

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2010****Open to Public Inspection**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.

<b>A</b> For the 2010 calendar year, or tax year beginning <u>January 1</u> , 2010, and ending <u>December 31</u> , 20 <u>10</u>																							
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>The Mosaic Project</u></td> </tr> <tr> <td colspan="2">Doing Business As</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td><u>580 Grand Avenue</u></td> <td><u>303</u></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4</td> </tr> <tr> <td colspan="2"><u>Oakland, CA 94610-3515</u></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <u>Margaret Hodder</u> <u>2223A Woolsey Street, Berkeley, CA 94705</u></td> </tr> <tr> <td colspan="2"> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶       </td> </tr> <tr> <td colspan="2"> <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527       </td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <u>www.mosaicproject.org</u></td> </tr> <tr> <td><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <u>2000</u> <b>M</b> State of legal domicile: <u>CA</u></td> </tr> </table>	<b>C</b> Name of organization <u>The Mosaic Project</u>		Doing Business As		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<u>580 Grand Avenue</u>	<u>303</u>	City or town, state or country, and ZIP + 4		<u>Oakland, CA 94610-3515</u>		<b>F</b> Name and address of principal officer: <u>Margaret Hodder</u> <u>2223A Woolsey Street, Berkeley, CA 94705</u>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <u>www.mosaicproject.org</u>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <u>2000</u> <b>M</b> State of legal domicile: <u>CA</u>
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<b>D</b> Employer identification number <u>94-3367263</u>																							
<b>E</b> Telephone number <u>510-452-3377</u>																							
<b>G</b> Gross receipts \$																							

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The Mosaic Project works towards a peaceful future by uniting children through our innovative Outdoor School and supporting programs. We unite young 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 and show our students that peace is possible.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>21</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>28</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>12</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 320,421	<b>Current Year</b> 350,330
	<b>9</b>	Program service revenue (Part VIII, line 2g)	220,271	265,452
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	358	83
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,624	17,073
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	546,674	632,325
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	293,156	308,299
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	294,823	300,914
<b>18</b>		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	587,979	609,213
<b>19</b>		Revenue less expenses. Subtract line 18 from line 12	-41,305	23,725
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 126,748	<b>End of Year</b> 140,163
	<b>21</b>	Total liabilities (Part X, line 26)	66,612	56,302
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	60,135	83,860

**Part II Signature Block**

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

<b>Sign Here</b>	<u>Margaret J. Hodder</u>	Date	<u>8/15/11</u>
	Signature of officer		
	<u>Margaret J. Hodder, President</u>		
	Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Firm's name ▶	Firm's EIN ▶	Check <input type="checkbox"/> if self-employed
	Firm's address ▶	Phone no.	PTIN

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

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**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, as well as staff professional development. We also provide adult education through our Mosaic Consulting Project.

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

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 370,041 including grants of \$ 0 ) (Revenue \$ 229,153 )

The Residential Program (Outdoor School): Our principal program is our unique human-relations outdoor school. This dynamic 4-night, 5-day experience for 4th and 5th graders is offered during the school week. Three classes, from schools that differ markedly in socioeconomic, racial, and ethnic make-up participate in the program together, giving the students the opportunity to experience firsthand a diverse setting in which all are welcomed and respected. The residential setting, combined with the young age of our students, make The Mosaic Project's approach to human relations education entirely unique. In 2010, The Mosaic Project ran 10 sessions of our outdoor school serving 871 students and 53 teachers from 24 schools. The program has a profound impact as demonstrated by quantitative and qualitative evaluations as well reports by teachers, school staff and parents. At the end of the residential program, the majority of students have increased their abilities in the areas of empathy, conflict resolution, anger management, and identification of discrimination, as well as experience increases in self-esteem, contentment with school, and appreciation of difference. The majority of teachers & principals report positive behavioral changes among individual students and on the classroom or group level. Many also report positive change in the overall school climate. Five years after attending the Outdoor School, students responding to a follow-up survey describe the experience as pivotal in their lives.

**4b** (Code: ) (Expenses \$ 82,510 including grants of \$ 0 ) (Revenue \$ 0 )

Youth Leadership Project: We offer leadership training for high-school and college 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. The Project's curriculum focuses on the celebration of diversity, awareness of stereotyping, prejudice and discrimination, respect for and appreciation of self and others, teamwork and cooperation, communication and nonviolent conflict resolution, as well as leadership and mentorship skills. In 2010, The Mosaic Project served 150 students from 39 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 "incursions". 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 their future endeavors, including job acquisition and college admissions.

