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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
MOSAIC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4980 SOUTH 118TH ST LIND CENTER NO A

City or town, state or country, and ZIP + 4
OMAHA, NE 68137

D Employer identification number
11-3669999

E Telephone number
(402) 896-3884

G Gross receipts $ 199,314,741

F Name and address of principal officer
CYNTHIA L SCHROEDER
4980 SOUTH 118TH ST LIND CENTER NO A
OMAHA, NE 68137

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) 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

1 Briefly describe the organization's mission or most significant activities
EMBRACING GOD'S CALL TO SERVE IN THE WORLD, MOSAIC ADVOCATES FOR PEOPLE WITH INTELLECTUAL DISABILITIES AND PROVIDES OPPORTUNITIES FOR THEM TO ENJOY A FULL LIFE

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	8,007
6	Total number of volunteers (estimate if necessary)	**6**	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	51,014
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,497,127	4,418,139
9	Program service revenue (Part VIII, line 2g)	179,757,724	190,885,502
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	599	398,297
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,664,948	3,274,356
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	185,920,398	198,976,294
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	293,884	351,056
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	132,135,339	139,552,771
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	52,487,058	56,503,445
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	184,916,281	196,407,272
19	Revenue less expenses Subtract line 18 from line 12	1,004,117	2,569,022

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	99,079,437	99,874,779
21	Total liabilities (Part X, line 26)	47,915,139	46,039,737
22	Net assets or fund balances Subtract line 21 from line 20	51,164,298	53,835,042

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-04-23
Signature of officer | Date

CYNTHIA L SCHROEDER CFO & SENIOR VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
JULIE M GERKEN	JULIE M GERKEN			

Firm's name ▶ SEIM JOHNSON LLP | Firm's EIN ▶

Firm's address ▶ 18081 BURT STREET SUITE 200
OMAHA, NE 680224722 | Phone no ▶ (402) 330-2660

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

EMBRACING GOD'S CALL TO SERVE IN THE WORLD, MOSAIC ADVOCATES FOR PEOPLE WITH INTELLECTUAL DISABILITIES AND PROVIDES OPPORTUNITIES FOR THEM TO ENJOY A FULL LIFE

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 44,739,858 including grants of $) (Revenue $ 49,269,218)

INTERMEDIATE CARE FACILITIES (ICF)--ICF SERVICES PROVIDE 24/7 SUPPORT FOR VERY MEDICALLY FRAGILE INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES MOSAIC SERVES APPROXIMATELY 575 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY

4b (Code) (Expenses $ 68,590,754 including grants of $) (Revenue $ 75,534,724)

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 2,300 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY

4c (Code) (Expenses $ 32,789,163 including grants of $) (Revenue $ 36,108,662)

DAY AND VOCATIONAL SERVICES ARE PROVIDED TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN A VARIETY OF WAYS INCLUDING SUPPORTED EMPLOYMENT, WORK ENCLAVES, VOCATIONAL TRAINING AND SOME SHELTERED WORKSHOPS MOSAIC SERVES APPROXIMATELY 1,250 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 30,281,816 including grants of $) (Revenue $ 33,302,616)

4e **Total program service expenses** ▶ $ 176,401,591

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	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? *If "Yes," complete Schedule G, Part I (see instructions)*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,028		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	8,007		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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 in Schedule O		9	Yes	

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AZ , TN , UT

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CYNTHIA L SCHROEDER
4980 SOUTH 118TH STREET
OMAHA, NE 68137
(402) 896-3884

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								2,521,495	0	243,689

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 18

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEYERS CARLISLE CONSTRUCTION 14124 INDUSTRIAL RD OMAHA, NE 68144	CONSTRUCTION	4,843,851
DL PETERSON TRUST 5924 COLLECTIONS CENTER DR CHICAGO, IL 60693	CONSTRUCTION	3,846,650
DARLAND CONSTRUCTION 4115 S 133 ST OMAHA, NE 68137	CONSTRUCTION	3,719,785
ELKHORN WEST CONSTRUCTION 2618 N MAIN ST ELKHORN, NE 68022	CONSTRUCTION	1,375,093
ENTERPRISE FLEET SERVICES BOX 800089 KANSAS CITY, MO 64150	VEHICLE LEASES	1,118,728

