Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Ā	For th	ne 2008 ca	alendar	year, or tax yea	r beginning	January 1	, 2008, a	nd endi	ing	Decei	nber 3	31,2	20 08	-
B	Check if:	applicable:	Please	C Name of organiz	ation The Mo	saic Project					D Em	ıployer id	dentification n	umber
_		s change	use IRS label or	Doing Business	As						9,	4	3367263	3
	Name c		print or	Number and street	(or P.O. box if mail	is not delivered to street	address)	Room/s	uite		E Tel	lephone r	number	
	Initial re		type. See	580 Grand Av	enue			1	30	3	(51	0)	452-337	7
$\overline{}$	Termina		Specific Instruc-	City or town, sta	ite or country, ar	d ZIP + 4								
$\overline{}$		tions. Oakland, CA 94610-3515									G Gro	oss receipts	s \$ 62	6,063
		on pending	F Nan	ne and address of p	orincipal officer:		•			High to this	a araun	raturn for a	ffiliates? Yes	✓ No
ш,	-ppiicaii	on pending											ded? Yes	No
ī	Tax-ex	empt status	s: 1 7 1 5	501(c) (3) ⊲ (însei	rt no.) 1 494	7(a)(1) or 527							(see Instruction	
j.		 		salcproject.org						H(c) Group			•	
				ration Trust A		ner 🕨	L. Year	of forma		2000			al domicile: CA	<u> </u>
	art I	Summ									L			
_		Dulathy ale	naariba	the evereination	n'a mission s	r most significan	t antivition	. The	Mos	aic Proi	ect. a	501(c)((3) nonprofi	it
	1	organiza	escribe etion v	ine organizatio vorke towarde	n s mission c a neaceful fi	iture by reaching	ı activitles ı children	in thei	r for	mative	vears.	We u	nite vouna	
8														v.
Governance		children of diverse backgrounds, provide them with essential skills to thrive in an increasingly diverse society, and empower them to strive for peace. We create a microcosm of the diverse, inclusive, just world we want to see.												
Ver		Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its as												2.5.55
Ĝ												3		15
•გ ი				-	-	g body (Part VI, li		 U lina i	-		· -	4	****	13
Activities						the governing bo	•	1, 11110	10)			5		29
∄	4			employees (Pa					•		. –	6		12
⋖	1			volunteers (es		• •		· · ·	٠		· -	7a		0
						n Part VIII, line 12 Form 990-T, line		(C) .	٠		. —	7b		
_	- 5	Net unite	ialeu D	dolliess taxable	Income non	1 01111 000 1, 11110			Τ̈́	Prior Y		-	Current Yea	<u> </u>
	_	O a saladia			1700 Bara (161						228,1	29		0,876
ë			ontributions and grants (Part VIII, line 1h)								223,1			9,375
Revenue		_	am service revenue (Part VIII, line 2g)									01	20	141
æ											9,9		1	2,905
				enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) nue—add lines 8 through 11 (must equal Part VIII, column (A), line				12)		<u> </u>	461,7			3,297
_								- 12/			701,7	0	VZ.	0,201
						olumn (A), lines 1	-3)					0		
Ś			enefits paid to or for members (Part IX, column (A), li alaries, other compensation, employee benefits (Part IX, c						-	21			27	7,505
Expenses				•		-		-	 	213,093				1,505
贫				•		(A), line 11e) .			111111					
ш			_		•), line 25) ▶				on (316)学校/新教:	245,3	75	20	8,145
	ľ		•	•		1a-11d, 11f-24f)			\vdash		458,4			5,649
						al Part IX, column					3,3			7,648
- 4	19	Revenue	iess ex	penses. Subtrac	t line to from	line 12		· · ·		Beginning			End of Year	
Net Assets or Fund Balances											106,2			2,680
Sag	20			art X, line 16)							54,4			3,185
# E	21			Part X, line 26) ınd balances. S	ubtract line	1 from line 20					51.8	$\overline{}$		9,495
2 1	22 art II		ature		ubitact line z	i iioiii iiile 20,	······································	· · ·			31,0	71	3	3,433
1- 6	ar t II				at I have evamin	ed this return, includin	n accompany	rina sche	dules	and staten	nents a	nd to the	hest of my kno	wledne
		and belie	of, it is tru	ie, correct, and con	plete. Declaration	n of preparer (other th	an officer) is	based o	n all l	nformation	of whic	h prepar	er has any kno	wledge.
ei.	·	1 7	Mr.	I blodde						.	5/15/	laa		
Sig He	_	Sign	ature of	nut Hodde officer aret Ho						Dat			•	
ПЕ	: C	A A	1000	and Ha	dda- Pr	os ide t								
				name and title	uao , r	(3.50-41)								
	•	1.7 21			•		Date	10	Check	if	Prepar	er's identi	fying number	
	_	Preparer' signature							self-	yed ▶ 🗀		structions)		
Paid		-	,					5	within	,,,, Ц				
	parer's	Firm's na	ame (or ye	ours L			!			EIN	▶			
Use	Only	if self-employed),						Phone no. > ()						
Me	w the		address, and ZIP + 4 ▼ Phon RS discuss this return with the preparer shown above? (see instructions)								Yes No			
1710			1111					, .						

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: The Mosaic Project works towards a peaceful future by uniting children of diverse backgrounds, addressing issues of difference, and building self-esteem and community in our unique human-relations outdoor school. In complementary programs we provide leadership training to high school cabin leaders and reinforce students' learning through extensive in-school training in our partner schools.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	Youth Leadership Project: We offer leadership training for high-school students who serve as mentors and cabin
	leaders for the 4th and 5th graders in our outdoor school. The students also had the opportunity to participate in community building and challenging "edu-socials" and volunteer service learning opportunities throughout the year. In 2008, The Mosaic Project served 162 students from 25 high schools. We offered approximately 950 hours of programming, including 146 of training, 750 at the outdoor school, 30 of edu-socials, and 24 of summer "inscursions". Our students learn tools to become the people they want to be, and in turn they become cultivators of the world they want to see. One hundred percent of the youth leaders state that they have been happy with their experiences with The Mosaic Project. Youth Leaders consistently express improvement in overall quality of life as a result of being a part of The Mosaic Project's community and programming. The experience gained often provides a springboard for our students in the future endeavors, including job acquisition and college admissions.
	(Code:) (Expenses \$ 14,590 including grants of \$ 0) (Revenue \$ 6,685)
	In-School Project and Workshops/Trainings for Other Organizations: To prepare students for our outdoor school program, we partner with schools to coordinate ongoing in-school workshops and assemblies that begin as early as kindergarten. These programs prepare students for, follow-up on, and enhance the outdoor school learning experience. The Mosaic Project provided 27 in-school programs serving 855 students and 180 teachers. In 2009, we will create and test our expanded in-school program in four pilot schools, serving about 3,000 students. Our current vision for a comprehensive in-school program consists of: two to three in-class sessions for each classroom in every level per year; an annual school-wide assembly; an annual teacher-training; and an annual parent forum that will enable parents to understand Mosaic objectives and support them in reinforcing Mosaic lessons with their children. In addition, The Mosaic Project provided 8 trainings as well as consultations to other organizations. These trainings improved youth leaders', teachers', and service providers' skills in addressing issues of difference, conflict resolution and building inclusive communities.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses ►\$ 480.574 (Must equal Part IX, Line 25, column (B).)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11		1
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	The state of the s	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	i	1
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, Part II	15		1
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, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	-	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		 √
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 20		7
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21		1./
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	22		1
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		-	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a		1
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		√
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
C	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		√
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		√
b	The state of the s	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		/

