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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)	OMB No 1545-0047 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization MOSAIC		D Employer identification number 11-3669999
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 4980 SOUTH 118TH ST LIND CENTER NO A	Room/suite	E Telephone number (402) 896-3884
	City or town, state or country, and ZIP + 4 OMAHA, NE 68137		G Gross receipts \$ 213,023,447
	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			

Part I Summary

Activities & Governance	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 2012 (Part V, line 2a)	5	7,900
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	67,279
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 11,987,089	Current Year 7,504,201
	9 Program service revenue (Part VIII, line 2g)	191,867,535	200,856,466
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	712,147	150,581
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,522,813	3,867,703
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	209,089,584	212,378,951
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	249,129
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)		144,706,934	152,782,888
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
16b Total fundraising expenses (Part IX, column (D), line 25) ☐ 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		58,238,531	59,929,048
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		203,194,594	215,173,046
19 Revenue less expenses Subtract line 18 from line 12		5,894,990	-2,794,095
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	106,985,926	107,546,734
	21 Total liabilities (Part X, line 26)	47,592,113	50,675,365
	22 Net assets or fund balances Subtract line 21 from line 20	59,393,813	56,871,369

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	***** Signature of officer			2013-11-07 Date	
	CYNTHIA L SCHROEDER CFO & SENIOR VICE PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JULIE M GERKEN		Preparer's signature		Date
	Check ☐ if self-employed		PTIN P00400882		
	Firm's name ► SEIM JOHNSON LLP			Firm's EIN ► 47-6097913	
	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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 62,000,026 including grants of \$) (Revenue \$ 63,665,791)

INTERMEDIATE CARE FACILITIES (ICF)--ICF SERVICES PROVIDE 24/7 SUPPORT FOR VERY MEDICALLY FRAGILE INDIVIDUALS WITH INTELLECTUAL OR DEVELOPMENTAL DISABILITIES MOSAIC SERVES APPROXIMATELY 480 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY

4b

(Code) (Expenses \$ 105,058,973 including grants of \$) (Revenue \$ 107,881,610)

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 2,670 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY

4c

(Code) (Expenses \$ 17,566,334 including grants of \$) (Revenue \$ 18,038,291)

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 1,630 INDIVIDUALS ACROSS THE UNITED STATES UNDER THIS SERVICE CATEGORY

(Code) (Expenses \$ 10,975,883 including grants of \$ 2,461,110) (Revenue \$ 11,270,774)

MISCELLANEOUS SERVICES PROVIDED TO INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 10,975,883 including grants of \$ 2,461,110) (Revenue \$ 11,270,774)

4e

Total program service expenses

195,601,216

Form 990 (2012)

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 instructions)? 	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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, line 10? 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	No
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 and XII 	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b	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 United States? 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 United States? 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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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.	642	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	7,900	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	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	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	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	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, 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 (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. 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, or 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MAX MILLER CHAIRPERSON	1 50 0 00	X		X				0	0	0
(2) JAMES ZILS VICE CHAIRPERSON	1 50 0 00	X		X				0	0	0
(3) LISA NAGSTAD SECOND VICE CHAIRPERSON	1 50 0 00	X		X				0	0	0
(4) KATHY PATRICK SECRETARY	1 50 0 00	X		X				0	0	0
(5) KEITH HOHLY DIRECTOR	1 50 0 00	X						0	0	0
(6) DR JOE DERDZINKSI DIRECTOR	1 50 0 00	X						0	0	0
(7) KATHLEEN BENTON DIRECTOR	1 50 0 00	X						0	0	0
(8) DR DOUGLAS HILLMAN DIRECTOR	1 50 0 00	X						0	0	0
(9) REV DANETTE JOHNS DIRECTOR	1 50 0 00	X						0	0	0
(10) JOSEPH TURKOWSKI DIRECTOR	1 50 0 00	X						0	0	0
(11) CHARLES WALKER DIRECTOR	1 50 0 00	X						0	0	0
(12) CAROL MILLER DIRECTOR	1 50 0 00	X						0	0	0
(13) SUSAN FLACK DIRECTOR	1 50 0 00	X						0	0	0
(14) LINDA TIMMONS CEO & PRESIDENT	39 90 10			X				438,402	0	31,676
(15) CINDY SCHROEDER CFO & SVP	39 80 20			X				395,814	0	31,811
(16) RAUL SALDIVAR CHIEF OPERATING OFFICER	40 00 0 00				X			302,534	0	31,676
(17) PAM BENNER SVP OF HUMAN RESOURCES	40 00 0 00				X			168,256	0	25,447

