664.                 | 226,057.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (16) PATRICK COSTIGAN<br>VP OF OPERATIONS           | (i)  | 172,744.   | 19,000.                             | 0.                                  | 7,390.   | 21,336.                 | 220,470.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |

**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 and/or 1099-NEC 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 |  |                         |                                 |   |
| (17) LISA PARTEH<br>VP OF OPERATIONS                    | (i)  | 169,721.   | 19,000.                             | 0.                                  | 5,772.   | 21,336.                 | 215,829.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (18) JENNIFER ZAJICEK<br>VP OF OPERATIONAL EXCELLENCE   | (i)  | 158,672.   | 28,200.                             | 0.                                  | 5,338.   | 21,336.                 | 213,546.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (19) AMBROSIA BELCHIC<br>VP OF COMPLIANCE               | (i)  | 149,261.   | 34,100.                             | 0.                                  | 4,688.   | 21,336.                 | 209,385.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (20) PAULA BURTON<br>VP OF HR OPERATIONS                | (i)  | 171,841.   | 15,914.                             | 0.                                  | 5,285.   | 11,664.                 | 204,704.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (21) ROBIN WESTFALL<br>VP OF TALENT MANAGEMENT          | (i)  | 162,291.   | 16,164.                             | 0.                                  | 4,882.   | 21,336.                 | 204,673.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (22) ERICA GIBSON<br>VP OF HR SERVICES                  | (i)  | 171,842.   | 15,914.                             | 0.                                  | 4,807.   | 11,664.                 | 204,227.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (23) HASSAN SHALLA<br>ASSOCIATE VP OF INFO TECHNOLOGY   | (i)  | 172,898.   | 17,439.                             | 0.                                  | 0.   | 11,664.                 | 202,001.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (24) JULIE ZITTERGRUEN<br>VP OF REVENUE CYCLE           | (i)  | 151,023.   | 15,652.                             | 0.                                  | 4,722.   | 21,336.                 | 192,733.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (25) BRENDA SOLOMON<br>VP OF MARKETING & COMMUNICATIONS | (i)  | 143,944.   | 13,196.                             | 0.                                  | 4,414.   | 21,336.                 | 182,890.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (26) KELCIE DEKONING<br>AVP OF MISSION EXPANSION        | (i)  | 137,457.   | 15,548.                             | 0.                                  | 4,244.   | 21,336.                 | 178,585.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (27) MATTHEW SHEFFIELD<br>SR DEVELOPMENT OFFICER        | (i)  | 145,203.   | 11,751.                             | 0.                                  | 0.   | 21,336.                 | 178,290.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

PART I, LINE 1A:

EVERY EMPLOYEE ENROLLED IN A HEALTH PLAN CAN BE REIMBURSED UP TO \$25 PER MONTH FOR GYM MEMBERSHIPS OR INITIATION FEES. THIS BENEFIT IS TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.

SCHEDULE J, PART II, COLUMN B:

DURING CALENDAR YEAR 2023, MIKE LYONS, RENEE COUGHLIN, AND SCOTT HOFFMAN RECEIVED A PAYOUT AS PART OF A RETENTION AGREEMENT, AND IS REFLECTED IN THEIR COMPENSATION.

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.

**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.

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 |
| <b>A</b> | PUBLIC FINANCE AUTHORITY | 27-3866124                               | 000000000      | 06/29/17    | 12,188,750.     | REFUND PRIOR ISSUES (1/28/03, 6/1/05, 3/12/10      |                            | X            |    | X                       |    | X                    |    |
| <b>B</b> | PUBLIC FINANCE AUTHORITY | 27-3866124                               | 000000000      | 10/31/18    | 10,101,544.     | ACQUIRE FACILITY. REFUND BONDS ISSUED 11/1/2017 AN |                            | X            |    | X                       |    | X                    |    |
| <b>C</b> | PUBLIC FINANCE AUTHORITY | 27-3866124                               | 000000000      | 11/01/17    | 6,740,000.      | SEE PART VI  |                            | X            |    | X                       |    | X                    |    |
| <b>D</b> |                          |  |                |             |                 |  |                            |              |    |                         |    |                      |    |

