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Form 390-EZ

Department of the Treasury Internal Revenue Service

(HTA)

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

Α	For the	e 2010 calendar year, or tax year beginning	, an	a enaing			
В		applicable C Name of organization			D Em	ployer ider	ntification number
Щ	Address	change MULTICULTURAL MOSAIC FOUNDATION				03-0	0515223
	Name c	Number and street (or P O box, if mail is not delivered to street address))	Room/suite	E Tele	phone nun	
Щ	Initial ref	turn					
	Termina			2-100			743-7281
	Amende	ed return City or town state or country	ZIP + 4	,	F Gro	up Exem	ption
	Applicat	ion pending AURORA CO	8001	4-1613	Nur	mber 🕨	
G	Accoun	ting Method X Cash Accrual Other (specify)		н	- Check	▶ ☐ if	the organization is
		te: ► www mosaicfoundation org					ittach Schedule B
		npt status (check only one) — X 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1)	or527	(Form	990, 990-	EZ, or 990-PF)
ĸ	Check	If the organization is not a section 509(a)(3) supporting organization a	and its gross i	receipts are noi	mally n	ot more t	han \$50,000
		990-EZ or Form 990 return is not required though Form 990-N (e-postcard) i					
		return, be sure to file a complete return					
L	Add line	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$	\$200,000 or m	ore, or if total a	ssets		
(Pa	rt II, line	25, column (B) below) are \$500,000 or more, file Form 990 instead of Form				▶\$	116,130
Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fun				ons for	
		Check if the organization used Schedule O to respond to ar	ny question	in this Part I			. X
	1	Contributions, gifts, grants, and similar amounts received		•		1	116,130
	2	Program service revenue including government fees and contracts				2	
	3	Momborship dues and assessments				3	
	4	Investment income MAY 1 6 2011				4	
	5a	Gross amount from sale of assets other than inventory \(\square\) \(\square\)	5a				
	b	Less cost or other basis and sales-expenses at 117	5b			3	
ø,	С	Gain or (loss) from sale of assets other than inventory (Subtract line	e 5b from lın	e 5a) .		5c	0
Jū	6	Gaming and fundraising events					
Revenue	а	Gross income from gaming (attach Schedule G if greater than					
æ		\$15,000)	6a			\$ in	
	b	Gross income from fundraising events (not including \$		ntributions		(4.1)	
		from fundraising events reported on line 1) (attach Schedule G if th				, 2	
		sum of such gross income and contributions exceeds \$15,000)	6b				
	Cl	Less direct expenses from gaming and fundraising events	6c			sn Å	
	d	Net income or (loss) from gaming and fundraising events (add lines	s 6a and 6b a	and subtract		227	
		line 6c) .	1 _ 1			6d	0
	7a	Gross sales of inventory, less returns and allowances	7a			. *	
	b	Less cost of goods sold				* 5	•
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from	line /a)	•		7c	0
	8	Other revenue (describe in Schedule O)			•	8	446 420
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	116,130
	10	Grants and similar amounts paid (list in Schedule O)	•			10	
40	11	Benefits paid to or for members	•	•		12	
~ §	12	Salaries, other compensation, and employee benefits		•		13	27,367
0 8 20}} Expenses	13	Professional fees and other payments to independent contractors			•	14	59,474
င္တာ 🕏	14	Occupancy, rent, utilities, and maintenance				15	575
о ш	15	Printing, publications, postage, and shipping				16	34,636
Z		Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16.		•		17	122,052
	17 18	Excess or (deficit) for the year (Subtract line 17 from line 9)	· ·	·_		18	-5,922
⊘ ts	18	Net assets or fund balances at beginning of year (from line 27, colu	ımn (Δ\\ /mι	iet aaree with		"	-5,822
∭ SS	פו	end-of-year figure reported on prior year's return)	anni (<i>/</i> /)) (IIIL	ast agree with		19	18,222
客 4	20	Other changes in net assets or fund balances (explain in Schedule	. (1)	•		20	10,222
SCANNED U	20 21	Net assets or fund balances at end of year Combine lines 18 through			•	21	12,300
G.	r Danor	work Reduction Act Notice, see the separate instructions.	4911 ZU		<u> </u>		Form 990-EZ (2010)
ഗ്രാ	raper	work neduction Act Notice, see the separate mediactions.					· 5/11/ 555-E2 (2010)