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEITH SCHMODE SVP OF MISSION ADVANCEMENT	39 90 10				X			231,598	0	28,988
(19) DONNA WERNER SVP OF PERFORMANCE SERVICE	40 00 0 00				X			165,025	0	26,398
(20) DEAN WILSON VP OF FINANCIAL OPERATIONS	38 00 2 00					X		212,543	0	14,061
(21) KEITH COURIER VP OF INFORMATION TECHNOLO	40 00 0 00					X		169,269	0	36,676
(22) MARLIN WILKERSON REGIONAL VP	40 00 0 00					X		137,384	0	14,676
(23) TAMMY WESTFALL REGIONAL VP	40 00 0 00					X		135,988	0	14,676
(24) NANCY DAVIS REGIONAL VP	40 00 0 00					X		135,400	0	14,676
(25) DAVID JACOX EXECUTIVE VP	40 00 0 00						X	378,775	0	11,736
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,870,988	0	282,497

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶27

3Did 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

3Yes

4For 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

4Yes

5Did 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

5No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BENEVON 4528 8TH AVE NE STE 1A SEATTLE WA 98105	FUNDRAISING	777,601
ADP INC PO BOX 842875 BOSTON MA 022842875	PAYROLL SERVICES	368,174
ORACLE AMERICA INC PO BOX 203448 DALLAS TX 753203448	SOFTWARE SUPPORT	335,337
RW SORENSEN CONSTRUCTION 2500 W 24TH STREET KEARNEY NE 68845	CONSTRUCTION SERVCIES	292,234
LAMBRECHT GLASS STUDIO INC 715 S 12TH STREET OMAHA NE 68102	CONSTRUCTION SERVCIES	250,800

2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶10

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	7,362,239			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	141,962			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		7,504,201			
Program Service Revenue	2a	MEDICARE/MEDICAID PAYM	Business Code 624100	194,450,196	194,450,196		
	b	PROGRAM SERVICE REVENU	624100	5,116,287	5,116,287		
	c	RENTAL INCOME	532000	1,017,564	1,017,564		
	d	MANAGEMENT FEES	541610	272,419	272,419		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		200,856,466			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		135,576		135,576
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		15,005		15,005
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	2,738,281	2,738,281			
b	FARM REVENUE	900099	618,276	618,276			
c	PURCHASING CARD REBATE	900099	139,890	139,890			
d	All other revenue		371,256	303,977	67,279		
e	Total. Add lines 11a-11d		3,867,703				
12	Total revenue. See Instructions		212,378,951	204,656,890	67,279	150,581	