| Part II   | Proceeds   |             |    |             |    |            |    |     |    |
|-----------|--|-------------|----|-------------|----|------------|----|-----|----|
|           |  | A           |    | B           |    | C          |    | D   |    |
| <b>1</b>  | Amount of bonds retired .....  | 10,268,419. |    | 1,861,018.  |    | 4,236,178. |    |     |    |
| <b>2</b>  | Amount of bonds legally defeased .....   |             |    |             |    |            |    |     |    |
| <b>3</b>  | Total proceeds of issue .....  | 12,188,750. |    | 10,101,544. |    | 6,429,296. |    |     |    |
| <b>4</b>  | Gross proceeds in reserve funds .....  |             |    |             |    |            |    |     |    |
| <b>5</b>  | Capitalized interest from proceeds .....   |             |    |             |    |            |    |     |    |
| <b>6</b>  | Proceeds in refunding escrows .....  |             |    |             |    |            |    |     |    |
| <b>7</b>  | Issuance costs from proceeds .....   | 187,009.    |    |             |    |            |    |     |    |
| <b>8</b>  | Credit enhancement from proceeds .....   |             |    |             |    |            |    |     |    |
| <b>9</b>  | Working capital expenditures from proceeds .....   |             |    |             |    |            |    |     |    |
| <b>10</b> | Capital expenditures from proceeds .....   |             |    | 1,800,000.  |    | 6,294,309. |    |     |    |
| <b>11</b> | Other spent proceeds .....   | 12,001,741. |    | 8,301,544.  |    | 134,987.   |    |     |    |
| <b>12</b> | Other unspent proceeds .....   |             |    |             |    |            |    |     |    |
| <b>13</b> | Year of substantial completion .....   | 2012        |    | 2018        |    | 2021       |    |     |    |
|           |  | Yes         | No | Yes         | No | Yes        | No | Yes | No |
| <b>14</b> | 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           |    | X          |    |     |    |
| <b>15</b> | 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           |    |            | X  |     |    |
| <b>16</b> | Has the final allocation of proceeds been made? .....  | X           |    | X           |    | X          |    |     |    |
| <b>17</b> | Does the organization maintain adequate books and records to support the final allocation of proceeds? .....                           | X           |    | X           |    | X          |    |     |    |

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

| <b>Part III Private Business Use</b>  |            |           |            |           |            |           |            |           |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|   | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|   | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <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?   |            |           |            |           |            |           |            |           |
| <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? .....                           | X          |           | X          |           | X          |           |            |           |

| <b>Part IV Arbitrage</b>  |            |           |            |           |            |           |            |           |
|---|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
|   | <b>A</b>   |           | <b>B</b>   |           | <b>C</b>   |           | <b>D</b>   |           |
|   | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> | <b>Yes</b> | <b>No</b> |
| <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          |           |            |           |
| <b>c</b> No rebate due? .....   |            | 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          |           |            |           |

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... |     | X  |     | X  |     | X  |     |    |
| <b>b</b> Name of provider .....  |     |    |     |    |     |    |     |    |
| <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)? .....  |     | X  |     | X  |     | X  |     |    |
| <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? .....  |     | X  |     | X  |     | X  |     |    |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....                 | X   |    | X   |    | X   |    |     |    |

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| 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? ..... | X   |    | X   |    | X   |    |     |    |

**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, 5/30/12)

(A) ISSUER NAME: PUBLIC FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

ACQUIRE FACILITY. REFUND BONDS ISSUED 11/1/2017 AND TAXABLE BOND 10/31/2018

PART I, COLUMN C, (F):

CONSTRUCT & IMPROVE FACILITY. PAY ISSUANCE COSTS OF THE 2017B TAXABLE

DRAW-DOWN BONDS ON 6/29/17.

PART II, COLUMN C, LINE 12:

THE DEBT WAS ISSUED ON A DRAW DOWN BASIS AND THE TOTAL PRINCIPAL DRAWN

WAS LESS THAN THE AMOUNT AVAILABLE. THE REMAINING PRINCIPAL WILL NOT

BE DRAWN.

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2023**

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 \$ 18,512,407. INCL GRANTS OF \$ 519,042. REVENUE \$ 21,648,312.