Par	Check if the organization used Schedule O to		uestion in t	his Part II .			x
				(A) Begin	ining of year		(B) End of year
22	Cash, savings, and investments				14,11	1 22	8,747
23	Land and buildings .					23	
24	Other assets (describe in Schedule O)				4,11	1 24	3,553
25	Total assets		-		18,22	2 25	12,300
26	Total liabilities (describe in Schedule O)	•				26	
27	Net assets or fund balances (line 27 of column	(B) must agree w	vith line 21)		18,22	2 27	12,300
Pa	rt III Statement of Program Service Acco	mplishments (s	see the ins	structions for Part	: III)		Expenses
	Check if the organization used Schedu	ile O to respond	to any que	estion in this Part	:111		uired for section
Wha	at is the organization's primary exempt purpose?	Cultural Education	onal and Re	eligious			c)(3) and 501(c)(4) nizations and section
	cribe what was achieved in carrying out the organization's				escribe	_	(a)(1) trusts, optional
	ervices provided, the number of persons benefited, and					for ot	hers)
	Provided members with services to help them dev					—	
	cross-cultural tolerance and dialogue in the comm					ĺ	
	winter camping				· • • • • • • • • • • • • • • • • • • •		
		nt includes foreign	grants, ch	eck here	▶ □	28a	13,024
29	Offered dinner, celebration and recreation to mem						10,02
	them together in a relaxed atmosphere to overcon			on		j	
	problems						
		nt includes foreign	grants, ch	eck here	▶ [29a	4,392
30	Provided children with educational services by tute	<u>-</u>				200	7,002
	after-school programs						
						j	
	(Grants \$ 2,000) If this amoun	nt includes foreign	grants, ch	eck here	▶ □	30a	1,644
31	Other program services (describe in Schedule O)	3	<u> </u>			000	<u> </u>
•		nt includes foreign	arants, ch	eck here .	▶ □	31a	
32	Total program service expenses. (add lines 28a		<u> </u>			32	19,060
	rt IV List of Officers, Directors, Trustees, and		List each or	ne even if not compe	nsated (se		
	Check if the organization used Schedule O						
		(b) Title and a		(c) Compensation	(d) Contrib	utions to	(e) Expense
	(a) Name and address	hours per we	- 1	(If not paid,	employee ben		
		devoted to pos	sition	enter -0)	deferred corr	pensation	other allowances
	ail Akbulut	Title President					
	5 Rock Creek Cir #230 Superior CO 80027	Hr/WK	15 00	0			
	tafa Aydın	Title Treasurer					
	Arlington PI #B13 Edwards CO 81632	Hr/WK	<u>15 00</u>	0			<u> </u>
Sina	ın Can	Title Director					,
130	0 S Willow St #6-206 Denver CO 80247	Hr/WK	30 00	27,367			
		Title					
		Hr/WK	.00	0			
		Title					
		Hr/WK	00	0			
		Title	ľ				
		Hr/WK	00	0			
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		Title			l		T
		Hr/WK	00	0			
		Title			 		
		Hr/WK	00	0			
		1 - 11/ 7 7/3		·			

Form **990-EZ** (2010)