Part IX

Statement of Functional Expenses

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

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

☐

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 United States. See Part IV, line 21.	2,315,734	2,315,734		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	145,376	145,376		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	1,877,625	979,922	897,703	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	109,807		109,807	
7	Other salaries and wages.	116,922,233	107,153,865	9,768,368	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	519,240	340,834	178,406	
9	Other employee benefits.	24,655,778	22,969,435	1,686,343	
10	Payroll taxes.	8,698,205	7,980,788	717,417	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	231,707		231,707	
c	Accounting.	190,458		190,458	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	6,928	6,928		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	19,256,657	17,595,469	1,661,188	
12	Advertising and promotion.				
13	Office expenses.	15,211,607	13,880,963	1,330,644	
14	Information technology.				
15	Royalties.				
16	Occupancy.	9,185,263	8,800,747	384,516	
17	Travel.	3,857,357	2,843,733	1,013,624	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	58,693	96	58,597	
20	Interest.	1,237,091	1,180,898	56,193	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	5,013,594	4,358,615	654,979	
23	Insurance.	2,015,177	1,990,118	25,059	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	OTHER EXPENSES	1,537,677	1,251,676	286,001	
b	CFR EXPENSE	1,005,778	1,005,778		
c	DUES & MEMBERSHIPS	727,364	406,544	320,820	
d	FARM EXPENSE	296,363	296,363		
e	All other expenses	97,334	97,334		
25	Total functional expenses. Add lines 1 through 24e.	215,173,046	195,601,216	19,571,830	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		10,302,933	1	17,232,928
	2	Savings and temporary cash investments		1,493,657	2	1,502,341
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		20,867,938	4	20,251,849
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,131,403	9	1,993,298
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a113,816,409			
	b	Less accumulated depreciation	10b62,185,097	53,211,398	10c	51,631,312
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		8,725,418	12	5,087,257
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,253,179	15	9,847,749
	16	Total assets. Add lines 1 through 15 (must equal line 34)		106,985,926	16	107,546,734
Liabilities	17	Accounts payable and accrued expenses		16,545,464	17	17,940,066
	18	Grants payable			18	
	19	Deferred revenue		320,460	19	1,020,910
	20	Tax-exempt bond liabilities		26,041,173	20	22,766,081
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		4,685,016	25	8,948,308
	26	Total liabilities. Add lines 17 through 25		47,592,113	26	50,675,365
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		58,609,925	27	56,093,076
	28	Temporarily restricted net assets		783,888	28	778,293
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), 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		59,393,813	33	56,871,369
	34	Total liabilities and net assets/fund balances		106,985,926	34	107,546,734

Part XI Reconciliation 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	212,378,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	215,173,046
3	Revenue less expenses Subtract line 2 from line 1	3	-2,794,095
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	59,393,813
5	Net unrealized gains (losses) on investments	5	271,651
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,871,369

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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	Yes
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	Yes

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

2012

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 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- 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?

(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 supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (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? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,141,757	2,500,657	4,423,726	11,987,089	7,504,201	28,557,430
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	198,102,971	179,757,724	190,885,502	191,867,535	200,856,466	961,470,198
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	200,244,728	182,258,381	195,309,228	203,854,624	208,360,667	990,027,628
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	2,380	2,231	3,964	5,012	3,536	17,123
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	5,012	3,536	17,123
8 Public support (Subtract line 7c from line 6.)						990,010,505

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	200,244,728	182,258,381	195,309,228	203,854,624	208,360,667	990,027,628
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	210,743	105,807	228,597	268,804	135,576	949,527
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					67,279	67,279
c Add lines 10a and 10b	210,743	105,807	228,597	268,804	202,855	1,016,806
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.)	3,685,816	3,664,948	3,274,356	4,522,813	3,800,424	18,948,357
13 Total support. (Add lines 9, 10c, 11, and 12.)	204,141,287	186,029,136	198,812,181	208,646,241	212,363,946	1,009,992,791
14 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			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	98.020%	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	97.980%	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 100 %
18	Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 140 %
19a	33 1/3% support tests—2012. 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—2011. 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.** 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).

Facts And Circumstances Test

Explanation

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

2012

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 35c (Proxy Tax), then

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

Name of the organization MOSAIC	Employer identification number 11-3669999
------------------------------------	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political 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 function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

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

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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-															
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	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?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		56,994
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			56,994
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. 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

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area

☒ Protection of natural habitat ☐ Preservation of a certified historic structure

☒ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

0

4

Number of states where property subject to conservation easement is located

1

5

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

☐ Yes ☒ No

6

Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, 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 XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	1
1d	
1e	
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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	34,764,985	37,485,223	31,346,898	26,463,411	30,337,771
b Contributions	2,848,409	2,919,416	1,919,339	3,159,195	1,724,683
c Net investment earnings, gains, and losses	3,247,117	1,425,808	5,843,950	3,043,881	-4,010,130
d Grants or scholarships					
e Other expenditures for facilities and programs	6,546,591	7,065,462	1,624,964	1,319,589	1,588,913
f Administrative expenses					
g End of year balance	34,313,920	34,764,985	37,485,223	31,346,898	26,463,411

- 2

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

a

Board designated or quasi-endowment

86 880 %

b

Permanent endowment

10 940 %

c

Temporarily restricted endowment

2 180 %

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

3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐

b

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

3b

☐ Yes

☐
- 4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,805,543		6,805,543
b Buildings		80,292,381	41,685,153	38,607,228
c Leasehold improvements		1,985,079	1,489,740	495,339
d Equipment		11,963,737	9,727,484	2,236,253
e Other		12,769,669	9,282,720	3,486,949
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				51,631,312