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

THE EXECUTIVE COMMITTEE, DURING THE INTERIM BETWEEN REGULAR OR SPECIAL  
MEETINGS OF THE BOARD, SHALL HAVE AUTHORITY TO DO ALL THINGS NECESSARY FOR  
THE CONDUCT OF THE CORPORATE AFFAIRS WHICH THE BOARD OF DIRECTORS COULD  
UNDERTAKE EXCEPT AS MAY BE PROHIBITED BY LAW, BY THE BYLAWS, OR BY  
RESOLUTION OF THE BOARD OF DIRECTORS, PROVIDED HOWEVER, THAT THE EXECUTIVE  
COMMITTEE SHALL EXERCISE ITS AUTHORITY TO ACT ON BEHALF OF THE FULL BOARD  
ONLY WHEN A DECISION MUST BE MADE AND THERE IS INSUFFICIENT TIME TO  
ASSEMBLE A MEETING OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 2:

SCOTT HOFFMAN AND LINDA TIMMONS HAVE A BUSINESS RELATIONSHIP AS THE CHIEF  
FINANCIAL OFFICER OF MOSAIC AND CHIEF EXECUTIVE OFFICER OF MOSAIC. IN  
THESE ROLES THEY MANAGE MOSAIC.

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

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

Schedule O (Form 990) 2023

|                                    |  |
|------------------------------------|--|
| Name of the organization<br>MOSAIC | Employer identification number<br>11-3669999 |
|------------------------------------|--|

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:

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

|                                    |  |
|------------------------------------|--|
| Name of the organization<br>MOSAIC | Employer identification number<br>11-3669999 |
|------------------------------------|--|

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 WILL BE GUIDED BY THE CONSULTANT'S ANALYSIS AND EXPERTISE, APPROVE THE COMPENSATION OF THE CEO, AND REPORT ITS ACTIONS TO THE FULL BOARD. THE CEO, WORKING WITHIN SALARY RANGES BASED UPON MARKET DATA GATHERED BY THE CONSULTANT, SETS THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. MINUTES, DOCUMENTATION OF THE INDEPENDENT CONSULTANT'S ANALYSIS, REPORT 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        | 459,109.   |
| MANAGEMENT AND GENERAL EXPENSES | 486,457.   |
| FUNDRAISING EXPENSES            | 72,626.    |
| TOTAL EXPENSES                  | 1,018,192. |

DAY/HOST SERVICES:

|                                 |              |
|---------------------------------|--------------|
| PROGRAM SERVICE EXPENSES        | 112,518,692. |
| MANAGEMENT AND GENERAL EXPENSES | 17,688.      |

|                                    |  |
|------------------------------------|--|
| Name of the organization<br>MOSAIC | Employer identification number<br>11-3669999 |
|------------------------------------|--|

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 112,536,380.

CONSULTING SERVICES:

PROGRAM SERVICE EXPENSES 95,098.

MANAGEMENT AND GENERAL EXPENSES 2,874,126.

FUNDRAISING EXPENSES 69,849.

TOTAL EXPENSES 3,039,073.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 116,593,645.

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

POSTRETIREMENT BENEFIT RELATED CHANGES OTHER THAN NET

PERIODIC COST -57,001.

OTHER TRANSFER OF LIABILITIES 4,882,131.

TOTAL TO FORM 990, PART XI, LINE 9 4,825,130.

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.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

|  |  |
|--|--|
| Name of the organization<br><p align="center">MOSAIC</p> | Employer identification number<br><p align="center">11-3669999</p> |
|--|--|