Other Information (Note the statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed 33 33 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 34 copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 change on Schedule O (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but 35 not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 35b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 36 during the year? If "Yes," complete applicable parts of Schedule N. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b b Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were . Х 38a any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 233 ,... 18 3 1% Section 501(c)(7) organizations Enter 39a y2 🦠 a Initiation fees and capital contributions included on line 9 39b **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under , section 4912 ▶ _____ , section 4955 ▶ section 4911 ► **b** Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been 40b reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I L. OK c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e List the states with which a copy of this return is filed 42 a The organization's books are in care of ► Sinan Can Telephone no ► (303) 743-7281 ZIP + 4 ► 80014-1613 Located at ► 2600 S Parker Rd. STE 2-100 City Aurora ST CO b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b If "Yes." enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b completed instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 99	o-ez (2010) MULTICULTURAL MOSAIC F	OUNDATION					03-	05152	23	Page 4
	\						-		Yes	No
45	s any related organization a controlled entity of t	the organization within t	he mea	anıng o	f section 51	2(b)(13	3)?	45		X
а	Did the organization receive any payment from o	r engage in any transac	tion w	ith a co	ntrolled enti	ty with	in the			
	meaning of section 512(b)(13)? If "Yes," Form 99	90 and Schedule R may	need	to be c	ompleted in:	stead o	of			
	Form 990-EZ				•			45a		X
46	Did the organization engage, directly or indirectly	, in political campaign a	activitie	es on b	ehalf of or in	oppos	sition			
	to candidates for public office? If "Yes," complet	e Schedule C, Part I			<u> </u>			46		X
Part		section 4947(a)(1) n	onex	empt o	charitable	trusts	only. All s	ection	1	
	501(c)(3) organizations and section 49		charita	able tru	ists must a	nswer	questions	47–49	9b	
	and 52, and complete the tables for lin			_4	Dani \	//				
	Check if the organization used Schedu	lie O to respond to an	y que	Stion ir	this Part V	/1 .				الليا
		_							Yes	No
47	Did the organization engage in lobbying activities					_		47		X
48	ls the organization a school as described in sect					E	• •	48		X
49 a	Did the organization make any transfers to an ex		ated o	rganiza	mon /			49a 49b		 ^-
50	If "Yes," was the related organization a section 5 Complete this table for the organization's five hig		lovee	s (other	than officer	e dire	ctors truste		L	
30	employees) who each received more than \$100,	000 of compensation from	om the	organi	zation If the	ere is n	one, enter "	None '	'	
		(b) Title and average		(c) Co	mpensation	(d) C	ontributions to	(€	e) Expen	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position					e benefit plans & d compensation		ccount a r allowa	
Name	None Str	Title								
City	ST ZIP	Hr/WK	00							
Name	Str	Title								
City	ST ZIP	Hr/WK	.00			-		-		
Name	Str	- Title	00							
City	ST ZIP	Hr/WK	00		_			-		
Name	Str	- Title Hr/WK	00							
City	ST ZIP	Title								
_ Name City	ST ZIP	Hr/WK	.00	!						
f	Total number of other employees paid over \$100	0,000 .					•			
51	Complete this table for the organization's five high				tractors who	each	received mo	re tha	n	
	\$100,000 of compensation from the organization		r "None	e"						
	(a) Name and address of each independent contract	tor paid more than \$100,000			(b) Typ	e of serv	ice	(c) Co	mpensa	uon
	None Str	ZIP	 -							
Cit	ST Str	ZIF								
Name Cit	ST	ZIP								
Name	Str									
Cit	ST	ZIP								
Name	Str						1			
Cit	ST	ZIP				_	-			
Name	Str	710								
Cit	Total number of other independent contractors of	ZIP	0 000		<u> </u>					
52	Did the organization complete Schedule A? Not			zations	and 4947(a)(1)				
32	nonexempt charitable trusts must attach a comp		organ				•	XY	es	No
Linde	penalties of perjury, I declare that I have examined this		anvina s	schedul	es and statem	nents. a	nd to the bes	<u> </u>		dge
and b	elief, it is true, correct, and complete Declaration of pre	eparer (other than officer) is	based	on all I	nformation of	which p	reparer has a	iny kno	wledge	
	Andr						5/10	/2011		
Sign	Signature of officer					Date		_		
Here	SINAN CAN				,	DIRE	CTOR			
	Type or print name and title		1_		le: · ·					
Paid		arer's signature	Date		Check if self-		PTIN DO	053	Q IA	.1
Prepa	rer's Kyung Joon Lee, CPA	cam)	5/9	9/2011	employed	<u> </u>				<u> </u>
Use (Inly Range Associates		4.4			Firm's			252	4
	Firm's address 2600 S Parker Rd F	‡3-331, Aurora, CO 800				Phone		337-0		
May	he IRS discuss this return with the preparer show	wn above? See instructi	ons			•			es _	<u>No</u>
								Form	990-E	Z (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