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	232,384,748
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			2e	
a	Net unrealized gains on investments	2a	271,651		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	19,734,146		
e	Add lines 2a through 2d			2e	20,005,797
3	Subtract line 2e from line 1			3	212,378,951
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			4c	0
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	212,378,951
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	234,907,192
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			2e	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	19,734,146		
e	Add lines 2a through 2d			2e	19,734,146
3	Subtract line 2e from line 1			3	215,173,046
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			4c	0
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b				
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	215,173,046

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	ALL CONSOLIDATED AFFILIATED ENTITIES, EXCEPT FOR MOSAIC HOUSING CORP V, INC, BETHPHAGE RESIDENTIAL SERVICES, 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 IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR THE YEARS ENDED PRIOR TO JUNE 30, 2010. MOSAIC RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. SUCH TAX POSITIONS, WHICH ARE MORE THAN 50% LIKELY OF BEING REALIZED, ARE MEASURED AT THEIR HIGHEST VALUE. CHANGES IN RECOGNITION OR MEASUREMENT ARE REFLECTED IN THE PERIOD IN WHICH THE CHANGE IN JUDGMENT OCCURS. DURING 2013 AND 2012, MANAGEMENT DETERMINED THAT THERE ARE NO INCOME TAX POSITIONS REQUIRING RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OTHER THAN DESCRIBED PREVIOUSLY.
PART XI, LINE 2D - OTHER ADJUSTMENTS		ELIMINATION OF INTERNAL MANAGEMENT FEES 19,734,146
PART XII, LINE 2D - OTHER ADJUSTMENTS		ELIMINATION OF INTERNAL MANAGEMENT FEES 19,734,146

Part II

[illegible]

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

(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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ 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

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

[illegible]

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. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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Inspection

Name of the organization MOSAIC	Employer identification number 11-3669999
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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 email 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE GEIS GROUP 684 DILLON DRIVE OMAHA, NE 68131	CONSULTING		No	0	13,624	0
BENEVON 4528 8TH AVE SUITE 1A SEATTLE, WA 98105	CONSULTING & TRAINING		No	0	779,588	0
Total ▶					793,212	

- 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Contributions . . .			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash 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 line 3, column (d), and line 10 ▶			

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			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
Direct Expenses	6	Volunteer labor			
	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 _____

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MOSAIC

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

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Employer identification number
11-3669999

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

16

3

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

1

Part III

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

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

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
SCHEDULE I, PART II		DURING THE YEAR MOSAIC CHANGED THE REPORTING ON PAYMENTS TO RELATED ENTITIES IN THE PAST PAYMENTS WERE TREATED AS AN INVESTMENT IN THE ENTITY HOWEVER, THE MONEY WAS A GRANT MADE TO THE ENTITY THEREFORE, IN THE CURRENT YEAR WE HAVE REPORTED THE GRANTS THAT WERE MADE IN THE PAST AND THE CURRENT YEAR THE SCHEDULE I, PART II ACCOUNTS IF THE GRANT IS A CURRENT YEAR PAYMENT OR A HISTORICAL PAYMENT THE TOTAL HISTORICAL PAYMENTS EXPENSED AS GRANTS IN THE CURRENT FISCAL YEAR IS \$1,938,634 GRANTS PAID IN THE CURRENT YEAR TOTAL \$377,100