Part IV Checklist of Required Schedules (continued)

			Yes	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓_
·C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		V
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 <i>If "Yes," complete Schedule R, Part I</i>	33	٠	1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		.√
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1

Form **990** (2008)

Par	Statements Regarding Other IRS Filings and Tax Compliance		
		Y	'es No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of LtS. Information Returns, Enter -O. if not applicable 5		
h	U.S. Information Returns. Enter -0- if not applicable		i i i
c	The state of the s		
	gaming (gambling) winnings to prize winners? , ,	1c	✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		
h	Statements, filed for the calendar year ending with or within the year covered by this return 29 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	. 🗸
b	If "Yes," enter the name of the foreign country: ▶	V V	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	- - /
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	35	
Ç	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	_ <
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	M V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	andi (asi)
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	1 - 1	
а	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 lees and capital contributions included on Fait vin, into 12.		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:		
11	Gross income from members or shareholders	12 (2 (E) 6.	
	Gross income from other sources (Do not net amounts due or paid to other sources against		
	amounts due or received from them.)	in i	e de la compansión de l
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	1	1.76	100
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		✓
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		\
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	<u> </u>	√
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	s elle	30.5	\$ 10.5
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations	ا		,
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		V
11	Is there any officer, director or 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	11		1
<u>Sac</u>	tion B. Policies		<u> </u>	V
000	NOT D. I OHOICO		Yes	No
120	Deep the agreementian have a unitten conflict of interest notice? If "No." as to line 12	12a	1	-110
	Does the organization have a written conflict of interest policy? If "No," go to line 13		·····	
D	rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	V	
13	Does the organization have a written whistleblower policy?	13	V /	
14	Does the organization have a written document retention and destruction policy?	14		
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:		KNAILES	
	The organization's CEO, Executive Director, or top management official?	15a	 	/
þ	Other officers or key employees of the organization?	15b	1343	V NUMBER
	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	16a		MARKET M
	with a taxable entity during the year?	IUA	171217	13366120
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶California			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (5016)	c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☑ Own website ☑ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recognization: Margaret Hodder & Barbara Lubinski, 580 Grand Ave. #303, Oakland, CA 94610, 510-452	rds o	f the	

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MiSC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.												
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and Title	Average		on (c		k all	that ap		Reportable	Reportable	Estimated amount of		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other other compensation from the organization and related organizations		
Lara Mendel								4E 000	0	0		
Executive Director and Director	80	✓			1	√		45,000		<u> </u>		
Margaret (Gogi) Hodder President and Director	20	1		✓				0	0	0		
Nancy Nagramada Vice President and Director	1.	1		1				. 0	0	0		
Mark Breimhorst Treasurer and Director	1	1		1				0	. 0	0		
Albert Chan	1							0	o	0		
Secretary and Director	<u> </u>	✓	<u> </u>	✓	<u> </u>							
Jose Durante	1							4,596	0	0		
Nominating Committee Co-Chair and Director	•	✓	<u> </u>	<u> </u>		ļ	<u> </u>	4,000				
Thom Massey Nominating Committee Co-Chair and Director	1							0	0	0		
Ann Fischer Hecht	1	· •						0	0	0		
Development Committee Chair and Director		✓	<u> </u>	ļ	<u> </u>		ļ					
Timmy Yuen Event Committee Chair and Director	1	/						0	0	0		
Brett Dennen	1	,						0	0	0		
Director		√			<u> </u>	-	<u> </u>					
Kyle Fischer Director	1	1						0	0	0		
Mark Friedman	1							1 0	0	0		
Director	1	1						0	,			
Ted Harrison	1		ŀ						0	0		
Director		✓			<u> </u>	<u> </u>	_					
Dr. Winona Simms	1							l 0	o	0		
Director	<u>'</u>	✓	<u> </u>	₽	<u> </u>	ļ	_			********		
Cheryl Ting	1	1						0	0	. 0		
Director Amani Carey-Simms		V.	-	+	H		+	 				
Youth Leadership Project Director	40				1			35,000	0	0		
Cherine Badawi Curriculum and Training Director	40				1			12,083	0	0		

Part V	Section A. Officers, Directors, Tru	stees, Key	Emp	loye	ees,	an	d Higl	hes	t Compensate	d Employee	s (continued)
	(A)	(B)			-	C)			(D)	(E)	(F)
	Name and title	Average hours per week	ndividual trustee or director	e Institutional trustee	Officer	Key employee	Highest compensated employee	ly) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportabli compensatio from relate organizatio (W-2/1099-M	on amount of other ns compensation
										·	
					ļ			_			
					 					-	
	,									·	
							-				
										: :	
1b To	tal		·	ــــــــــــــــــــــــــــــــــــــ			<u> </u>	┢	96,679		
2 Totorg	al number of individuals (including thos panization ► 0	e in 1a) wh	no red	ceiv	ed r	nor	e thar	n \$1	100,000 in repo	ortable com	pensation from the
	d the organization list any former office							oye	e, or highest o	compensate	HARRIE HARRIE
the	r any individual listed on line 1a, is the se organization and related organizations	sum of rep greater tha	ortab an \$1	le c 50,0	om) 0001	oen: ? <i>If '</i>	satior "Yes,"	an ' co	d other compe <i>mplete Sched</i> u	ensation from tale J for suc	m th 4
5 Did	lividual	or accrue Yes." comi	com olete	pen <i>Sch</i>	sati redu	on ile	from I for s	any any	unrelated org	anization fo	or Car
	n B. Independent Contractors	, ,									
1 Co	mplete this table for your five highest c mpensation from the organization.	ompensate	ed ind	lepe	ende	ent (contra	acto	ors that receive	d more that	n \$100,000 of
	(A) Name and business add	dress							(B) Description of s	services	(C) Compensation
N/A											
								 	·-		
2 To	tal number of independent contractors mpensation from the organization ▶ 0	(including	those	in	1) v	vho	recei	ved	more than \$1	00,000 in	