►See separate instructions.

2010
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

MULTICULTURAL MOSAIC FOUNDATION

O3-0515223

Part | Peason for Public Charity Status (All organizations must complete this part.) See instructions

► Attach to Form 990 or Form 990-EZ.

Par														
The	rgar	nization is not	a private founda	ation because it is. (Fo	r lines 1 t	hrough 1	1, check o	only one b	ox)					
1	Ш			ches, or association o			ed in sect	tion 170(l	b)(1)(A)(i)).				
2		A school des	cribed ın sectio	n 170(b)(1)(A)(ii). (Att	tach Sche	dule E)								
3		•	•	ospital service organiz										
4		A medical res	search organiza	ition operated in conju	nction wit	h a hospit	al describ	oed in se d	ction 170	(b)(1)(A)(iii). En	ter the		
	_	•	me, city, and sta	••••		. 								
5	Ш			the benefit of a colleg (Complete Part II.)	ge or unive	ersity own	ed or ope	erated by	a governr	nental un	ıt desc	ribed		
6		A federal, sta	ate, or local gove	ernment or governmer	ntal unit d	escribed i	n section	170(b)(1)(A)(v).					
7	X			y receives a substantia (1)(A)(vi). (Complete F		ts suppor	t from a g	overnme	ntal unit o	r from the	e gener	ral publ	lic	
8		A community	trust described	In section 170(b)(1)(A)(vi) . (C	omplete F	Part II)							
9		An organizati	on that normall	y receives (1) more th	nan 33 1/3	3% of its s	upport fro	m contrib	outions, m	embersh	ip fees	, and g	ross	
		receipts from	activities relate	ed to its exempt function	ons—subj	ect to cert	tain excep	otions, an	d (2) no n	nore than	33 1/3	% of its	S	
				ent income and unrelat						ax) from	busine	sses		
		• •	_	after June 30, 1975						4)				
10	님	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
11	Ш	An organizat	ion organized a	nd operated exclusive blicly supported organi	ly for the	penetit of, escribed i	to perfor	m the tun 509(a)(1	ctions of,) or section	or to cari n 509/a\/	y out ti (2) See	ne e secti:	on	
				at describes the type o									•	
		a Type	_	Type II c		III–Func						-Other	-	
е				y that the organization							• •			
•	ш	persons other	er than foundation	on managers and othe	r than one	e or more	publicly s	supported	organiza	tions des	cribed	ın secti	on	
			section 509(a)(2											
f		If the organiz	zation received	a written determinatior	n from the	IRS that	ıt is a Typ	e I, Type	II, or Type	e III supp	orting			
			, check this box										Ш	
g		-		the organization accept	pted any	gift or con	tribution f	rom any o	or the					
		following per (i) A pers	sons / on who directly	or indirectly controls,	either aloi	ne or toge	ther with	persons o	described	ın (ii)		Yes	No	
				verning body of the su							11g(ı)			
				person described in (i)							11g(II)			
				ty of a person describe						•	11g(iii)			
h				ation about the suppor	i									
(i		e of supported panization	(II) EIN	(iii) Type of organization (described on lines 1–9		organization sted in your		ou notify	organizat	is the tion in col	(VII) Amoun support		
		,		above or IRC section		document?		of your		zed in the S ?				
				(see instructions))	Yes	No	Yes	No	Yes	No	-			
(A)													0	
(B)													0	
(C)					-						-			
(D)						-			-			·	0	
(E)													0	
(E)			w 7 2 1		, ,		v.s. \$	2 -			<u> </u>		0	
Tota	al le		, , , , , ,		,		, , ,	, .	· · · · · ·				0	

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.)

Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	00 500	40.700	400 007	444 000	440,400	474 007
_	include any "unusual grants ")	62,502	43,702	109,887	141,866	116,130	474,087
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						0
_	its behalf	0					0
3	The value of services or facilities	1					
	furnished by a governmental unit to the						0
	organization without charge .	62.502	42 702	100 007	141,866	116,130	474,087
4	Total. Add lines 1 through 3	62,502	43,702	109,887	141,000	110,130	4/4,00/
5	The portion of total contributions by each	*	: * \$,	, 4 t	,	* '	
	person (other than a governmental unit	n , 3 t	. *	ŧ	* \$ 0 °		
	or publicly supported organization)	\$	e	" & (,	4 49 4 * * *		
	included on line 1 that exceeds 2%	· * * *	* ^ .	", "		7 5 🐠 🏌	
	of the amount shown on line 11,		* 1	<u></u>			
	column (f)	A	<u> </u>	- 6 1		* * * * * * * * * * * * * * * * * * * *	474,087
Coot	Public support. Subtract line 5 from line 4	r c	<u>*</u>	1	3 5 ~ ' '	~ " »·	414,001
	ion B. Total Support ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	• • •						
7	Amounts from line 4	62,502	43,702	109,887	141,866	116,130	474,087
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						0
_	sources	0		<u> </u>			0
9	Net income from unrelated business						
	activities, whether or not the business is						0
4.0	regularly carried on .					_	
10	Other income Do not include gain or						
	loss from the sale of capital assets						0
	(Explain in Part IV)	0 8, - y, 12° - \$1, 18°	.^4 -5	1. 62 " () ()	in the second of	in the same of \$1. \$1.	474,087
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (<u> </u>	·	1		12	474,007
12	First five years. If the Form 990 is for the co	raanization's fi	ret second th	urd fourth or fit	fth tay year as)(3)
13			ist, second, til	ira, ioarai, or iii	itii tax year as	a 30011011 00 1(0	▶ □
	organization, check this box and stop here					•	
	ion C. Computation of Public Support	Percentage	dad by bas 44	actions (f)		14	100 00%
14	Public support percentage for 2010 (line 6,			column (1))	•		
15	Public support percentage from 2009 Sche			June 12 and lu	20 14 10 22 1/2	15 % or more, che	100 00%
16a	33 1/3% support test-2010. If the organization				IE 14 IS 33 1/3	70 OF INOTE, CHE	CK tills box ►X
	and stop here . The organization qualifies a 33 1/3% support test–2009 . If the organization	as a publicly su	pporteu organi	2011011 . no 12 or 162 .	and line 15 is 3	3 1/3% or more	
b	box and stop here . The organization qualif	ios as a publici	v supported or	ne is or roa, e	and line 15155	3 1/3/0 01 111010	, criccit (ins
	-						
17a	10%-facts-and-circumstances test-2010	. If the organiza	ition did not ch	eck a box on li	ne 13, 16a, or	160, and line 14	4
	is 10% or more, and if the organization med	ets the "facts-a	nd-circumstand	ces" test, checi	this box and	stop nere. Expi	ain in
	Part IV how the organization meets the "fac	cts-and-circums	stances" test. T	he organizatio	n qualifies as a	publicly suppo	nted
	organization			• •	,		▶□
b	10%-facts-and-circumstances test-2009	. If the organiza	ition did not ch	eck a box on li	ne 13, 16a, 16	b, or 17a, and I	ine
	15 is 10% or more, and if the organization	meets the "fact	s-and-circumst	tances" test, ch	eck this box a	na stop here. 1	±xplain in
	Part IV how the organization meets the "fac	cts-and-circums	stances" test 1	he organizatio	n qualifies as a	a publicly	. —
	supported organization .					•	. ▶∟
18	Private foundation. If the organization did	not check a bo	x on line 13, 1	6a, 16b, 17a ,c	or 17b, check th	nis box and see	_
	instructions	,	•		•		▶