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 25

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d	2,706,277				
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,711,862				
	g Noncash contributions included in lines 1a-1f $	46,350				
	h **Total.** Add lines 1a-1f . . . . . ▶		4,418,139			
Program Service Revenue		Business Code				
	2a MEDICARE/MEDICAID PAYM	624100	159,950,277	159,950,277		
	b PROGRAM SERVICE REVENU	624100	29,520,356	29,520,356		
	c RENTAL INCOME	532000	934,194	934,194		
	d MANAGEMENT FEES	541610	480,675	480,675		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		190,885,502			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		228,597			228,597
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	271,603	236,544			
	b Less cost or other basis and sales expenses	208,279	130,168			
	c Gain or (loss)	63,324	106,376			
	d Net gain or (loss) . . . . . ▶		169,700	106,376		63,324
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a CONSULTING INCOME	541610	2,299,649	2,299,649		
	b FARM REVENUE	900099	402,500	402,500		
	c PURCHASING CARD REBATE	900099	127,425	127,425		
	d All other revenue		444,782	393,768	51,014	
	e **Total.** Add lines 11a–11d . . . . . ▶		3,274,356			
	12 **Total revenue.** See Instructions . . . ▶		198,976,294	194,215,220	51,014	291,921

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	351,056	351,056		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,521,495		2,521,495	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	150,913	46,833	104,080	
7 Other salaries and wages	105,068,195	98,087,246	6,980,949	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,037,225	827,256	209,969	
9 Other employee benefits	18,163,036	16,778,125	1,384,911	
10 Payroll taxes	12,611,907	11,682,264	929,643	
a Fees for services (non-employees) Management				
b Legal	298,916	16,425	282,491	
c Accounting	85,364	4,115	81,249	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	4,266	4,067	199	
g Other	18,550,217	17,187,643	1,362,574	
12 Advertising and promotion	150,730	98,001	52,729	
13 Office expenses	20,255,256	18,580,257	1,674,999	
14 Information technology				
15 Royalties				
16 Occupancy	4,920,748	4,593,356	327,392	
17 Travel	1,766,087	810,516	955,571	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,742	77	38,665	
20 Interest	1,092,811	985,726	107,085	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,529,723	3,210,283	1,319,440	
23 Insurance	2,251,920	2,158,044	93,876	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a CFR EXPENSE	929,677		929,677	
b DUES & MEMBERSHIPS	370,287	233,184	137,103	
c BAD DEBT EXPENSE	288,756	229,831	58,925	
d FARM EXPENSE	267,486		267,486	
e TAX EXPENSE	172,430	163,487	8,943	
f All other expenses	530,029	353,799	176,230	
25 **Total functional expenses.** Add lines 1 through 24f	196,407,272	176,401,591	20,005,681	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		6,736,206	1	6,359,416
	2	Savings and temporary cash investments		1,540,825	2	1,408,261
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		18,787,732	4	22,206,780
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		974,596	9	1,650,601
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 104,199,153			
	b	Less accumulated depreciation	10b 54,924,256	45,069,629	10c	49,274,897
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		17,205,432	12	7,821,752
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,765,017	15	11,153,072
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		99,079,437	16	99,874,779
Liabilities	17	Accounts payable and accrued expenses		13,784,911	17	16,060,050
	18	Grants payable			18	
	19	Deferred revenue		320,460	19	320,460
	20	Tax-exempt bond liabilities		16,456,701	20	15,008,678
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		10,948,373	23	10,856,469
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		6,404,694	25	3,794,080
	26	**Total liabilities.** Add lines 17 through 25		47,915,139	26	46,039,737
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		50,369,219	27	53,045,559
	28	Temporarily restricted net assets		795,079	28	789,483
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		51,164,298	33	53,835,042
	34	Total liabilities and net assets/fund balances		99,079,437	34	99,874,779

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	198,976,294
2	Total expenses (must equal Part IX, column (A), line 25)	2	196,407,272
3	Revenue less expenses Subtract line 2 from line 1	3	2,569,022
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	51,164,298
5	Other changes in net assets or fund balances (explain in Schedule O)	5	101,722
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	53,835,042

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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 in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOSAIC

Employer identification number
11-3669999

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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) 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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** 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 **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this 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.)

Section A. Public Support

Calendar 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 ")	1,857,100	4,010,967	2,141,757	2,500,657	4,423,726	14,934,207
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	185,943,872	192,252,504	198,102,971	179,757,724	190,885,502	946,942,573
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	187,800,972	196,263,471	200,244,728	182,258,381	195,309,228	961,876,780
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			2,380	2,231	3,964	8,575
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b			2,380	2,231	3,964	8,575
8 **Public Support** (Subtract line 7c from line 6)						961,868,205

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	187,800,972	196,263,471	200,244,728	182,258,381	195,309,228	961,876,780
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	678,646	583,858	210,743	105,807	228,597	1,807,651
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	678,646	583,858	210,743	105,807	228,597	1,807,651
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,911,596	3,592,716	3,685,816	3,664,948	3,274,356	17,129,432
13 **Total support** (Add lines 9, 10c, 11 and 12)	191,391,214	200,440,045	204,141,287	186,029,136	198,812,181	980,813,863