Form 9	90 (20	008)						Page 9
Part	: VIII	Statement of Re	venue					
					(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	<u>1a</u>	0				Beren .
gra	b	Membership dues	1b	0	1.00			
fts,	С	Fundraising events .	<u>1c</u>	0			Mark Control	oral Carlottana
, gi ila	d	Related organizations	, , <u>1d</u>	0				
ons	e	Government grants (contr			Market		Walania.	
her	f	All other contributions, gifts,		264 424				
ıtıl		and similar amounts not include		364,121 6,755				With the second
Cor	9 h	Noncash contributions include Total . Add lines 1a-1f	eu in lines ra-ri: 🍎 _		370,876	Maria de la composición dela composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela		
	"	Total: /tdc ii/ico Ta //		Business Code			Service Control	
nua	2a	Residential Program	Fees	611600	232,690	232,690	0	232,690
Rev	Za b	In-School Program Fo		611600	5,485	5,485	0	5,485
. <u>e</u>	ן ה ה	Workshops & Consul		611600	1,200	1,200	.0	1,200
Serv.	l ď							
Ē	ē							
Program Service Revenue	f	All other program servi	ce revenue .		0	0	0	0
<u> </u>	g	Total. Add lines 2a-2f		<u> > </u>	239,375			
	3	Investment income (inc	luding dividends	s, interest, and				
		other similar amounts)		🕨	141	141	0	141
	4	Income from investment of	of tax-exempt bon	d proceeds 🕨	0	0	0	0
	5	Royalties	(h) Dool	/ii\ Daraanal		U	U U	U
			(i) Real	(ii) Personal				Harris
	6a	Gross Rents	0	0		MAC .		
	b	Less: rental expenses	0	0				
	d	Rental income or (loss) Net rental income or (loss)			0		0	0
		•	(i) Securitles	(ii) Other				arasas restu waa
	7a	Gross amount from sales of assets other than inventory	0	0	Major .			
	 b	Less: cost or other basis			Halley S			Service
	"	and sales expenses .	0	0		Maria de la companya		
	C	Gain or (loss)	0	0				
	d	Net gain or (loss)		<u> ></u>	0	0	. 0	0
ā	8a	Gross income from	fundraising		property with		MARK 1	
Ē		events (not including \$						
ě		of contributions reporte		_		10110		
Other Reve	ŀ	See Part IV, line 18	 -	0			diants	
÷		Less: direct expenses		vents •				a see a see a see
O	l	Net income or (loss) from		vents		U Talah sa San San San San San San San San San Sa	0	
	9a	Gross income from gan		ļ				
		See Part IV, line 19 Less: direct expenses.		0				7
		Net income or (loss) from			n	n	U	O
	l	Gross sales of inve	-		Market Service	is a substitution of the		
	'"	returns and allowances		15,671		100		
	b	Less: cost of goods so		2,766				
		Net income or (loss) fro	m sales of invent	ory 🕨	12,905	12,905	0	12,905
		Miscellaneous Rev	enue	Business Code				
	11a							
	b							ļ
	C	••••						<u> </u>
	d	All other revenue			0	0	0	O Recommendation of the Company of t
	е	Total. Add lines 11a-1			0			
	12	Total Revenue. Add li			200.00~	600 007		600 007
	1	9c, 10c, and 11e	<u> </u>	<u> - -</u>	623,297	623,297	0	623,297

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0								
4 5	Benefits paid to or for members	0	. 0								
6	trustees, and key employees	96,679	84,688	4,219	7,773						
0	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0 111,001	0 25,592	<u>0</u> 14,434						
7	Other salaries and wages	151,129	111,001	25,592	14,434						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .	0	0	0	0						
9	Other employee benefits	7,889	5,402	1,658 2,404	829 1,043						
10	Payroll taxes	21,808	18,360	2,404	1,043						
11	Fees for services (non-employees):	0	0	0	. 0						
	Management	0	0.	0	0						
	Accounting	0	0	0	0						
	Lobbying	0	0	0	0						
е	Professional fundraising services. See Part IV, line 17	0	STATE OF THE PROPERTY OF THE P		0						
f	Investment management fees	0	0	0	0						
	Other	- 0	0	0	0						
12	Advertising and promotion	14,877	8,197	3,642	3,038						
13	Office expenses	811	149	662	. 0						
14 15	Information technology	0	0	0	0						
16	Occupancy	10,050	7,800	1,500	750						
17	Travel	1,607	760	12	836						
18	Payments of travel or entertainment expenses		1								
	for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings	435	435	0	0						
20	Interest	0	0	0	0						
21	Payments to affiliates	2,687		437	0						
22 23	Insurance	5,413		1,634	. 0						
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	17) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1									
а	See schedule #	262,265	244,168	2,560	15,537						
b					·						
c											
d		·									
e											
f 25	All other expenses	575,649	487,089	44,320	44,240						
26	Joint Costs. Check here ► ✓ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	310,040	10.,000	.,,===	5000 (2000)						

Pa	rt X	Balance Sheet					•
			(A) Beginning of year		(I End o	B) of year	
	1	Cash—non-interest-bearing	29,432	1		82	,074
	2	Savings and temporary cash investments	15,861	2			,002
	3	Pledges and grants receivable, net	11,000	3			,000
	4	Accounts receivable, net	42,657	4		7	<u>,512</u>
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.	0	5			0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schedule L	0	<u>6</u> 7			
ets	7	Notes and loans receivable, net	. 0				<u>0</u>
Assets	8	Inventories for sale or use	0	8		<u>-</u>	<u> </u>
*	9	Prepaid expenses and deferred charges Land, buildings, and equipment; cost basis 10a 22,500		Signi.		J.	,155
	10a	1 1	THE RESIDENCE OF THE PROPERTY			Hiji di	
	þ		7,313		AND AND AND A	4432464 5	.937
				11			0
	11	Investments—publicly traded securities	0				
	12	Investments—other securities. See Part IV, line 11		13			0
	13	Investments—program-related. See Part IV, line 11		14		-	_ 0
	14	Intangible assets		15			0
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	106,263	_		152	,680
_	17	Accounts payable and accrued expenses	4,416	_			,185
	18	Grants payable		18			0
	19	Deferred revenue		19			0
	20	Tax-exempt bond liabilities	0				
Ś	21	Escrow account liability. Complete Part IV of Schedule D	0	_			0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
=		persons, Complete Part II of Schedule L	0	22			0
	23	Secured mortgages and notes payable to unrelated third parties					0
	24	Unsecured notes and loans payable	50,000			<u>50</u>	,000
	25	Other liabilities. Complete Part X of Schedule D	0				0
	26	Total liabilities. Add lines 17 through 25 , ,	54,416	26		53	,185
nces		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	41,847				,495
Fund Bala	28	Temporarily restricted net assets	10,000			30	,000
β	29	Permanently restricted net assets	0	29		an o water	0
Net Assets or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	0	30 31			<u>0</u>
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	0	32			0
×	32	Retained earnings, endowment, accumulated income, or other funds	51,847			90	,495
ž	33 34	Total net assets or fund balances	106,263				2,680
Dρ	rt XI		100,200	0+	1		,000
		Thianolal Glatements and Treperting				Yes	No
1		ounting method used to prepare the Form 990: 🛚 Cash 🛮 🗹 Accrua		_			MM
2 a		e the organization's financial statements compiled or reviewed by an inc		t? .		├	-
b		e the organization's financial statements audited by an independent acc			. 2b	$\vdash \vdash$	<u> </u>
C		es" to lines 2a or 2b, does the organization have a committee that assumes					
_		audit, review, or compilation of its financial statements and selection of an in					
Зa	A\$ 8	a result of a federal award, was the organization required to undergo an Single Audit Act and OMB Circular A-133?					1
h		es," did the organization undergo the required audit or audits?				\vdash	<u> </u>
					1 7 7.		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