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOSAIC HOUSING CORPORATION IV4980 S 118 ST OMAHA,NE 68137	91-1823422	501(C)(3)	67,935				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION V4980 S 118 ST OMAHA,NE 68137	47-0805545		646,074				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION V4980 S 118 ST OMAHA,NE 68137	47-0805545		134,124				CURRENT YEAR PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION VII4980 S 118 ST OMAHA,NE 68137	47-0828015	501(C)(3)	43,985				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION VIII4980 S 118 ST OMAHA,NE 68137	47-0828012	501(C)(3)	50,947				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XII4980 S 118 ST OMAHA,NE 68137	48-1297244	501(C)(3)	93,389				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XII4980 S 118 ST OMAHA,NE 68137	48-1297244	501(C)(3)	6,715				CURRENT YEAR PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XIII4980 S 118 ST OMAHA,NE 68137	42-1626679	501(C)(3)	4,841				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XIII4980 S 118 ST OMAHA,NE 68137	42-1626679	501(C)(3)	5,000				CURRENT YEAR PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XIV4980 S 118 ST OMAHA,NE 68137	20-4417891	501(C)(3)	43,772				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XV4980 S 118 ST OMAHA,NE 68137	20-5765691	501(C)(3)	186,564				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XVI4980 S 118 ST OMAHA,NE 68137	20-5765731	501(C)(3)	232,480				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XVII4980 S 118 ST OMAHA,NE 68137	26-1710013	501(C)(3)	110,840				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XVII4980 S 118 ST OMAHA,NE 68137	26-1710184	501(C)(3)	90,756				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XIX4980 S 118 ST OMAHA,NE 68137	26-1710259	501(C)(3)	117,359				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XX4980 S 118 ST OMAHA,NE 68137	26-4555206	501(C)(3)	101,950				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC HOUSING CORPORATION XXII4980 S 118 ST OMAHA,NE 68137	27-3483415	501(C)(3)	231,261				CURRENT YEAR PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC ILLINOIS HOUSING 14980 S 118 ST OMAHA,NE 68137	20-2997161	501(C)(3)	10,000				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC ILLINOIS HOUSING 24980 S 118 ST OMAHA,NE 68137	20-4417645	501(C)(3)	16,618				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR
MOSAIC ILLINOIS HOUSING OF ROCKFORD 14980 S 118 ST OMAHA,NE 68137	20-4841856	501(C)(3)	111,624				PRIOR YEARS PAYMENTS - THE GRANT PROVIDED IS TO A RELATED ORGANIZATION TO FURTHER ITS TAX EXEMPT FUNCTION THE BOARDS OF EACH ORGANIZATION REVIEW AND APPROVE THE GRANTS MADE EACH YEAR

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

2012

**Open to Public
Inspection**

Name of the organization MOSAIC	Employer identification number 11-3669999
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Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☒ Health or social club dues or initiation fees ☐ 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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.	4a Yes	
		4b	No
		4c	No
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? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a	No
		5b	No
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? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a	No
		6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

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
	PART I, LINE 4A	DEAN WILSON RECEIVED SEVERANCE PAYMENTS OF \$74,048

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
LINDA TIMMONS	(i) (ii)	415,824 0	10,000 0	12,578 0	17,000 0	14,676 0	470,078 0	0 0
CINDY SCHROEDER	(i) (ii)	331,427 0	62,251 0	2,136 0	17,135 0	14,676 0	427,625 0	0 0
RAUL SALDIVAR	(i) (ii)	296,085 0	5,000 0	1,449 0	17,000 0	14,676 0	334,210 0	0 0
PAM BENNER	(i) (ii)	167,383 0	0 0	873 0	10,771 0	14,676 0	193,703 0	0 0
KEITH SCHMODE	(i) (ii)	220,178 0	7,500 0	3,920 0	14,312 0	14,676 0	260,586 0	0 0
DONNA WERNER	(i) (ii)	159,083 0	5,000 0	942 0	11,722 0	14,676 0	191,423 0	0 0
DEAN WILSON	(i) (ii)	135,999 0	750 0	75,794 0	0 0	14,061 0	226,604 0	0 0
KEITH COURIER	(i) (ii)	168,174 0	250 0	845 0	22,000 0	14,676 0	205,945 0	0 0
MARLIN WILKERSON	(i) (ii)	132,939 0	3,600 0	845 0	0 0	14,676 0	152,060 0	0 0
TAMMY WESTFALL	(i) (ii)	125,143 0	10,000 0	845 0	0 0	14,676 0	150,664 0	0 0
NANCY DAVIS	(i) (ii)	134,507 0	0 0	893 0	0 0	14,676 0	150,076 0	0 0
DAVID JACOX	(i) (ii)	373,831 0	2,412 0	2,532 0	0 0	11,736 0	390,511 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MOSAIC