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                              | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|--------------------------|---|---------------------|---------------------------|-------------------------------------|
| LIVING INNOVATIONS SUPPORT SERVICES, LLC -<br>02-0505172, 273 LOCUST ST UNIT 2C, DOVER, NH<br>03820 | IN-HOME SUPPORT SERVICES | NEW HAMPSHIRE                                       | 68,996,468.         | 26,677,804.               | 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)<br>Name, address, and EIN<br>of related organization                   | (b)<br>Primary activity                        | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|--|---|-------------------------------|---|-------------------------------------|--|----|
|  |  |   |                               |   |                                     | Yes  | No |
| MOSAIC FOUNDATION - 36-3837360<br>4980 S 118 ST<br>OMAHA, NE 68137         | FUNDRAISING AND INVESTMENT<br>ASSET MANAGEMENT | NEBRASKA  | 501(C)(3)                     | LINE 12A, I   | MOSAIC                              | X  |    |
| OAKS OF DUNN COUNTY, INC. - 39-1913323<br>4980 S 118 ST<br>OMAHA, NE 68137 | SENIOR LIVING SERVICES                         | WISCONSIN   | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. I - 36-3756911<br>4980 S 118 ST<br>OMAHA, NE 68137    | LOW INCOME HOUSING                             | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. II - 47-0773689<br>4980 S 118 ST<br>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) 2023

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| MOSAIC HOUSING CORP. IV - 91-1823422<br>4980 S 118 ST<br>OMAHA, NE 68137                 | LOW INCOME HOUSING      | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. VII - 47-0828015<br>4980 S 118 ST<br>OMAHA, NE 68137                | LOW INCOME HOUSING      | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. VIII - 47-0828012<br>4980 S 118 ST<br>OMAHA, NE 68137               | LOW INCOME HOUSING      | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. IX - 74-2838413<br>4980 S 118 ST<br>OMAHA, NE 68137                 | LOW INCOME HOUSING      | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. X - 74-2908789<br>4980 S 118 ST<br>OMAHA, NE 68137                  | LOW INCOME HOUSING      | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. XI - 31-1706640<br>4980 S 118 ST<br>OMAHA, NE 68137                 | LOW INCOME HOUSING      | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. XII - 48-1297244<br>4980 S 118 ST<br>OMAHA, NE 68137                | LOW INCOME HOUSING      | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. XIII - 42-1626679<br>4980 S 118 ST<br>OMAHA, NE 68137               | LOW INCOME HOUSING      | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. XIV - ROCKFORD -<br>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 -<br>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 -<br>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 -<br>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)<br>Name, address, and EIN<br>of related organization                                       | (b)<br>Primary activity          | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|----------------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                                  |   |                               |   |                                     | Yes  | No |
| MOSAIC HOUSING CORP. XVIII - OSCEOLA-WAUKON<br>- 26-1710184, 4980 S 118 ST, OMAHA, NE<br>68137 | LOW INCOME HOUSING               | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC HOUSING CORP. XIX - WINFIELD -<br>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 -<br>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<br>4980 S 118 ST<br>OMAHA, NE 68137                     | LOW INCOME HOUSING               | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC ILLINOIS HOUSING II - 20-4417645<br>4980 S 118 ST<br>OMAHA, NE 68137                    | LOW INCOME HOUSING               | NEBRASKA  | 501(C)(3)                     | LINE 10   | MOSAIC                              | X  |    |
| MOSAIC ILLINOIS HOUSING AT MACOMB I -<br>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 -<br>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 -<br>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 -<br>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 -<br>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 -<br>36-3831874, 4980 S 118 ST, OMAHA, NE 68137           | EMPLOYEE WELFARE BENEFIT<br>PLAN | NEBRASKA  | 501(C)(9)                     | N/A   | MOSAIC                              | X  |    |
| MOSAIC SENIOR SERVICES, INC. - 83-1746407<br>4980 S 118 ST<br>OMAHA, NE 68137                  | SENIOR LIVING SERVICES           | ARIZONA   | 501(C)(3)                     | LINE 12A, I   | MOSAIC                              | X  |    |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| MOSAIC RESIDENTIAL SERVICES<br>OF NEBRASKA, LLC -<br>27-1695051, 4980 S 118 ST,<br>OMAHA, NE 68137 | LOW INCOME<br>HOUSING   | NE  | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity   | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|---|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |   |   |                                     |  |                                 |  |                                | Yes   | No |
| MOSAIC HOUSING CORPORATION V - 47-0805545<br>4980 S 118 ST<br>OMAHA, NE 68137  | LOW INCOME HOUSING  | NE  | MOSAIC                              | C CORP   | 1.                              | 914,532.                                 | 100%                           | X   |    |
| BICO<br>4980 S 118 ST<br>OMAHA, NE 68137   | CAPTIVE INSURANCE   | BERMUDA   | MOSAIC                              | C CORP   | 8,003,411.                      | 33,006,661.                              | 100%                           | X   |    |
| CHARITABLE REMAINDER TRUSTS (5)<br>EASE-E MEDICAL, INC. - 47-0842353<br>731 SOUTH 8TH STREET<br>CANON CITY, CO 81212 | INVESTMENT MANAGEMENT<br>SALE OF MEDICAL<br>EQUIPMENT AND<br>SUPPLIES | NE  | N/A                                 | TRUST  | N/A                             | N/A                                      | N/A                            | 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 ..... | X   |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   | X   |    |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 | 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)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) EASE-E MEDICAL EQUIPMENT        | A                             | 42,641.                | CASH TRANSFERRED EQUALS FMV                  |
| (2) THE MOSAIC FOUNDATION           | C                             | 4,883,000.             | CASH TRANSFERRED EQUALS FMV                  |
| (3) EASE-E MEDICAL EQUIPMENT        | L                             | 574,304.               | CASH TRANSFERRED EQUALS FMV                  |
| (4) BICO                            | L                             | 1,161,000.             | CASH TRANSFERRED EQUALS FMV                  |
| (5) MOSAIC SENIOR SERVICES          | L                             | 1,226,223.             | CASH TRANSFERRED EQUALS FMV                  |
| (6) OAKS OF DUNN COUNTY, INC.       | S                             | 669,527.               | CASH TRANSFERRED EQUALS FMV                  |