14947(a)(1) 20**0**

Employer identification number

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Open to Public Inspection

OMB No. 1545-0047

		saic Project							94		367263		
Pai	τl	Reason	for Public Ch	arity Status (All or	ganizatio	ns mus	t comple	ete this	oart.) (se	e instruc	ctions)		
The	ora	nization is no	ot a private foun	dation because it is:	(Please c	heck only	one org	anization	ı.)		•		
1				rches, or association						\)(i).			
2				on 170(b)(1)(A)(ii). (Att					*				
3				nospital service organ			in sectio	n 170(b)((1)(A)(iii).	(Attach S	chedule H.)		
4	\Box	A medical re	search organiza	tion operated in conj	unction v	vith a ho	spital des	scribed in	section	170(b)(1)	(A)(iii). Enter the		
-				ate:							,		
5	П			the benefit of a colle			vned or d	perated	by a gov	ernmental	unit described in		
-			b)(1)(A)(iv). (Cor		0			•	, ,				
6				ernment or governme	ental unit	describe	d in sect i	ion 170(k)(1)(A)(v)				
7				receives a substantia							he general public		
•	_			1)(A)(vi). (Complete P				•			•		
8				in section 170(b)(1)		omplete	Part II.)						
9													
		receipts from	n activities relate	ed to its exempt funct	tions—su	bject to d	certain ex	ceptions	, and (2)	no more	than 331/3 % of its		
	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 sec	tion 509(a)(2). (Co	mplete F	Part III.)				
10		An organizat	ion organized ar	nd operated exclusive	ely to test	for publ	ic safety.	See sec	tion 509	(a)(4). (see	e instructions)		
11		An organizat	ion organized a	and operated exclusiv	ely for th	ne benefi	t of, to p	erform t	he functi	ons of, o	r to carry out the		
		purposes of	one or more pul	blicly supported organ	nizations	describe	d in secti	on 509(a)	(1) or se	ction 509(a)(2). See section		
				it describes the type									
	_	a 🗌 Type			: 🗌 Тур						Type III-Other		
е		By checking	this box, I cert	tify that the organizat	tion is no	t control	led direc	tly or inc	lirectly b	y one or	more disqualified		
				n managers and othe	r than on	e or more	publicly	supporte	d organiz	zations de	scribed in section		
		• • • •	section 509(a)(2)							_			
f				a written determinati	on from	the IRS	that it is	a Type I	, Type II	, or Type	III supporting		
			check this box		• • • •						⊔		
g				the organization acce	epted any	gift or c	ontributio	on trom a	iny of the)			
		following pe			مام سماطات		athar wit	h navaan	العممية	and in (ii)	Yes No		
				r indirectly controls, e ning body of the sup				n persor	is descri	Jeu III (II)	11g(i)		
						gariizatio					11g(ii)		
		(iii) A lamily	ontrolled entity :	rson described in (i) a of a person described	tin (i) or	 (ii) above	?				11g(iii)		
h				ation about the organ							(2. //		
	Nam	of supported	(II) EIN	(Iii) Type of organization		organization		ou notify	(vi)	s the	(vii) Amount of		
(-7	org	anization		(described on lines 1-9		sted in your		nization in		ion in col.	support		
				above or IRC section (see instructions))	governing	document?		of your cort?		zed in the S.?			
					Yes	No	Yes	No	Yes	No			
								·					
								·					
						 							
					000000000000000000000000000000000000000			ESERTISPANISCO					
							10000						
Tota	al				200		Mark (1997)	1,420		pility (18)			

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.) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (d) 2007 (e) 2008 Gifts, grants, contributions, and membership fees received. (Do not 228,100 370,876 1,084,964 131,846 153,755 200,387 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 0 0 organization without charge 370,876 1,084,964 131,846 153,755 200.387 228,100 Total. Add lines 1-3 The portion of total contributions by each 5 person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 158,012 shown on line 11, column (f) 926,952 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 131,846 153,755 200,387 228,100 370,876 1,084,964 7 Amounts from line 4 . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 342 501 141 1,270 286 sources . Net income from unrelated business 9 activities, whether or not the business is 0 0 0 0 0 0 regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 0 O (Explain in Part IV.) 1.086,234 Total support. Add lines 7 through 10 . 11 943,968 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 85.34 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 % 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 331/3 % support test - 2008. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box b 331/3 % support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization $\ldots \ldots \ldots \ldots$ 17a 10%-facts-and-circumstances test - 2008. 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-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

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

	(Complete only if you checke	ed the box o	n line 9 of Pa	rt I.)			
	tion A. Public Support	,			T		1 " :
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		·				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support	I 4-3 0004	#3 000F	(-) 0000	1-13-000-7	4-3 0000	// Total
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			THE SAME SEASON AND THE COLUMN TO THE COLUMN			
14	First five years. If the Form 990 is for organization, check this box and stop	here					
	tion C. Computation of Public Su	• •	 •		(0)	lae l	
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 states)	Schedule A, P	art IV-A, line 2			15 16	<u>%</u> %
Sec	tion D. Computation of Investmen					T 4m	
17	Investment income percentage for 200				olumn (f)) ,	17	<u>%</u> %
18 19a	Investment income percentage from 20 33% % support tests—2008. If the org	anization did n	ot check the b	ox on line 14,	and line 15 is r	nore than 331/3	%, and line _
b	17 is not more than 33%%, check this b 33%% support tests—2007. If the organ line 18 is not more than 33%%, check this	nization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and
20							

Schedule A (Fo	orm 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see	
	tout in more than the first the manner of th	,
	·	
202202000000		
	·	
	·	
		·