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	98 070 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	96 320 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	0 180 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	0 220 %

19a **33 1/3% support tests—2010.** 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—2009.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 11-3669999
Name: MOSAIC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN FLACK CHAIRPERSON	1 50	X		X				0	0	0
JAMES ZILS VICE CHAIRPERSON	1 50	X		X				0	0	0
JOE DERDZINKSI 2ND VICE CHAIRPERSON	1 50	X		X				0	0	0
MAX MILLER SECRETARY	1 50	X		X				0	0	0
RICHARD TOFTNESS DIRECTOR	1 50	X						0	0	0
MARK KLEVER DIRECTOR	1 50	X						0	0	0
DAVID BAILEY DIRECTOR	1 50	X						0	0	0
KATHLEEN BENTON DIRECTOR	1 50	X						0	0	0
DR DOUGLAS HILLMAN DIRECTOR	1 50	X						0	0	0
REV DANETTE JOHNS DIRECTOR	1 50	X						0	0	0
REV WALTER MAY DIRECTOR	1 50	X						0	0	0
CHARLES WALKER DIRECTOR	1 50	X						0	0	0
CAROL MILLER DIRECTOR	1 50	X						0	0	0
REV KEVIN KANOUSE DIRECTOR	1 50	X						0	0	0
BILLIE MCMILLER DIRECTOR	1 50	X						0	0	0
JENNA SCHRACK DIRECTOR	1 50	X						0	0	0
LINDA TIMMONS CEO & PRESIDENT	40 00			X				342,530	0	19,244
CINDY SCHROEDER CFO & SVP	40 00			X				253,436	0	16,618
RAUL SALDIVAR SVP OF HUMAN RESOURCES	40 00				X			241,567	0	16,530
GARY LEE SVP OF BUS ALTERN & CRO	40 00				X			212,538	0	16,253
RICHARD CARMAN SVP OF ADVOCACY	40 00				X			160,628	0	15,864
DAVID JACOX EXECUTIVE VP	40 00				X			274,742	0	52,163
KEITH SCHMODE SVP OF MISSION ADVANCEMENT	40 00				X			209,936	0	16,212
ANNE STARR SVP OF OPERATIONS	40 00				X			173,115	0	15,403
KEITH COURIER VP OF INFORMATION TECHNOLO	40 00					X		146,569	0	15,328

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEAN WILSON VP OF FINANCIAL OPERATIONS	40 00					X		139,487	0	15,258
MARLIN WILKERSON REGIONAL VICE PRESIDENT	40 00					X		126,820	0	14,644
DONNA WERNER SVP OF PERFORMANCE SERVICES	40 00					X		121,699	0	15,036
NANCY DAVIS REGIONAL VICE PRESIDENT	40 00					X		118,428	0	15,136

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 30,281,816 including grants of $) (Revenue $ 33,302,616)

MISCELLANEOUS SERVICES PROVIDED TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

Name of the organization	Employer identification number
MOSAIC	11-3669999

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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 funtion 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
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		82,671
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,173
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			84,844
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☑ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Preservation of an historically importantly land area
- ☑ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☑ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a 1
b	Total acreage restricted by conservation easements	2b 80 00
c	Number of conservation easements on a certified historic structure included in (a)	2c 0
d	Number of conservation easements included in (c) acquired after 8/17/06	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ 100 00

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ 0

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's accession and other records, check any of the following that are a 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 programs
- e ☐ Other

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

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" to 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 XIV and complete the following table

		Amount
c Beginning balance	1c	1
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	1

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	31,346,898	26,463,411	30,337,771		
b Contributions	1,919,339	3,159,195	1,724,683		
c Investment earnings or losses	5,843,950	3,043,881	-4,010,130		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,624,964	1,319,589	1,588,913		
f Administrative expenses					
g End of year balance	37,485,223	31,346,898	26,463,411		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 89 020 %
- b Permanent endowment ▶ 8 980 %
- c Term endowment ▶ 2 000 %

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	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,079,266		6,079,266
b Buildings		69,876,843	36,743,617	33,133,226
c Leasehold improvements		1,694,092	1,257,652	436,440
d Equipment		13,150,187	10,547,895	2,602,292
e Other		13,398,765	6,375,092	7,023,673
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				49,274,897