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

(Complete only if you checked the box on line 9 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.)

	if the organization falls to qualify ur	nder the tests	listed below,	please comp	iete Part II)		
	tion A. Public Support		41.0007	() 0000	(1) 0000	() 0040	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0					0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0					0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0					0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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
_	Add lines 7a and 7b		0	0	0	0	0
8	Public support (Subtract line 7c from line 6)						0
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
		, ,					
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans,	0	0	0	0	0	0
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c 11	Add lines 10a and 10b Net income from unrelated business	0	0	0	0	0	0
12	activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or						0
	loss from the sale of capital assets (Explain in Part IV)	0					0
13	Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	as a section 501(c)(3)	▶ 🗀
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8, column		e 13, column (f))		15	0 00%
16	Public support percentage from 2009 Schedule A,	Part III, line 15				16	0 00%
Sec	tion D. Computation of Investment Inco	ome Percenta	age				
17	Investment income percentage for 2010 (line 10c,	column (f) divide	d by line 13, coli	umn (f))		17	0 00%
18	Investment income percentage from 2009 Schedu	le A, Part III, line	17			18	0 00%
19a	33 1/3% support tests-2010. If the organization of not more than 33 1/3%, check this box and stop h	nere. The organiz	ation qualifies as	s a publicly supp	orted organizatio	n	▶ □
b	33 1/3% support tests-2009. If the organization of line 18 is not more than 33 1/3%, check this box a						▶□
20	Private foundation. If the organization did not che		-			_	▶ □

Schedule A (Fòrm	990 or 990-EZ) 2010	MULTICULT	JRAL MOSAIC	FOUNDATION		03-0515223	Page 4
Part IV		Information.	Complete this	part to provide	the explanations	required by Part II, lir	ne 10;
						additional information	
		or 175, and 1	art III, IIIO 12	7 1100 Complete	o and pare for any a		(000
	instructions).						
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 03-0515223 MULTICULTURAL MOSAIC FOUNDATION Form 990-EZ, Part I, Line 16, Other Expenses Travel 1,669 Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings: 3,263 Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 3,091 Form 990-EZ, Part I, Line 16, Other Expenses: Telephone 1,928 Form 990-EZ, Part I, Line 16, Other Expenses Insurance 500 Form 990-EZ, Part I, Line 16, Other Expenses: Office expenses: 1,014 Form 990-EZ, Part I, Line 16, Other Expenses Local taxes 24 Form 990-EZ, Part I, Line 16, Other Expenses Small tools and equipment 243 Form 990-EZ, Part I, Line 16, Other Expenses Program expense - Camping 13,024 Form 990-EZ, Part I, Line 16, Other Expenses Program expense - Recreation & Entertainment 4,392 Form 990-EZ, Part I, Line 16, Other Expenses Program expense - Education 1,644 Form 990-EZ, Part I, Line 16, Other Expenses Bank charges 315 Form 990-EZ, Part I, Line 16, Other Expenses Accounting service fees 400 Form 990-EZ, Part I, Line 16, Other Expenses Automobile expenses: 3,129 Form 990-EZ, Part II, Line 24, Other Assets. Refrigerator & Stove Beginning of year 212, End of year 71 Form 990-EZ, Part II, Line 24, Other Assets: Projector Beginning of year 246, End of year: 176 Form 990-EZ, Part II, Line 24, Other Assets Office furniture Beginning of year 90, End of Form 990-EZ, Part II, Line 24, Other Assets Television Beginning of year 476, End of year Form 990-EZ, Part II, Line 24, Other Assets Van Beginning of year 3,087, End of year 1,852 Form 990-EZ, Part II, Line 24, Other Assets Tables & Chairs Beginning of year. 0, End of