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

	of the organization		Employer identification number
	Mosaic Project		94 3367263
Pa	Organizations Maintaining Do the organization answered "Yes		ar Funds or Accounts. Complete if
		(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 funds are the organization's property, sub		
6	Did the organization inform all grantees, dused only for charitable purposes and not impermissible private benefit?		dvisor or other
Pa	t II Conservation Easements. Com	plete if the organization answered "Ye	es" to Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements hel Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization he	g., recreation or pleasure)	ation of an historically important land area ration of certified historic structure
_	on the last day of the tax year.		Held at the End of the Year
а	Total number of conservation easements ,		
þ	Total acreage restricted by conservation e		
C	Number of conservation easements on a	certified historic structure included in (a)	
d	Number of conservation easements include	ed in (c) acquired after 8/17/06	2d
3	Number of conservation easements modifithe taxable year ▶	ied, transferred, released, extinguished,	or terminated by the organization during
4	Number of states where property subject	to conservation easement is located 🕨.	
5	Does the organization have a written police enforcement of the conservation easemen		
6	Staff or volunteer hours devoted to monitor	oring, inspecting, and enforcing easeme	nts during the year ►
7	Amount of expenses incurred in monitorin	g, inspecting, and enforcing easements	during the year ► \$
8	Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	d on line 2(d) above satisfy the requirer	nents of section Yes . No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserva-	the text of the footnote to the organization	evenue and expense statement, and on's financial statements that describes
Pai	Organizations Maintaining Coll Complete if the organization answ	ections of Art, Historical Treasures wered "Yes" to Form 990, Part IV, line	or Other Similar Assets. 8.
1a	If the organization elected, as permitted unart, historical treasures, or other similar ass provide, in Part XIV, the text of the footno	ets held for public exhibition, education,	or research in furtherance of public service
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to the	held for public exhibition, education, o hese items:	r research in furtherance of public service
	(i) Revenues included in Form 990, Part \	/III, line 1	· · · · · ▶ \$
	(ii) Assets included in Form 990, Part X .		▶ \$
2	If the organization received or held works following amounts required to be reported	under SFAS 116 relating to these items	S:
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X	line 1	· · · · · > \$

Par	art III Organizations Maintaining Collections of Art, Hi	storical Treasure	s, or Other Similar	Assets (continued)
3	Using the organization's accession and other records, check a items (check all that apply):	any of the following	that are a significant	t use of its collection
а	Public exhibition d		nange programs	
b	Scholarly research e	Other		
C	Preservation for future generations			
4	Provide a description of the organization's collections and expl Part XIV.	lain how they furthe	er the organization's e	exempt purpose in
5	During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as pa	art of the organization	on's collection?	
Par	Trust, Escrow and Custodial Arrangements. Com- Part IV, line 9, or reported an amount on Form 990		on answered "Yes"	to Form 990,
	a Is the organization an agent, trustee, custodian or other interm included on Form 990, Part X?		tions or other assets	not Yes No
b	b If "Yes," explain the arrangement in Part XIV and complete the	following table:		A
				Amount
¢			. <u>1c</u>	
d	d Additions during the year			
е	Distributions during the year		1e	·
f	f Ending balance		, <u>If</u>	
b	If "Yes," explain the arrangement in Part XIV.			
Par	art V Endowment Funds. Complete if organization an			
	(a) Current year (b) Prior		rs back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance	eribig Himbig	Ultima iki kisasa a a s	and partition was trained
b	Contributions			
C.			and the second property	
-				
e		de la la completación		
•	and programs	marka di Persahan	and the Indian Paper No.	
f g	f Administrative expenses	ing de la companya d La companya de la co		A SAMULATION OF THE SAMULATION
2	Provide the estimated percentage of the year end balance held	lac.		
a		. us.		
b				
~	Term endowment ▶%			
3a		ation that are hold s	and administered for th	
Sa	organization by:	adon that are new a	ina administered for th	Yes No
	(i) unrelated organizations			3a(i)
	(ii) related organizations			3a(ii)
b	If "Yes" to 3a(ii), are the related organizations listed as required	on Schedule R?		. 3b
4	Describe in Part XIV the intended uses of the organization's en	dowment funds.		
Par	art VI Investments—Land, Buildings, and Equipment	See Form 990, F	Part X, line 10.	
	Description of investment (a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
4-	a Land			
1a				
b				
Ç		23812	17,875	5,938
d e		20012	11,010	0,000
	tal. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column	n (B), line 10(c))		5,938
	in the factorial tay of word orders to the over the orders	1-77 1 - (-777 1		

Part VII Investments—Other Securities	. See Form 990, Part X	, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Other		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related	d See Form 990 Part X	Line 13
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (8) line 13.) ► Part IX Other Assets. See Form 990, Pa	rt V lino 15	
Part IX Other Assets. See Form 990, Pa	(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, co.	I. (B) line 15.)	
Part X Other Liabilities. See Form 990,		
(a) Description of liability	(b) Amount	
Federal income taxes Loan (deferred Program-Related Investment)	50,0	00
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	50,0	00

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sched	dule D (Form 990) 2008	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net). Add lines 4–8	9
10		10
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	
1	Total revenue, gains, and other support per audited financial statements	T RESULT
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
C	Theodythics of phot year grants	
d	Other (Doscribe III Fart XIV)	2e
e	Add lines 2a through 2d	3
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	investment expenses not included out to the east vin, line to .	
b	Other (Describe in Part XIV)	***************************************
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen	
1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
C	Losses reported on Form 990, Part IX, line 25	
ď	Other (Describe in Part XIV)	
-	Add lines 2a through 2d	.2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a		
b	Other (Describe in Part XIV)	
C	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	, 5
Pai	t XIV Supplemental Information	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	
		f
	·	

Schedule D (For	rm 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	

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	······································	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons ► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer Identification number

Name of the organization 94 3367263 The Mosaic Project Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? (b) Description of transaction 1 (a) Name of disqualified person Yes No None. 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (g) Written (d) Balance due (e) In default? (a) Name of interested person and purpose (b) Loan to or from (c) Original agreement? the organization? by board or principal amount committee? No No Yes No From Yes To None. Total Grants or Assistance Benefitting Interested Persons. Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (c) Amount of grant or type of assistance (b) Relationship between interested person and the (a) Name of interested person organization None. **Business Transactions Involving Interested Persons.** Part IV To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (b) Relationship between (c) Amount of (d) Description of transaction (a) Name of interested person organization's interested person and the transaction revenues? organization Yes Nο 1,800 rent on storage space founder/President Margaret Hodder

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service Name of the organization

The Mosaic Project

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

3367263

Employer identification number

94

Section VI B Line 12c: Annually, all members of the Board of Directors and key employees complete a disclosure form
wherein they report any possible or actual conflicts of interest. This form is kept on file by the organization and is
reviewed periodically.
reviewed periodically.