Part VII Investments—Other Securities. 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	C
(3) Other		
(A) CSV OF LIFE INSURANCE	299,449	F
(B) BOND RESERVES	559,163	F
(C) INVESTMENT IN HUD PROJECTS	1,119,563	C
(D) INVESTMENT IN BICO	5,615,722	C
(E) INVESTMENT IN MOSAIC HOUSING CORPORATION V	10,000	C
(F) INVESTMENT RETENTION CONTRACTS	106,922	C
(G) BOND INVESTMENTS	933	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	7,821,752	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) AFFILIATE RECEIVABLES	2,376,245
(2) MISCELLANEOUS RECEIVABLES	721,936
(3) INTERUNIT RECEIVABLE	3,092,731
(4) INVESTMENT ESCROW ACCOUNT	881,695
(5) INTANGIBLE ASSETS	4,080,465
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	11,153,072

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS-MEDICAID	611,315
REFUNDABLE FEES	730,303
CRATS PAYABLE	884,054
LIABILITY FOR PENSION BENEFITS	1,568,408
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,794,080

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	198,976,294
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	196,407,272
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,569,022
4	Net unrealized gains (losses) on investments	4	101,722
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	101,722
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,670,744

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	216,661,203
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	101,722		
b	Donated services and use of facilities	2b	5,587		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	17,577,600		
e	Add lines **2a** through **2d**			2e	17,684,909
3	Subtract line **2e** from line **1**			3	198,976,294
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	198,976,294

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	213,990,459
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	5,587		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	17,577,600		
e	Add lines **2a** through **2d**			2e	17,583,187
3	Subtract line **2e** from line **1**			3	196,407,272
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	196,407,272

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF HOW ORGANIZATION REPORTS CONSERVATION EASEMENTS	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 THE ACCOUNTING FOR SUCH ACTIVITIES OCCURS AT THE AGENCY LEVEL AND AN AGGREGATE ACCOUNTING OF SUCH SERVICES IS NOT POSSIBLE MOSAIC ALSO DOES NOT TRACK THE BALANCES OF THE ACCOUNTS WHICH ARE OWNED BY RESIDENTS OF ITS FACILITIES $1 IS ENTERED ON PART IV, LINE 1C AND F BECAUSE THE ACTUAL TOTAL IS NOT KNOWN
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ALL CONSOLIDATED AFFILIATED ENTITIES, EXCEPT FOR MOSAIC HOUSING CORPORATION V, INC , AND EASE E MEDICAL, INC , ARE NOT-FOR-PROFIT CORPORATIONS AS DESCRIBED IN SECTION 501(C)(3) OR 501(C)(2) OF THE INTERNAL REVENUE CODE, AND ARE EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE THE INTERNAL REVENUE SERVICE HAS ESTABLISHED STANDARDS TO BE MET TO MAINTAIN MOSAIC'S TAX EXEMPT STATUS IN GENERAL, SUCH STANDARDS REQUIRE MOSAIC TO MEET A COMMUNITY BENEFITS STANDARD AND COMPLY WITH VARIOUS LAWS AND REGULATIONS MOSAIC ACCOUNTS FOR UNCERTAINTIES IN ACCOUNTING FOR INCOME TAX ASSETS AND LIABILITIES, USING GUIDANCE INCLUDED IN FASB ASC 740, INCOME TAXES MOSAIC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED AT JUNE 30, 2011 AND 2010, MOSAIC HAD NO UNCERTAIN TAX POSITIONS ACCRUED
PART XII, LINE 2D - OTHER ADJUSTMENTS		ELIMINATION OF INTERNAL MANAGEMENT FEES 17,577,600
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ELIMINATION OF INTERNAL MANAGEMENT FEES 17,577,600

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOSAIC

Employer identification number
11-3669999

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

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

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	SUPPORT DEVELOPMENT OF SERVICES FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES RESIDENTIAL & VOCATIONAL SUPPORT FOR CHILDREN WITH DISABILITIES WHO FORMERLY LIVED IN STATE-RUN INSTITUTIONS	163,400	WIRE TRANSFER			
		SUB-SAHARAN AFRICA	SUPPORT DEVELOPMENT OF SERVICES FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES CENTER-BASED AND IN-HOME SUPPORT FOR CHILDREN WITH DISABILITIES AND THEIR CAREGIVERS	105,656	WIRE TRANSFER			
		EUROPE	SUPPORT DEVELOPMENT OF SERVICES FOR PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES	82,000	WIRE TRANSFER			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 3

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

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

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 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 11-3669999
Name: MOSAIC

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOSAIC

Employer identification number
11-3669999

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
THE GEIS GROUP 684 DILLON DRIVE OMAHA, NE 68131	CONSULTING		No	0	122,259	0
BENEVON 4528 8TH AVE SUITE 1A SEATTLE, WA 98105	CONSULTING		No	0	36,964	0
Total . . . . . ▶					159,223	

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

AL, AZ, AR, CA, CO, CT, DC, FL, GA, IL, KS, KY, LA, ME, MD, MA, MN, NM, OK, OR, RI, TN, UT, WA, WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate 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 _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOSAIC