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

| (a)<br>Name of other organization    | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------|-------------------------------|------------------------|--|
| (7) THE MOSAIC FOUNDATION            | R                             | 87,296.                | CASH TRANSFERRED EQUALS FMV                  |
| (8) EASE-E MEDICAL EQUIPMENT         | R                             | 89,877.                | CASH TRANSFERRED EQUALS FMV                  |
| (9) MOSAIC HOUSING CORP XXII - LOGAN | B                             | 91,115.                | CASH TRANSFERRED EQUALS FMV                  |
| (10)                                 |                               |                        |  |
| (11)                                 |                               |                        |  |
| (12)                                 |                               |                        |  |
| (13)                                 |                               |                        |  |
| (14)                                 |                               |                        |  |
| (15)                                 |                               |                        |  |
| (16)                                 |                               |                        |  |
| (17)                                 |                               |                        |  |
| (18)                                 |                               |                        |  |
| (19)                                 |                               |                        |  |
| (20)                                 |                               |                        |  |
| (21)                                 |                               |                        |  |
| (22)                                 |                               |                        |  |
| (23)                                 |                               |                        |  |
| (24)                                 |                               |                        |  |





Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning JUL 1, 2023, and ending JUN 30, 2024

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

MOSAIC

EIN or SSN

11-3669999

Name and title of officer or person subject to tax

SCOTT HOFFMAN  
CHIEF FINANCIAL OFFICER

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

|                                    |                                     |   |                  |
|------------------------------------|-------------------------------------|---|------------------|
| <b>1a</b> Form 990 check here      | <input type="checkbox"/>            | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)     | <b>1b</b> _____  |
| <b>2a</b> Form 990-EZ check here   | <input type="checkbox"/>            | <b>b</b> Total revenue, if any (Form 990-EZ, line 9)                          | <b>2b</b> _____  |
| <b>3a</b> Form 1120-POL check here | <input type="checkbox"/>            | <b>b</b> Total tax (Form 1120-POL, line 22)                                   | <b>3b</b> _____  |
| <b>4a</b> Form 990-PF check here   | <input type="checkbox"/>            | <b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)         | <b>4b</b> _____  |
| <b>5a</b> Form 8868 check here     | <input type="checkbox"/>            | <b>b</b> Balance due (Form 8868, line 3c)                                     | <b>5b</b> _____  |
| <b>6a</b> Form 990-T check here    | <input checked="" type="checkbox"/> | <b>b</b> Total tax (Form 990-T, Part III, line 4)                             | <b>6b</b> 0.     |
| <b>7a</b> Form 4720 check here     | <input type="checkbox"/>            | <b>b</b> Total tax (Form 4720, Part III, line 1)                              | <b>7b</b> _____  |
| <b>8a</b> Form 5227 check here     | <input type="checkbox"/>            | <b>b</b> FMV of assets at end of tax year (Form 5227, Item D)                 | <b>8b</b> _____  |
| <b>9a</b> Form 5330 check here     | <input type="checkbox"/>            | <b>b</b> Tax due (Form 5330, Part II, line 19)                                | <b>9b</b> _____  |
| <b>10a</b> Form 8038-CP check here | <input type="checkbox"/>            | <b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) | <b>10b</b> _____ |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize EIDE BAILLY LLP to enter my PIN 05543  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\*\*