THE MOSAIC PROJECT EIN: 94-3367263 2008 IRS Form 990 Schedules

Schedule 3- Other Expenses Not Covered Part IX, Line 24 Detail

Program Facilities & Food
Staff Training and Development
Program Expenses - other
Payroll Processing Fees
Workers Comp Insurance
Dues, Memberships & Nonprofit Fees
Donor Development
Fundraising Events
Miscellaneous Expense

g.g.m.r.dom.n.dam.a.g.everum.am.evet.e.ab/99-1,640.6	(B)	(C)	(D)
(A) Total	Program	Managem	Fundraisin
216,579	216,579	0	0
3,156	3,156	0	0
11,253	11,253	0	0
1,423	0	1,423	0
8,234	7,784	275	175
446	90	256	100
2,097	0	0	2,097
12,592	. 0	0	12,592
6,484	5,305	606	573
262,265	244,168	2,560	15,537

California Exempt Organization Annual Information Return

FORM	

199

2008	Annu	iai inte	<u>ormat</u>	ion R	eturn									19	<u>J</u>	
	ar 2008 or fiscal y				y <u>01</u>	ear_	2008	_, and	ending m		_day	31	_year_	2008 .		_
A First Return		Yes	E Type of or Exempt ur	acolzation	1 23701 d	_ (inse	ert letter))		CORP 2	# 0 ,	8	_ 1 _	2 6	5 . 5	5
Corporation/Org	ganization Name			10 11 (M)(-,			•		FEIN 9 4	3	_ 3		7 2	6 <u>3</u>	<u>; </u>
Address	10110,000							-								
580 Grand	d Avenue, Su	ite 303									1					
City										State	ZIP (
Oakland	<u> </u>									CA						
C Amended Ret	turn?			•	☐Yes 🛂 i	10 H	Account	ting met	hod used (1)) L⊒ Cash (2) L≤ on 23701d, has t	Accrua	(3)L ::-ation	JOther Juring th	s voor: /1)	narticins	hati
D Are you a sub	bordinate/affiliate in a	group exempt	tion?		L Yes L⊈II	10 1	in any n	pt under wiitical c	H& IG Section	(2) attempted to	ine orgai Influenc	nzanon e legisk	ation or ar	v ballot me	asure. (icu)r
(a) Is this a	group filing for affilia enter the number of	(es? See Gene affiliates	rai instruction l		L) tes L)	۱"	(3) mad	le an ele	ction under f	R&TC Section 23	704.5 (r	elating	to lobbyin	, g by public	charitie	s)?
(c) Are all af	filiates included?	ajiiiates ,			☐Yes ☐I	- 10	If "Yes."	° comple	te and attacl	n form FTB 3509	, Politica	l or Leg	jislative A	ctivities by	Section	
	attach a list. See inst					l										No
(d) is this a	separate return filed	by an organiza	tion covered by	a						y changes in its						n
	uling?					Vo	Incorpo	ration, o	or bylaws tha	t have not been I attach copies o	reported f ravisad	docum	-rancnise	iax Boaro?	ii tes, Yes √	ĺNi
(e) Federal G	Group Exemption Nu er of subordinates att	mber					Complet Complet	te an exp rosnizati	pianauon auc ion evemnt i	i attach copies o inder B&TC Sect	ion 2370	uocuii 11a?		• 🗀	Yes 🗹	ĺΝ٠
(1) Is a roste Final return?		acneoy			. 🗆 165 🖵 1	יין ייי	If "Yes."	" enter a	mount of gr	oss receipts from	n nonme	mber s	ources \$_			
	olved • 🔲 Surrend	ered (Withdra	wn)			L	Is the o	roanizati	lon under au	dit by the IRS or	has the	IRS au	dited in		_	
- <u> </u>	ed/Reorganized (atta	1.5				1	a prior y	year?						● ⊑	iYes 🗹	1N:
If a box is ch	necked, enter date 🗨					N	I is the o	rganizat	ion a Limited	Liability Compa	iny?			.,∳ ∟	iYes ⊻	JN
F Check the bo	ox if the organization	filed: (1) ● [□ 990T (2) •	□ 990PF	(3) ● ☐ 990	H N	Did the	organiza	ation file For	m 100 or Form 1	109 to re	port tax	abie	. □	lvas 🔽	ĺм
G If organization	on is exempt under R	&TC Section 2	3701d and is ex	kolusively reli	gious, Va aantributla		income	17							1103 14	*114
educational,	or charitable, and Is See General Instruction	supported prin	narily (50% or i	mote) nà ban	in contround	115,										
Part I Con	nplete Part I unle	ess not renu	ired to file t	nis form. S	ee General	Instr	uctions	B and	C.					_		_
	1 Gross sales or											• 1		25	5,187	
	2 Gross dues and	i accesemen	its from men	obs. From the	affiliates							• 2			() (
Receipts	2 Gross contribu	tions, aifts.	grants, and s	imilar amo	unts receive	ed						l a 3	and the same of th		0,876	
and	3 Gross contributions, gifts, grants, and similar amounts received.4 Total gross receipts for filing requirement test. Add line 1 through line 3.										0.00					
Descrinco	This line must	he complet	ed. If the res	ult is less t	than \$25,00	0, se	e Genera	al Instr	<u>uction C</u>	<u></u>	766 ₀	• 4	Markey 1	02	6,063	١ <u>٠</u>
	5 Cost of goods	sold					<i></i> .		<u>● 5</u>			0 0				
] +	6 Cost or other b	asis, and sa	les expenses	of assets	sold				[● 6]			-			2,766	116 116
	7 Total costs. Ad	d line 5 and	line 6				• • • • • •								3,29	
	8 Total gross inc 9 Total expenses	ome, Subtra	<u>ct line / fron</u>	<u>п IIПе 4</u> m Sida 2 . Е	Part II line 1	Ω	<u> </u>				· · · · · · ·	• 9		.57	5,649	90
Expenses	• Total expenses • Excess of recei	allu ulsuuls nte over evi	nences and d	ishurseme	nts Subtrac	t line	9 from	line 8 .				•10)	4	7,648	
4.	d Cilina foo 010 c	r \$25 Coo (2 oneral Inetr	uction F								11	<u> </u>		(0 0
1:	2 Total payments											12			(<u>ə</u> lc
Fee 1	3 Penalties and I	nterest. See	General Inst	ruction J.								<u> </u>				00
1	4 Use tax. See G	eneral Instru	action K									<u>●1</u>				
1	5 Balance due.	Add line 11,	line 13, and	<u>line 14. Th</u>	<u>en subtract</u>	line 1	2 from 1	the res	ult	detamente a	nd to the	hest o	f my knov			
Sign	Under penalties of true, correct, and c	perjury, I deci complete. Deci	are that I have aration of prep	examined th arer (other ti	es return, ence nan taxpayer)	is bas	accompa ed on all	informa	tion of which	n preparer has a	any knov	/ledge.				
Here				•	Title					Date		Telep	hone			
	Signature of officer	Marsau	A Hoold	er	Pre	side				5/15/09) 452-3			
	Preparer's		•					ate		Check if self-	_	Prep	arer's SS	IN/P I IIN		
Paid	signature 🕨						i_			employed 🕨		FEIN	<u> </u>			4
Preparer's Use Only	Firm's name (or)	ours.									ŀ		rea.			
300 Jinj	if self-employed)	▶								_	-	Tele	phone	<u>. </u>		
	and address										- [,)			
	I															
	May the FTB d	scuss this	return with t	<u>the prepar</u>	<u>er shown a</u>	bove'	? See in	istructi	ions	<u></u>		<u> </u>	es □ N	Ų .		_