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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 2 DOUGLAS COUNTY NE REVENUE BOND SERIES 2008	52-1440796		08-01-2008	2,625,000	PURCHASE OF RESIDENTIAL REAL ESTATE		X	X			X
B	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
C	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
D	NEBRASKA INVESTMENT FINANCE AUTHORITY SERIES 2010	47-0613449		04-14-2010	7,000,000	CONSTRUCTION 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								
4	Gross proceeds in reserve funds	2,625,000		2,100,000		833,000		7,000,000	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	53,734						27,000	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	2,625,000		2,100,000		833,000		7,000,000	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2008		2003		2005		2010	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
			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 of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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								
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								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?	X		X		X		X	
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified 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?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 2010	47-6006477		03-31-2010	3,500,000	REMODELING OF RESIDENTIAL REAL ESTATE		X	X			X
B 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
C IOWA FINANCE AUTHORITY REVENUE BONDS SERIES 2012	52-1699886		05-11-2012	3,200,000	ACQUISITION & REMODEL 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								
4	Gross proceeds in reserve funds	3,500,000		1,800,000		3,200,000			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	10,000		6,000					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	3,500,000		1,800,000		3,200,000			
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010		2010		2012		YesNo	
		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 of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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								
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								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?	X		X		X			
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			
b	Name of provider	WELLS FARGO				WELLS FARGO			
c	Term of hedge	15 000000000000				15 000000000000			
d	Was the hedge superintegrated?	X				X			
e	Was a hedge terminated?		X				X		

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI

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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization MOSAIC	Employer identification number 11-3669999
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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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	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 assistance	(d) Type of assistance	(e) Purpose 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	109,807	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 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

2012

Open to Public
Inspection

Name of the organization MOSAIC	Employer identification number 11-3669999
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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 CONSENT 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 ORGANIZATION'S OUTSIDE ACCOUNTING FIRM. THE CHIEF FINANCIAL OFFICER, THE ORGANIZATION'S OUTSIDE ACCOUNTING FIRM, AND THE CHIEF EXECUTIVE OFFICER REVIEW THE RETURN. THE FINANCE AND AUDIT COMMITTEE AND THE BOARD OF DIRECTORS ARE PROVIDED A COPY OF THE RETURN PRIOR TO FILING FORM 990.

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Dispropportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BETHPHAGE RESIDENTIAL PARTNERSHIP 4980 S 118 ST OMAHA, NE 68137 47-0805544	LOW INCOME HOUSING	NE	N/A									
(2) MOSAIC RESIDENTIAL SERVICES OF NEBRASKA LLC 4980 S 118 ST OMAHA, NE 68137 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" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) EASE-E MEDICAL INC 380 SKYLAND DR SUITE A PENROSE, CO 81240 47-0842353	SALE OF MEDICAL EQUIPMENT AND SUPPLIES	NE	N/A	C	3,852,079	875,574	100 000 %		No
(2) MOSAIC HOUSING CORPORATION V 4980 S 118 ST OMAHA, NE 68137 47-0805545	LOW INCOME HOUSING	NE	N/A	C		1,483,183	100 000 %		No
(3) BICO 4980 S 118 ST OMAHA, NE 68137	CAPTIVE INSURANCE	BD	N/A	C		14,546,358	100 000 %		No

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d Yes

1e

1f

1g

1h

1i

1j

1k

1l

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r Yes

1s 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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2012