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

47323500322

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

WENDY R. COOLEY, CPA

Date

03/06/25

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, 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).

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

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.

**Part I - Identification**

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

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 0 7

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of SCOTT HOFFMAN  
 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 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_\_ or  
 tax year beginning JUL 1, 20 23, and ending JUN 30, 2024

**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

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</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. | <b>3b</b> | \$ | 0. |
| <b>c 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.              | <b>3c</b> | \$ | 0. |

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

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2023 or other tax year beginning JUL 1, 2023, and ending JUN 30, 2024

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 227,075,430, D Employer identification number 11-3669999, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation (checked), 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity.

H Check if filing only to claim Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800.

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes, No (checked).

L The books are in care of SCOTT HOFFMAN Telephone number 402-896-3884

Part I Total Unrelated Business Taxable Income

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from unrelated business taxable income to final amount of 0.

Part II Tax Computation

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts for organizations, trusts, proxy tax, and other tax amounts, totaling 0.

Part III Tax and Payments

Table for Part III: Tax and Payments. Rows 1a-5 showing foreign tax credit, other credits, amounts due from various forms, and total tax liability of 0.

| <b>Part III Tax and Payments</b> <i>(continued)</i> |  |           |  |
|---|--|-----------|--|
| 6 a   | Payments: Preceding year's overpayment credited to the current year .....  | <b>6a</b> |  |
| b   | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>                       | <b>6b</b> |  |
| c   | Tax deposited with Form 8868 .....   | <b>6c</b> |  |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions) .....   | <b>6d</b> |  |
| e   | Backup withholding (see instructions) .....  | <b>6e</b> |  |
| f   | Credit for small employer health insurance premiums (attach Form 8941) .....   | <b>6f</b> |  |
| g   | Elective payment election amount from Form 3800 .....  | <b>6g</b> |  |
| h   | Payment from Form 2439 .....   | <b>6h</b> |  |
| i   | Credit from Form 4136 .....  | <b>6i</b> |  |
| j   | Other (see instructions) .....   | <b>6j</b> |  |
| <b>7</b>  | <b>Total payments.</b> Add lines 6a through 6j .....   | <b>7</b>  |  |
| <b>8</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>                              | <b>8</b>  |  |
| <b>9</b>  | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....                              | <b>9</b>  |  |
| <b>10</b>   | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....                       | <b>10</b> |  |
| <b>11</b>   | Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <span style="float: right;"><b>Refunded</b></span> | <b>11</b> |  |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions) |   |                                   |           |
|---|---|-----------------------------------|-----------|
| <b>1</b>  | At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <u>BERMUDA</u> | <b>Yes</b>                        | <b>No</b> |
|   |   | X                                 |           |
| <b>2</b>  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....<br>If "Yes," see instructions for other forms the organization may have to file.  |                                   | X         |
| <b>3</b>  | Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____  |                                   |           |
| <b>4</b>  | Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.   |                                   |           |
| <b>5</b>  | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.  |                                   |           |
|   | Business Activity Code  | Available post-2017 NOL carryover |           |
|   |   | \$                                |           |
|   |   | \$                                |           |
|   |   | \$                                |           |
|   |   | \$                                |           |
| <b>6 a</b>  | Reserved for future use .....   |                                   |           |
| <b>b</b>  | Reserved for future use .....   |                                   |           |

**Part V Supplemental Information**

Provide any additional information. See instructions.