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

	complete Part II or furnish substitute informa	tion. See Specific Line Ins	tructions.		
	1 Gross sales or receipts from all business a				255,046 ₀₀
	2 Interest				141 00
	3 Dividends				0 00
eceipts	4 Gross rents				0 00
om ther	5 Gross royalties				0 00
ources	6 Gross amount received from sale of assets	•			0 00
•	7 Other income. Attach schedule	•			0 00
	8 Total gross sales or receipts from other so	ources Add line 1 through	line 7		
	Enter here and on Side 1, Part I, line 1		· · · · · · · · · · · · · · · · · · ·	8	255,187 00
	9 Contributions, gifts, grants, and similar ar	nounts paid. Attach schedu	le	• 9	0 00
	10 Disbursements to or for members	parat / maon oonioaa		●10	0 00
	11 Compensation of officers, directors, and t	rustees. Attach schedule.		•11	49,596 0
	12 Other salaries and wages			●12	198,212 0
penses id	13 Interest				0 0
sburse-	14 Taxes				0 0
ents	15 Rents				10,050 0
	16 Depreciation and depletion (See instruction				2,687 0
	17 Other. Attach schedule				315,104 0
	18 Total expenses and disbursements. Add li				575,649 0
chedu		· ·	taxable year		kable year
eete		(a)	(h)	(c)	(4)
Cash	······		45,293		• 118,076
Net an	ecounts receivable	AND COMPANY OF THE PARTY OF THE	53,657	PRINCES OF STREET	• 25,512
Net no	ccounts receivable		0 💸		• (
Invent	torias		0		• (
Feder	al and state government obligations		0 🖟	ngaga ayan 🙀	•
	tments in other bonds. Attach schedule		0		•
Invest	Imanto in stack Attach schadula		0		•
Morta	page loans (number of loans <u>0</u>) investments. Attach schedule	PARTICIPATE OF THE STATE OF THE	0		• (
Other	investments Attach schedule	100000000000000000000000000000000000000	0	MINING STATE	• (
	preciable assets			23,812	
	s accumulated depreciation	45 407 1		17,875	5,937
Land			0		• (
Other	assets Attach schedule	TO THE PARTY OF TH	0		3,155
Total a	assets. Attach scheduleassetss and net worth		।		152 680
ahilitios	s and net worth				Market
		HARAGE STATE OF THE PARTY OF TH	I // // CIMB	Halling and the	3,18
Contri	ibutions gifts or grants payable		0 🕌	THE RESERVE OF THE PERSON OF T	•
Bonds	s and notes payable. Attach schedule		0 4		•
Morta	ranes navahle		0.6	1934	• 3,185 • () • () • () • ()
Other	liabilities Attach schedule		50,000	4 (14)	50,000
Other Capita	etock or principle fund		0	TRANSPORT OF THE	•
) Paid-i	In or conital curplus. Attach reconciliation	HORSE PROCESS	0.0		•
ו עועריו			BRISD	The state of the s	50.401
Retair	ned earnings or income fund		51,847		99,49
Retair	ned earnings or income fund	ALTERNATION OF THE SECOND	51,847 106,263 (see		99,495 152,680
Retair <u>Total</u> chedu	ibutions, gifts, or grants payable	ra with incoming her refinin	106,263		• 55,450
cneuu	Do not complete this schedule if th	e amount on Schedule L, li	106,263	1 \$25,000	• 55,450
Net ir	ine mi i recollellation et liteome pei neor	e amount on Schedule L, li	106,263 (f)	n \$25,000 oks this year	● 33,434
Net ir Feder	Do not complete this schedule if the noome per books	e amount on Schedule L, lii	106,263 from 13, column (d), is less that	n \$25,000 oks this year rn.	● 39,430
Net ir Feder Exces	Do not complete this schedule if the norm per books	e amount on Schedule L, lii	106,263 ft 106,263 ft 106,263 ft 106,263 ft 106,263 ft	n \$25,000 oks this year rn.	• 55,45
Net in Feder Excess	Do not complete this schedule if the normal per books	e amount on Schedule L, lii	106,263 ne 13, column (d), is less than 7 Income recorded on boo not included in this retu Attach schedule	n \$25,000 oks this year rn. n not charged	● 33,434
Net ir Feder Exces Incon	Do not complete this schedule if the norm per books	e amount on Schedule L, lii	106,263 106,263 106,263 106,263 106,263 107 108 108 108 108 108 108 108	n \$25,000 oks this year rn. n not charged is year.	• 55,450

10 Net income per return.

Subtract line 9 from line 6

Add line 1 through line 5

Total.

2008 FTB Form 199 Schedules THE MOSAIC PROJECT EIN: 94-3367263

Part II, line 11: Compensation of Officers, Directors, and Trustees

NOTE: No members of the Board of Directors are compensated for their service as Directors. Board members who received compensation for other positions:

		Average		
Name and address	Title	hrs/week	hrs/week Compensation	
Lara Mendel	Executive	80	45,000	
6615 Armour Drive	Director			
Oakland, CA 94611				
	-			
Jose Durante	Spring '08	40	4,596	
580 Grand Avenue, Suite 303	Program			
Oakland, CA 94610	Staff			

Part II, line 16: Depreciation

	Acquisition	ition					Depreciation	ation					Total	Current
Name of item	Date	Value	Method	2001	2002	2003	2004	2005	2005 2006 2007	2007	2008		Depreciation	Value
100 sleeping bags	04/01/01	22,500		10 1,688 2,250 2,250 2,250 2,250 2,250 2,250 2,250	2,250	2,250	2,250	2,250	2,250	2,250	2,250 -	- -	17,438	5,063
Futon	02/08/08	300 S									100	<u> </u>	100	200
Laptop Computer	12/24/08	1,012 SL	SL 3								337	<u> </u>	337	675
Total		23,812		1,688	2,250	,688 2,250 2,250 2,250 2,250 2,250 2,250 2,68 7	2,250	2,250	2,250	2,250	2,687		17,875	5,938

Schedule L, Line 13: Other Assets Prepaid expenses

3,155

Schedule L, Line 18: Other Liabilities

50,000 Long Term Program Related Investment (loan) from Rinconada Ventures Foundation.