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
MOSAIC FOUNDATION 4980 S 118 ST OMAHA, NE 68137 36-3837360	FUND RAISING AND INVESTMENT ASSET MANAGEMENT	NE	501(C)(3)	9	N/A	Yes
THE OAKS OF DUNN COUNTY 4980 S 118 ST OMAHA, NE 68137 39-1913323	SENIOR LIVING SERVICES	WI	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION I 4980 S 118 ST OMAHA, NE 68137 36-3756911	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION II 4980 S 118 ST OMAHA, NE 68137 47-0773689	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION III 4980 S 118 ST OMAHA, NE 68137 47-0788396	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION IV 4980 S 118 ST OMAHA, NE 68137 91-1823422	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION VII 4980 S 118 ST OMAHA, NE 68137 47-0828015	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION VIII 4980 S 118 ST OMAHA, NE 68137 47-0828012	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION IX 4980 S 118 ST OMAHA, NE 68137 74-2838413	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION X 4980 S 118 ST OMAHA, NE 68137 74-2908789	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XI 4980 S 118 ST OMAHA, NE 68137 31-1706640	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XII 4980 S 118 ST OMAHA, NE 68137 48-1297244	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XIII 4980 S 118 ST OMAHA, NE 68137 42-1626679	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XIV 4980 S 118 ST OMAHA, NE 68137 20-4417891	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XV 4980 S 118 ST OMAHA, NE 68137 20-5765691	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XVI 4980 S 118 ST OMAHA, NE 68137 20-5765731	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XVII 4980 S 118 ST OMAHA, NE 68137 26-1710013	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XVIII 4980 S 118 ST OMAHA, NE 68137 26-1710184	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XIX 4980 S 118 ST OMAHA, NE 68137 26-1710259	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XX 4980 S 118 ST OMAHA, NE 68137 26-4555206	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 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
MOSAIC ILLINOIS HOUSING 1 4980 S 118 ST OMAHA, NE 68137 20-2997161	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC ILLINOIS HOUSING 2 4980 S 118 ST OMAHA, NE 68137 20-4417645	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC ILLINOIS HOUSING OF MACOMB 1 4980 S 118 ST OMAHA, NE 68137 20-4841909	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC ILLINOIS HOUSING OF ROCKFORD 1 4980 S 118 ST OMAHA, NE 68137 20-4841856	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC VEBA 4980 S 118 ST OMAHA, NE 68137 36-3831874	EMPLOYEE WELFARE BENEFIT PLAN	NE	501(C)(9)	N/A	N/A	Yes
MOSAIC HOUSING CORPORATION XXII 4980 S 118 ST OMAHA, NE 68137 27-3483415	LOW INCOME HOUSING	NE	501(C)(3)	9	N/A	Yes
MOSAIC HOUSING CORPORATION XXI 4980 S 118 ST OMAHA, NE 68137 26-4555313	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-s)	(c) Amount Involved	(d) Method of determining amount involved
EASE-E MEDICAL EQUIPMENT	D	510,000	FMV
THE MOSAIC FOUNDATION	C	7,362,239	FMV
BICO	M	4,902,446	FMV
THE MOSAIC VEBA	M	18,551,199	FMV
EASE-E MEDICAL EQUIPMENT	A	67,279	FMV
MOSAIC HOUSING CORPORATION IV	B	67,935	FMV
MOSAIC HOUSING CORPORATION V	B	772,998	FMV
MOSAIC HOUSING CORPORATION VII	B	43,985	FMV
MOSAIC HOUSING CORPORATION VIII	B	50,947	FMV
MOSAIC HOUSING CORPORATION XII	B	93,389	FMV
MOSAIC HOUSING CORPORATION XIV	B	43,772	FMV
MOSAIC HOUSING CORPORATION XIX	B	117,359	FMV
MOSAIC HOUSING CORPORATION XV	B	186,564	FMV
MOSAIC HOUSING CORPORATION XVI	B	232,480	FMV
MOSAIC HOUSING CORPORATION XVII	B	107,652	FMV
MOSAIC HOUSING CORPORATION XVIII	B	90,756	FMV
MOSAIC HOUSING CORPORATION XX	B	101,950	FMV
MOSAIC HOUSING CORPORATION XXII	B	6,806	FMV
MOSAIC ILLINOIS HOUSING 1	B	10,000	FMV
MOSAIC ILLINOIS HOUSING 2	B	16,618	FMV
MOSAIC ILLINOIS HOUSING OF ROCKFORD 1	B	111,624	FMV
MOSAIC HOUSING CORPORATION XIII	B	4,841	FMV

TY 2012 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		LOSS RESERVES	5,190,805	4,738,286
		IBNR LOSSES	3,965,674	5,427,245

TY 2012 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	58,647	66,012
		PREPAID EXPENSES	19,121	19,121
		SHORT TERM NOTE	308,261	274,129
		RESTRICTED FUNDS	3,218,500	3,618,500

TY 2012 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		5,319,661
GENERAL & ADMINISTRATIVE EXPENSE		886,463

TY 2012 Itemized Other Investments Schedule**Name:** MOSAIC**EIN:** 11-3669999

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
BICO CO AON INSURANCE MANAGERS BERMUDA		INVESTMENT	0	8,903,151