|                               |  |      |                         |                        |   |
|-------------------------------|--|------|-------------------------|------------------------|---|
| <b>Sign Here</b>              | 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 taxpayer) is based on all information of which preparer has any knowledge. |      |                         |                        |   |
|                               | Signature of officer   | Date | CHIEF FINANCIAL OFFICER |                        |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   |      | Preparer's signature    | Date                   | Check <input type="checkbox"/> if self-employed |
|                               | WENDY R. COOLEY, CPA   |      | WENDY R. COOLEY, CPA    | 03/06/25               | PTIN P01523804                                  |
|                               | Firm's name EIDE BAILLY LLP  |      |                         | Firm's EIN 45-0250958  |   |
|                               | Firm's address 18081 BURT ST STE 200<br>OMAHA, NE 68022-4722   |      |                         | Phone no. 402-330-2660 |   |

|   |  |                                    |
|---|--|------------------------------------|
| May the IRS discuss this return with the preparer shown below (see instructions)? | <input checked="" type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
|---|--|------------------------------------|

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

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

E Describe the unrelated trade or business RELATED PARTY INTEREST INCOME

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from a partnership, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

Table with 3 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include 1 Compensation of officers, directors, and trustees, 2 Salaries and wages, 3 Repairs and maintenance, 4 Bad debts, 5 Interest, 6 Taxes and licenses, 7 Depreciation, 8 Less depreciation claimed, 9 Depletion, 10 Contributions to deferred compensation plans, 11 Employee benefit programs, 12 Excess exempt expenses, 13 Excess readership costs, 14 Other deductions, 15 Total deductions, 16 Unrelated business income before net operating loss deduction, 17 Deduction for net operating loss, 18 Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |          |  |
|---|----------|--|
| 1 Inventory at beginning of year .....  | <b>1</b> |  |
| 2 Purchases .....   | <b>2</b> |  |
| 3 Cost of labor .....   | <b>3</b> |  |
| 4 Additional section 263A costs (attach statement) .....  | <b>4</b> |  |
| 5 Other costs (attach statement) .....  | <b>5</b> |  |
| 6 <b>Total.</b> Add lines 1 through 5 .....   | <b>6</b> |  |
| 7 Inventory at end of year .....  | <b>7</b> |  |
| 8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....  | <b>8</b> |  |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No |          |  |

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Rent received or accrued  |   |   |   |    |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           |   |   |   |    |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..... |   |   |   |    |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....   |   |   |   |    |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....                           |   |   |   | 0. |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....   |   |   |   |    |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....                                    |   |   |   | 0. |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property .....  |   |   |   |    |
| 3 Deductions directly connected with or allocable to debt-financed property   |   |   |   |    |
| a Straight line depreciation (attach statement) .....   |   |   |   |    |
| b Other deductions (attach statement) .....   |   |   |   |    |
| c Total deductions (add lines 3a and 3b, columns A through D) .....   |   |   |   |    |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                   |   |   |   |    |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....                               |   |   |   |    |
| 6 Divide line 4 by line 5 .....   | % | % | % | %  |
| 7 Gross income reportable. Multiply line 2 by line 6 .....  |   |   |   |    |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....         |   |   |   | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 .....  |   |   |   |    |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... |   |   |   | 0. |
| 11 <b>Total dividends-received deductions</b> included in line 10 .....   |   |   |   | 0. |

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization |   | 2. Employer identification number   | Exempt Controlled Organizations <i>STMT 1</i>  |   |   | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|---|---|--|
|                                    |   |                                     | 3. Net unrelated income (loss) (see instructions)                                    | 4. Total of specified payments made                                 | 5. Part of column 4 that is included in the controlling organization's gross income |  |
| (1)                                | EASE-E MEDICAL, IN                                | 47-0842353                          |  |   |   |  |
| (2)                                |   |                                     |  |   |   |  |
| (3)                                |   |                                     |  |   |   |  |
| (4)                                |   |                                     |  |   |   |  |
| Nonexempt Controlled Organizations |   |                                     |  |   |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10          |   |  |
| (1)                                | 0.  | 42,641.                             | 42,641.  | 42,641.   |   |  |
| (2)                                |   |                                     |  |   |   |  |
| (3)                                |   |                                     |  |   |   |  |
| (4)                                |   |                                     |  |   |   |  |
|                                    |   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A).                  | Add columns 6 and 11. Enter here and on Part I, line 8, column (B). |   |  |
| <b>Totals</b>                      |   |                                     | 42,641.  | 42,641.   |   |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                    | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                  |
|--------------------------|---------------------|--|----------------------------------|--|
| (1)                      |                     |  |                                  |  |
| (2)                      |                     |  |                                  |  |
| (3)                      |                     |  |                                  |  |
| (4)                      |                     |  |                                  |  |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A). |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B). |
| <b>Totals</b>            |                     | 0.   |                                  | 0.   |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income _____   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 _____  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____ | 7 |  |