Employer identification number
11-3669999

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in 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 from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LINDA TIMMONS	(i)	320,517	19,750	2,263	5,000	14,244	361,774	0
	(ii)	0	0	0	0	0	0	0
(2) CINDY SCHROEDER	(i)	237,082	14,243	2,111	2,374	14,244	270,054	0
	(ii)	0	0	0	0	0	0	0
(3) RAUL SALDIVAR	(i)	226,138	13,568	1,861	2,286	14,244	258,097	0
	(ii)	0	0	0	0	0	0	0
(4) GARY LEE	(i)	199,666	12,052	820	2,009	14,244	228,791	0
	(ii)	0	0	0	0	0	0	0
(5) RICHARD CARMAN	(i)	145,263	7,861	7,504	1,620	14,244	176,492	0
	(ii)	0	0	0	0	0	0	0
(6) DAVID JACOX	(i)	243,966	0	30,776	29,640	22,523	326,905	0
	(ii)	0	0	0	0	0	0	0
(7) KEITH SCHMODE	(i)	195,000	11,700	3,236	1,968	14,244	226,148	0
	(ii)	0	0	0	0	0	0	0
(8) ANNE STARR	(i)	162,527	9,768	820	1,159	14,244	188,518	0
	(ii)	0	0	0	0	0	0	0
(9) KEITH COURIER	(i)	138,706	7,043	820	1,084	14,244	161,897	0
	(ii)	0	0	0	0	0	0	0
(10) DEAN WILSON	(i)	131,810	6,590	1,087	1,014	14,244	154,745	0
	(ii)	0	0	0	0	0	0	0
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	EVERY EMPLOYEE CAN BE REIMBURSED UP TO $25 PER MONTH TO USE ON HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOSAIC

Employer identification number
11-3669999

Part I Bond Issues

	(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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HOSPITAL AUTHORITY 1 KEARNEY COUNTY NE REVENUE BOND SERIES 2008	47-6006477		05-07-2008	1,200,000	REAL ESTATE IMPROVEMENTS		X	X			X
B	HOSPITAL AUTHORITY 2 DOUGLAS COUNTY NE REVENUE BOND SERIES 2008	52-1440796		08-01-2008	2,625,000	PURCHASE OF RESIDENTIAL REAL ESTATE		X	X			X
C	HOSPITAL AUTHORITY 1 KEARNEY COUNTY NE REVENUE BOND SERIES 2003	47-6006477		01-21-2003	2,100,000	PURCHASE OF RESIDENTIAL REAL ESTATE		X	X			X
D	CITY OF GARDEN CITY KANSAS ECONOMIC DEVELOPMENT REVENUE BONDS SERIES 2005	48-6009982		06-01-2005	833,000	PURCHASE OF RESIDENTIAL REAL ESTATE		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	1,200,000	2,625,000	2,100,000	833,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	53,734	53,734		25,806
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	1,200,000	2,625,000	2,100,000	833,000
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2008	2003	2005

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?		X		X		X		X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		X

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	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 ▶	0 %		0 %		0 %		0 %	
5	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 ▶	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOSAIC

Employer identification number
11-3669999

Part I Bond Issues

	(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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	NEBRASKA INVESTMENT FINANCE AUTHORITY SERIES 2010	47-0613449		04-14-2010	7,000,000	CONSTRUCTION OF RESIDENTIAL REAL ESTATE		X	X			X
B	HOSPITAL AUTHORITY 1 KEARNEY COUNTY NE REVENUE BOND SERIES 2010	47-6006477		03-31-2010	3,500,000	REMODELING OF RESIDENTIAL REAL ESTATE		X	X			X
C	HOSPITAL AUTHORITY 1 GAGE COUNTY NE REVENUE BOND SERIES 2010	47-0785499		03-12-2010	1,800,000	REMODELING OF RESIDENTIAL REAL ESTATE		X	X			X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	7,000,000	3,500,000	1,800,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	27,000	10,000	6,000	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	7,000,000	3,500,000	1,800,000	
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010	2010	2010	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?		X		X		X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X		X		X		

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X			
4	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 ▶	0 %		0 %		0 %			
5	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 ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2	Is the bond issue a variable rate issue?		X		X		X		
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOSAIC

Employer identification number
11-3669999

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KATIE GIVENS	EMPLOYED BY MOSAIC, HER STEP-MOTHER IS CFO AND SENIOR VICE PRESIDENT	104,080	WAGES		No
(2) MELISSA WILLIAMS	EMPLOYED BY MOSAIC, HER SISTER IS CFO AND SENIOR VICE PRESIDENT	27,728	WAGES		No
(3) JASON SALDIVAR	EMPLOYED BY MOSAIC, HIS FATHER IS SENIOR VICE PRESIDENT OF HUMAN RESOURCES	19,105	WAGES		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOSAIC

Employer identification number
11-3669999

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		313	RECEIPT VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EQUIP/FURNITURE)	X	11	44,672	RECEIPT VALUE
26 Other ▶ (AIRLINE TICKETS)	X	1	465	RECEIPT VALUE
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes," describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOSAIC

Employer identification number
11-3669999

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE EVANGELICAL LUTHERAN CHURCH IN AMERICA APPOINTS ONE MEMBER OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		MOSAIC BOARD OF DIRECTORS MAY MAKE ANY AMENDMENTS TO THE ARTICLES OF INCORPORATION WITHOUT OTHER APPROVAL WITH THE EXCEPTION OF SECTIONS 8, 10 AND 11 AMENDMENTS TO SECTION 8, 10 AND 11 OF THE ARTICLES OF INCORPORATION REQUIRE PRIOR WRITTEN CENSENT OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		EACH DECEMBER, THE SENIOR VICE PRESIDENT FOR HUMAN RESOURCES AND CHIEF INTEGRITY OFFICER IDENTIFY THE DISQUALIFIED PERSONS BASED ON INFORMATION FILED IN EACH KEY EMPLOYEE'S ANNUAL CONFLICT OF INTEREST FORM THE VP OF HR SOLUTIONS AND VP OF FINANCIAL OPERATIONS REVIEW THE SALARY AND BENEFIT INFORMATION REQUIRED FOR ALL DIRECTORS, OFFICERS, KEY EMPLOYEES AND DISQUALIFIED PERSONS AND PREPARE A SCHEDULE FOR REVIEW BY THE SVP OF HUMAN RESOURCES AND SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER A REVIEW OF ALL INTERNATIONAL, LOBBYING AND UNRELATED BUSINESS ACTIVITIES IS COMPLETED BY THE CHIEF FINANCIAL OFFICER AND VP OF FINANCIAL OPERATIONS WITH RELEVANT STAFF FORM 990 IS PREPARED BY THE VP OF FINANCIAL OPERATIONS 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

Identifier	Return Reference	Explanation
	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 GOVERNANCE RISK AND INTEGRITY COMMITTEE. ANY FINANCIAL CONFLICTS OF INTEREST ARE REPORTED TO THE CHIEF FINANCIAL OFFICER FOR REPORTING ON THE FORM 990. ON AN ANNUAL BASIS ALL STAFF COMPLETE A CONFLICT OF INTEREST FORM IN CONJUNCTION WITH THEIR ANNUAL EVALUATION. ALL CONFLICTS OF INTEREST ARE REVIEWED BY HUMAN RESOURCES. 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 CHIEF INTEGRITY OFFICER AND REPORTED TO THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER FOR REPORTING ON THE FORM 990. ANY NEW CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR ARE REQUIRED TO BE REPORTED AT THAT TIME.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS ESTABLISHED A COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR CONTRACTING WITH AN INDEPENDENT CONSULTANT TO DOCUMENT COMPARABLE COMPENSATION LEVELS PAID TO EXECUTIVES WITH SIMILAR POSITIONS AND RESPONSIBILITIES IN SIMILAR ORGANIZATIONS, HELPING THE COMMITTEE APPLY MOSAIC'S COMPENSATION PHILOSOPHY TO THE MARKET SURVEY DATA TO IDENTIFY SUPPORTABLE COMPENSATION LEVELS AND COMPENSATION RANGES, AND OPINING IN ADVANCE THAT RESULTING COMPENSATION RANGES ARE REASONABLE COMPENSATION. THE COMPENSATION CONSULTANT WILL ALSO ADVISE AND OPINE ON BENEFIT DESIGN, BENEFIT OPTIONS, AND REASONABLENESS OF BENEFIT AMOUNTS AS ELEMENTS OF COMPENSATION. THE COMPENSATION COMMITTEE WILL ADOPT A COMPENSATION PHILOSOPHY FOR OFFICERS AND KEY EMPLOYEES GUIDED BY THE CONSULTANT'S INFORMATION AND USE THE COMPENSATION PHILOSOPHY TO APPROVE THE COMPENSATION OF THE CEO, APPROVE THE COMPENSATION RANGES FOR OTHER OFFICERS AND KEY EMPLOYEES, AND REPORT ITS ACTIONS TO THE FULL BOARD. THE CEO, WORKING WITHIN SALARY RANGES APPROVED BY THE COMPENSATION COMMITTEE, SETS THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES. MINUTES, DOCUMENTATION OF INDEPENDENT CONSULTANT COMPARABILITY DATA AND RECOMMENDATIONS ARE MAINTAINED AS PART OF THE RECORD OF THE COMPENSATION COMMITTEE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	MOSAIC HAS AVAILABLE ON ITS PUBLIC WEBSITE (WWW MOSAICINFO ORG) THE ABILITY FOR INDIVIDUALS TO REQUEST THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS THROUGH AN EMAIL REQUEST FORM

Identifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	RICHARD TOFTNESS - 6405 W 92ND STREET, OVERLAND PARK, KS 66212 SUSAN FLACK - 4941 VALLEY OAK DRIVE, LOVELAND, CO 80538 JAMES ZILS - 832 PADDOCK LANE, LIBERTYVILLE, IL 60048-3744 MARK KLEVER - 502 3RD ST, NE BOX 14, DAYTON, IA 50530 DAVID BAILEY - 601 CORPORATE CIRCLE, GOLDEN, CO 80401 JOE DERDZINKSI - 125 WUTHERING HEIGHTS DRIVE, COLORADO SPRINGS, CO 80921 KATHLEEN BENTON - 33 PELHAM RD, W HARTFORD, CT 06017 DR DOUGLAS HILLMAN - 4658 ELM ST, W DES MOINES, IA 50265 REV DANETTE JOHNS - PO BOX 477, STORM LAKE, IA 50588 MAX MILLER - 710 N 11 ST, GENEVA, NE 68361 REV WALTER MAY - ELCA 8765 W HIGGINS RD, CHICAGO, IL 60631 CHARLES WALKER - 201 N MONTEZUMA ST, PRESCOTT, AZ 86301 CAROL MILLER - 4425 S 162 AVE, OMAHA, NE 68135

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, LINE 1A	LINDA TIMMONS, PRESIDENT AND CEO OF MOSAIC, DEDICATES 2 HOURS PER WEEK TO SERVING ON THE BOARDS OF MILLTOWNE, INC AND THE OAKS OF DUNN COUNTY CINDY SCHROEDER, SENIOR VICE PRESIDENT AND CFO, DEDICATES 3 HOURS PER WEEK TO SERVING ON THE BOARDS OF THE MOSAIC FOUNDATION, MILLTOWNE, INC AND THE OAKS OF DUNN COUNTY RAUL SALDIVAR, SENIOR VICE PRESIDENT OF HUMAN RESOURCES, DEDICATES 1 HOURS PER WEEK SERVING ON THE BOARD OF MILLTOWNE, INC KEITH SCHMODE, SENIOR VICE PRESIDENT OF MISSION ADVANCEMENT, DEDICATES 2 HOURS PER WEEK SERVING ON THE BOARDS OF THE MOSAIC FOUNDATION AND MILLTOWNE, INC ANNE STARR, SENIOR VICE PRESIDENT OF OPERATIONS, DEDICATES 1 HOURS PER WEEK TO SERVING ON THE BOARD OF THE OAKS OF DUNN COUNTY DEAN WILSON, VICE PRESIDENT OF FINANCIAL OPERATIONS, DEDICATES 2 0 HOURS PER WEEK SERVING ON THE BOARDS OF MOSAIC HOUSING CORPORATION I-IV, VII-XXII

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 101,722

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE FINANCE AND AUDIT COMMITEE OVERSEES THE AUDIT & SELECTION OF THE INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
MOSAIC

Employer identification number
11-3669999

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) BETHPHAGE RESIDENTIAL PARTNERSHIP 4980 S 118 ST OMAHA, NE68137 47-0805544	LOW INCOME HOUSING	NE	N/A									
(2) MOSAIC RESIDENTIAL SERVICES OF NEBRASKA LLC 4980 S 118 ST OMAHA, NE68137 27-1695051	LOW INCOME HOUSING	NE	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) EASE-E MEDICAL INC 380 SKYLAND DR SUITE A PENROSE, CO81240 47-0842353	SALE OF MEDICAL EQUIPMENT AND SUPPLIES	NE	N/A	C	-200,060	1,787,940	100 000 %
(2) MOSAIC HOUSING CORPORATION V 4980 S 118 ST OMAHA, NE68137 47-0805545	LOW INCOME HOUSING	NE	N/A	C		713,017	100 000 %
(3) BICO 4980 S 118 ST OMAHA, NE68137	CAPTIVE INSURANCE	BD	N/A	C	-203,021	13,963,001	100 000 %

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) EASE-E MEDICAL EQUIPMENT	D	258,944	FMV
(2) THE MOSAIC FOUNDATION	C	2,706,277	FMV
(3) BICO	L	4,759,816	FMV
(4) THE MOSAIC VEBA	L	15,576,501	FMV
(5) MOSAIC HOUSING CORPORATION 19	B	98,236	FMV
(6) EASE-E MEDICAL EQUIPMENT	A	51,014	FMV