<u>ye</u>ar 1,085

Schedule O (Form 990 or 990-EZ) (2010)	Page Z
Name of the organization	Employer identification number
MULTICULTURAL MOSAIC FOUNDATION	03-0515223
······································	
•	•

Use of Vehicles (4562 Part V, Section B) - 990EZ

-			Business	Commuting	Other	Total	Persona Du		More the	nan 5% ner?	Another avail for	
		Vehicle Description	Miles_	Miles	Miles	Miles	Y	N	Y	N	Y	N
ſ	1	Van	7,350		0	7,350		X	X		X	

Form 4562 Statement - 990EZ

9	Form 4562 Statement - 990EZ	nt - 990EZ											12/	12/31/2010		
ltem No	n Description of Property	Date Placed Asset Bus Use in Service Code %	Asset	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special	Salvage Value	Recovery Basis	Recover	Recovery Method Period	Con- vention Code	Prior Accum Deprec , 179, Bonus	2010 Deprec	2010 Accum Deprec
De	Depreciation Detail															•
MAC	MACRS deductions for prior years (Line 17)	years (Line 17)	 	100 00%	1.583	C	0	0	0	1,583	^	200DB	¥	1,371	141	1,512
1 4	Office furniture	1/1/2004	F-1	100 00%	629	0	0	0	0	629	7	200DB	È	589	61	920
0	Television	11/23/2007	F-11	100 00%	696	0	0		0	696	7	200DB	MQ 4	493	136	629
· ю	Projector	11/24/2007	F-10	100 00%	200	0	0		0	200	7	200DB	MQ4	254	2	324
	Total MACRS deductions for prior years (Line 17)	s for prior years	(Line 1.	(c	3,731	0	0	0	0	3,731				2,707	408	3,115
GDS 8	GDS 7-year property (Line 19c) 8 Tables & Chairs	c) 8/16/2010	F-11	F-11 100 00%	2,533	0	0	1,267	0	1,266	7	200DB	È	0	181	1,448
	Total GDS 7-year property (Line 19c)	rty (Line 19c)		1 1	2,533	0	0	1,267	0	1,266				0	181	1,448
	Subtotal Depreciation	tion			6,264	0	0	1,267	0	4,997				2,707	589	4,563
7	Van	10/15/2009		V-7 100 00%	6,500	0	0	3,250	0	3,250	5	200DB	MQ4	3,413	1,235	4,648
	Total Depreciation and Amortization	and Amort	izatior	ا د	12,764	0	0	4,517	0	8,247			·	6,120	1,824	9,211