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FORM 990-T (A)      PART VI - DEDUCTIONS OF CONTROLLED      STATEMENT 1  
                                 ORGANIZATIONS DIRECTLY CONNECTED WITH  
                                 COLUMN 10 INCOME

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| <u>DESCRIPTION</u>                                  | <u>ACTIVITY<br/>NUMBER</u> | <u>AMOUNT</u> | <u>TOTAL</u> |
|---|----------------------------|---------------|--------------|
| INTEREST EXPENSE                                    |                            | 42,641.       |              |
| - SUBTOTAL -  | 1                          |               | 42,641.      |
| TOTAL OF FORM 990-T, SCHEDULE A, PART VI, COLUMN 11 |                            |               | 42,641.      |

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**SCHEDULE O  
(Form 1120)**

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

**Consent Plan and Apportionment Schedule  
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

|                    |  |
|--------------------|--|
| Name<br><br>MOSAIC | Employer identification number<br><br>11-3669999 |
|--------------------|--|

**Part I Apportionment Plan Information**

1 Type of controlled group:

- a  Parent-subsidiary group
- b  Brother-sister group
- c  Combined group
- d  Life insurance companies only

2 This corporation has been a member of this group:

- a  For the entire year.
- b  From \_\_\_\_\_, until \_\_\_\_\_.

3 This corporation consents and represents to:

- a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.
- b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, and for all succeeding tax years.
- c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a  Elected by the component members of the group.
- b  Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a  No apportionment plan is in effect and none is being adopted.
- b  An apportionment plan is already in effect. It was adopted for the tax year ending JUNE 30, 2015, and for all succeeding tax years.

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

- a  Yes.
  - (i)  The statute of limitations for this year will expire on \_\_\_\_\_.
  - (ii)  On \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_.
- b  No. The members may not adopt or amend an apportionment plan.

7  If the corporation has a short tax year that does not include December 31, check the box. See instructions.

**Part II Apportionment** (See instructions)

| (a)<br>Group member's name and<br>employer identification number |                              | (b)<br>Tax year<br>end<br>(Yr-Mo) | Apportionment                         |  |              |
|--|------------------------------|-----------------------------------|---------------------------------------|--|--------------|
|  |                              |                                   | (c)<br>Accumulated earnings<br>credit | (d)<br>Penalty for failure to<br>pay estimated tax | (e)<br>Other |
| 1  | MOSAIC                       | 11-3669999                        | 24-06                                 |  |              |
| 2  | EASE-E MEDICAL, INC.         | 47-0842353                        | 24-06                                 |  |              |
| 3  | MOSAIC HOUSING CORPORATION V | 47-0805545                        | 24-06                                 |  |              |
| 4  |                              |                                   |                                       |  |              |
| 5  |                              |                                   |                                       |  |              |
| 6  |                              |                                   |                                       |  |              |
| 7  |                              |                                   |                                       |  |              |
| 8  |                              |                                   |                                       |  |              |
| 9  |                              |                                   |                                       |  |              |
| 10   |                              |                                   |                                       |  |              |
| <b>Total</b>   |                              |                                   |                                       |  |              |

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

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, 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).

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

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.

**Part I - Identification**

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

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of SCOTT HOFFMAN  
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 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_\_ or

tax year beginning JUL 1, 20 23, and ending JUN 30, 2024

**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

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</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. | <b>3b</b> | \$ | 0. |
| <b>c 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.              | <b>3c</b> | \$ | 0. |

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

Form **8868** (Rev. 1-2024)