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 11-3669999
Name: MOSAIC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
MOSAIC FOUNDATION 4980 S 118 ST OMAHA, NE68137 36-3837360	FUND RAISING AND INVESTMENT ASSET MANAGEMENT	NE	501(C)(3)	9	N/A	Yes	
MILLTOWNE INC 4980 S 118 ST OMAHA, NE68137 47-0796932	RENTAL REAL ESTATE	NE	501(C)(2)	N/A	N/A	Yes	
THE OAKS OF DUNN COUNTY 4980 S 118 ST OMAHA, NE68137 39-1913323	SENIOR LIVING SERVICES	WI	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION I 4980 S 118 ST OMAHA, NE68137 36-3756911	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION II 4980 S 118 ST OMAHA, NE68137 47-0773689	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION III 4980 S 118 ST OMAHA, NE68137 47-0788396	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION IV 4980 S 118 ST OMAHA, NE68137 91-1823422	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION VII 4980 S 118 ST OMAHA, NE68137 47-0828015	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION VIII 4980 S 118 ST OMAHA, NE68137 47-0828012	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION IX 4980 S 118 ST OMAHA, NE68137 74-2838413	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION X 4980 S 118 ST OMAHA, NE68137 74-2908789	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION XI 4980 S 118 ST OMAHA, NE68137 31-1706640	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
MOSAIC HOUSING CORPORATION XII 4980 S 118 ST OMAHA, NE68137 48-1297244	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION XIII 4980 S 118 ST OMAHA, NE68137 42-1626679	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION XIV 4980 S 118 ST OMAHA, NE68137 20-4417891	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION XV 4980 S 118 ST OMAHA, NE68137 20-5765691	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION XVI 4980 S 118 ST OMAHA, NE68137 20-5765731	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION XVII 4980 S 118 ST OMAHA, NE68137 26-1710013	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION XVIII 4980 S 118 ST OMAHA, NE68137 26-1710184	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION XIX 4980 S 118 ST OMAHA, NE68137 26-1710259	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION XX 4980 S 118 ST OMAHA, NE68137 26-4555206	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC ILLINOIS HOUSING 1 4980 S 118 ST OMAHA, NE68137 20-2997161	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC ILLINOIS HOUSING 2 4980 S 118 ST OMAHA, NE68137 20-4417645	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC ILLINOIS HOUSING OF MACOMB 1 4980 S 118 ST OMAHA, NE68137 20-4841909	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
MOSAIC ILLINOIS HOUSING OF ROCKFORD 1 4980 S 118 ST OMAHA, NE68137 20-4841856	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC VEBA 4980 S 118 ST OMAHA, NE68137 36-3831874	EMPLOYEE WELFARE BENEFIT PLAN	NE	501(C)(9)	N/A	N/A	Yes	
MOSAIC HOUSING CORPORATION XXI 4980 S 118 ST OMAHA, NE68137 26-4555313	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	
MOSAIC HOUSING CORPORATION XXII 4980 S 118 ST OMAHA, NE68137 27-3483415	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	EASE-E MEDICAL EQUIPMENT	D	258,944	FMV
(2)	THE MOSAIC FOUNDATION	C	2,706,277	FMV
(3)	BICO	L	4,759,816	FMV
(4)	THE MOSAIC VEBA	L	15,576,501	FMV
(5)	MOSAIC HOUSING CORPORATION 19	B	98,236	FMV
(6)	EASE-E MEDICAL EQUIPMENT	A	51,014	FMV

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TY 2010 Itemized Other Current Liabilities Schedule

Name: MOSAIC

EIN: 11-3669999

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
BICO CO AON INSURANCE MANAGERS BERMUDA		LOSSES PAYABLE	170,533	10,200
		LOSS RESERVES	3,145,205	3,539,049
		IBNR LOSSES	4,336,302	4,656,685

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TY 2010 Itemized Other Current Assets Schedule

Name: MOSAIC

EIN: 11-3669999

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
BICO CO AON INSURANCE MANAGERS BERMUDA		ACCRUED INTEREST RECEIVABLE	75,572	57,064
		PREPAID EXPENSES	13,159	14,915
		SHORT TERM NOTE	266,000	332,325
		RESTRICTED FUNDS	2,818,500	3,018,500

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493132016272

TY 2010 Other Deductions Schedule

Name: MOSAIC

EIN: 11-3669999

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
LOSSES PAID	4,140,154	4,140,154
GENERAL & ADMINISTRATIVE EXPENSE	910,137	910,137