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Seguence No 67

Name(s) shown on return MULTICULTURAL MOSAIC FOUNDA		ess or activity to which this fo	rm relates		Identifying numl 03-0515223	oer	
		erty Under Section 17	9				
		e Part V before you complete					
1 Maximum amount (see instruction					-	1	500,000
2 Total cost of section 179 property	•	(see instructions)	•		• •	2	2,533
3 Threshold cost of section 179 pro			structions)	•	•	3	2,000,000
4 Reduction in limitation Subtract li						4	0
5 Dollar limitation for tax year. Subt				ed filina		\vdash	
separately, see instructions .		10 1. 11 2010 of 1000, office	0 11 111 111	, ag		5	500.000
6 (a) Description of	property	(b) Cos	st (business use	only)	(c) Elected cos		√25 °
(1)	<u> </u>			,			Allow
7 Listed property Enter the amount	from line 29			7			* 2 527 mg
8 Total elected cost of section 179		Jounts in column (c), lines	6 and 7			8	0
9 Tentative deduction Enter the sm			o ana r		• •	9	0
10 Carryover of disallowed deduction						10	
11 Business income limitation Enter			than zero) or	line 5 (see in	structions)	11	
12 Section 179 expense deduction				11110 0 (300 111	structions)	12	0
13 Carryover of disallowed deduction				▶ 13			
Note: Do not use Part II or Part III be				<u> </u>	<u></u>		ALLEN STATE STATE
		d Other Depreciation		lude listed n	roperty \ (See	netri	ictions \
14 Special depreciation allowance for					roperty / (See	1300	ictions /
during the tax year (see instruction		ty (other than hated prop	erty) placed i	II Selvice		14	1,267
15 Property subject to section 168(f)		•		•	•	15	1,201
16 Other depreciation (including ACF			•	•		16	
		de listed property) (See	netruction	<u> </u>	 	10	
MACING Depreciation	TOO HOL HICIAC		- manachon	3 /			
17 MACRS deductions for assets als	scod in convice in	Section A	re 2010			17	408
17 MACRS deductions for assets pla		tax years beginning befo		nore		17	408
18 If you are electing to group any as	ssets placed in se	tax years beginning befo		nore	·	17	408
18 If you are electing to group any as general asset accounts, check he	ssets placed in se ere	tax years beginning before the control of the tax year .	into one or r				408
18 If you are electing to group any as general asset accounts, check he	ssets placed in se ere Placed in Servi	tax years beginning before tax year tax years years tax years years tax years tax years years tax years yea	into one or r		► reciation System		408
18 If you are electing to group any as general asset accounts, check he	ssets placed in serve B Placed in Servi (b) Month and	tax years beginning beforevice during the tax year . ice During 2010 Tax Yea (c) Basis for depreciation	into one or r ar Using the	General Dep	► □		408
18 If you are electing to group any as general asset accounts, check he	ssets placed in serve B Placed in Serve (b) Month and year placed	tax years beginning before tax years beginning the tax year . ice During 2010 Tax Yea (c) Basis for depreciation (business/investment use	into one or r		reciation System	n	408
18 If you are electing to group any as general asset accounts, check he Section B - Assets (a) Classification of property	ssets placed in serve B Placed in Servi (b) Month and	tax years beginning beforevice during the tax year . ice During 2010 Tax Yea (c) Basis for depreciation	into one or r . ar Using the (d) Recovery	General Dep		n	The second secon
18 If you are electing to group any as general asset accounts, check he Section B - Assets (a) Classification of property 19 a 3-year property	ssets placed in serve B Placed in Serve (b) Month and year placed	tax years beginning before tax years beginning the tax year . ice During 2010 Tax Yea (c) Basis for depreciation (business/investment use	into one or r . ar Using the (d) Recovery	General Dep		n	The second secon
18 If you are electing to group any as general asset accounts, check he Section B - Assets (a) Classification of property 19 a 3-year property b 5-year property	ssets placed in serve B Placed in Serve (b) Month and year placed	tax years beginning before the tax years beginning the tax year celebrated by the tax year celebrated by the tax year celebrated by the tax years beginning the tax years beginning before the tax years beginning before tax years beginning the tax years beginning before tax years beginning t	Into one or r . ar Using the (d) Recovery period	General Dep	(f) Method	n	epreciation deduction
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Part V:

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for

entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the

Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meat an exception to completing this section for those vehicles to your employees, first answer the questions in Section C to see if you meat an exception to completing this section for those vehicles to Yehicle 6 they which as 1 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 they which as 1 Total commuting miles of they are (do not include commuting) miles driven during the year (and include commuting) miles driven during the year (and include commuting) miles driven during the year (and they are a sold though 32 Total other personal (noncommuting) miles driven during the year (and they are a sold though 32 Total other vehicle available for personal use 4 Ves No Yes No Y		only 24a	a, 24b, colum	n for which you a nns (a) through (c) of Se	ection /	A, all of S	Section B	and	l Section	n C if ap	plicabl	le			
Type of property Type o	242															No.
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S/L	27_	Property used 50%	<u>6 or less in a</u>		ess use	·					T 0.11				. ×a.£.a.*•	,
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