Part II, Line 17: Other Expenses

7 880	600'/	21,808	14,877	811	1,607	435	5,413	216,579	3,156	11,253	1,423	8,234	446	2,097	12,592	6,484	315.104
Other Expenses	Employee benefits	Payroll taxes	Office Expenses	<u>.</u>	Travei	Conferences/meetings	Insurance	Program Facilities & Food	Staff Training and Development	Program Expenses - other	Payroll Processing Fees	Workers Comp Insurance	Dues, Memberships & Nonprofit Fees	Donor Development	Fundraising Events	Miscellaneous Expense	Total

MAIL TO:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.



					·			
State Charity Registration Number The Mosaic Project			Char	Check if: Change of address Amended report				
Name of Organization 580 Grand Avenue, Suite 30	3	NOTIFIED AND THE PARTY CONTROL OF THE CONTROL OF THE AND			2081265			
Address (Number and Street) Oakland, CA 94610			Corpor	ate or Organization No	4-3367263			
City or Town, State and ZIP Code	5 X 0 200 000 00 X 0 200 000 8 1/2 1/2 4/4 (100 4/4) (100 000 100 000	CONTRACTOR CORPORATE A PROPERTY IN A SECURIO COCCOSCOCIO CO CORRER POR AL PROPERTY COMPANIO COCCOCCOCIO COCCOCCOCCOCIO COCCOCCOCIO COCCOCCOCIO COCCOCCOCIO COCCOCCOCIO COCCOCCOCCOCIO COCCOCCOCIO COCCOCCOCIO COCCOCCOCIO COCCOCCOCIO COCCOCCOCIO COCCOCCOCIO COCCOCCOCIO COCCOCIO COCOCIO COCCOCIO COCCIO COCCOCIO COCIO COCIO COCIO COCCOCIO COCIO COCCOCIO COCIO COCIO COCIO COCIO COCIO COCIO COCI	Federa	l Employer I.D. No.	4-3307203			
ANNUAL RI	GISTRATIO	N RENEWAL FEE SCHEDULE (11 Cal Payable to Attorney General's Registry	Code Regs of Charitat	s. sections 301-307, 31 ble Trusts	1 and 312)			
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Reven	<u>ıue</u>	£	<u>ee</u>	
Less than \$25,000 Between \$25,000 and \$100,000	0 \$2 5	Between 100,001 and \$250,000 Between \$250,001 and \$1 million	\$50 \$75	Between \$1,000,001 Between \$10,000,00 Greater than \$50 mil	1 and \$50 million	\$:	150 225 300	
PART A - ACTIVITIES								
For your most recent full ac	counting per	riod (beginning 01 / 01 / 08	ending 12	2 , 31 , 08)	lsť:			
Gross annual revenue \$	23,297	Total assets	152,680	OKOMONIO NOTE BROS SER STIFF 2002 OKOO TOK (SZOZEDNETE PER STRONG S NO 200	**************************************			
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT								
Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for o								
response. Please review	v RRF-1 inst	ructions for information required.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
4 During this reporting period 18	ere there an	y contracts, loans, leases or other financ	ial transactio	ons between the organiz	ation and any	Yes	No	
During this reporting period, we officer, director or trustee ther	eof either dire	ectly or with an entity in which any such	officer, direct	tor or trustee had any fir	nancial interest?	X	and the second	
2. During this reporting period, v	vas there any	theft, embezzlement, diversion or misus	se of the orga	anization's charitable pr	operty or funds?		K	
3. During this reporting period, d	lid non-progra	am expenditures exceed 50% of gross re	venues?				X	
During this reporting period, internal Revenue Service, att	were any orga ach a copy.	anization funds used to pay any penalty,	fine or judgr	ment? If you filed a For	m 4720 with the	de la constantina del constantina de la constantina del constantina de la constantin	XII	
During this reporting period, v provide an attachment listing	vere the servi the name, ad	ices of a commercial fundraiser or fundra idress, and telephone number of the ser	alsing counse vice provider	el for charitable purpose	es used? If "yes,"	ndis.	×	
During this reporting period, of the agency, mailing address,	lid the organia contact perso	zation recelve any governmental funding on, and telephone number.	? If so, prov	vide an attachment listin	g the name of		×	
7. During this reporting period, on number of raffles and the date	lid the organi e(s) they occu	zation hold a raffle for charitable purpos urred.	es? If "yes,"	provide an attachment	indicating the		X	
Does the organization condu- by the charity or whether the	ct a vehicle do	onation program? If "yes," provide an a contracts with a commercial fundraiser f	ttachment in or charitable	dicating whether the pro purposes.	ogram is operated	X		
Did your organization have preporting period?	repared an au	udited financial statement in accordance	with general	lly accepted accounting	principles for this	10.55	X	
Organization's area code and telep	hone number	510 , 452 _ 337	7	表现CZC/CCM THE STREET AND THE STREET		<u></u>		
Organization's e-mail address info	@mosaic	project.org						
I declare under penalty of perjury	that I have	examined this report, including accor	npanying do	ocuments, and to the b	est of my knowle	dge and	belief,	
it is true, correct and complete.		Margaret Hodder		President		5/15/200	1	
Margarut Hodde Signature of author	rized officer	Printed Name	3 1844 6 19 400 and 10 40 40 40 40 40 40 40 40 40 40 40 40 40	Title	ACCOUNTS OF THE ROOM PROPERTY AND ACCOUNTS OF THE PROPERTY OF	Date	COLUMN DESCRIPTION OF	
- Ognataro o autit								

The Mosaic Project

EIN: 94-3367263 580 Grand Avenue, Suite 303 Oakland, California 94610 Supplemental Information, CA

Supplemental Information, CA Attorney General Form RRF-1 2008

Part B, Question #1

The Mosaic Project uses as storage space the garage of Margaret Hodder, Founder/Board President. This garage space was leased on a monthly basis, beginning on August 1, 2004, and continuing throughout 2008. The Board of Directors (absent Margaret Hodder) voted to pay nominal rent (below market rate @ \$150 per month).

Part B, Question #8

The Mosaic Project began a vehicle donation program in July 2003, contracting with a commercial fundraiser, the Vehicle Donation Processing Center (information listed below).

Vehicle Donation Processing Center, Inc. 626 South Primrose Avenue Monrovia, CA 91016-3434

800/553-3018 800/394-6184 www.charityfunding.com vdpcnora@yahoo.com Nora Sova, Marketing Director