**4c** (Code: ) (Expenses \$ 54,033 including grants of \$ 0 ) (Revenue \$ 36,299 )

In-School Project and Mosaic Consulting Project: In order to deepen and sustain the impact of our Outdoor School experience, we offer The Mosaic In-school Project for our partner schools. The programs begin as early as kindergarten and continue after the intensive Outdoor School experience to reinforce lessons learned. In 2010, we offered our comprehensive In School Project in eight of our partner schools. The comprehensive project includes: two school-wide assemblies introducing Mosaic lessons, two in-class workshops in each classroom, a teacher training that supports educators in integrating Mosaic content and pedagogy into their classrooms, and a parent training that supports parents in understanding Mosaic content and supports them in reinforcing Mosaic lessons with their children. We also facilitated a "Community Meet-up" bringing together families of students who had participated in the Outdoor School together. In total, in 2010 we provided 270 in-school programs serving 3,708 students and 257 teachers. In addition, we provided 7 trainings and professional development sessions for other organizations. These trainings improved teacher and service providers' skills in addressing issues of difference, conflict resolution, and building inclusive communities.

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 506,584

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .	<b>2</b> ✓	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b>	✓
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	✓
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b>	✓
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b>	✓
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b>	✓
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	✓
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	✓
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b>	✓
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b>	✓
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<b>12a</b>	✓
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	<b>12b</b>	✓
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b>	✓
<b>15</b> 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 . . . . .	<b>15</b>	✓
<b>16</b> 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 . . . . .	<b>16</b>	✓
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .	<b>17</b>	✓
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b>	✓
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20a</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	✓
<b>22</b> 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>	<b>22</b>	✓
<b>23</b> 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>	<b>23</b>	✓
<b>24a</b> 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>	<b>24a</b>	✓
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	✓
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	✓
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	✓
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>	<b>25a</b>	✓
<b>25b</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>	<b>25b</b>	✓
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	✓
<b>c</b> 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>	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	✓
<b>32</b> 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>	<b>32</b>	✓
<b>33</b> 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>	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	<b>34</b>	✓
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>	✓
<b>a</b> 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> <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	✓
<b>37</b> 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>	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	28
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
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	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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	
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 line 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 21		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 18		
<b>2</b> 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? . . . . .		✓
<b>3</b> 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? . . . . .		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b> Does the organization have members or stockholders? . . . . .		✓
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		✓
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9</b> 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. . . . .		✓

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .		✓
<b>b</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? . . . . .		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	✓	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	✓	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	✓	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	✓	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	✓	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	✓	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .		✓
<b>b</b> Other officers or key employees of the organization . . . . .		✓
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		✓
<b>b</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? . . . . .		

**Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website    ☒ Another's website    ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Margaret Hodder & Barbara Lubinski, 580 Grand Avenue, #303, Oakland, CA 94610, 510-452-3377

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lara Mendel Executive Director and Director	80	✓			✓			50,000	0	0
(2) Margaret (Gogi) Hodder President and Director	20	✓						0	0	0
(3) Michele Brown Vice President and Director	2	✓						0	0	0
(4) Mark Breimhorst Treasurer and Director	2	✓						0	0	0
(5) Shivani Ganguly Secretary and Director	2	✓						0	0	0
(6) Erica Cicero Nominating Committee Chair and Director	2	✓						0	0	0
(7) Jonathon Marley Development Committee Chair and Director	2	✓						0	0	0
(8) Cynthia Colvin Event Committee Chair and Director	2	✓						0	0	0
(9) Holland Bender Director	1	✓						0	0	0
(10) Amanda Cook Director	1	✓						0	0	0
(11) Brett Dennen Director	1	✓						0	0	0
(12) Jose Durante Director	1	✓						310	0	0
(13) Steve Goldberg Director	1	✓						0	0	0
(14) Christine Han Director	1	✓						0	0	0
(15) Kristin Hull, Ph.D Director	1	✓						0	0	0
(16) Laila Ibrahim Director	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Jay Moldenhauer-Salazar Director	1	<input checked="" type="checkbox"/>						0	0	0
(18) Tari Nicholson Director	1	<input checked="" type="checkbox"/>						0	0	0
(19) Linda K. Ricketts, Ed.D Director	1	<input checked="" type="checkbox"/>						0	0	0
(20) Serian Strauss Director	1	<input checked="" type="checkbox"/>						0	0	0
(21) Jim Yarborough Director	1	<input checked="" type="checkbox"/>						0	0	0
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
<b>1b Sub-total</b>								50,310		
<b>c Total from continuation sheets to Part VII, Section A</b>								0		
<b>d Total (add lines 1b and 1c)</b>								50,310		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
<b>3</b>		<input checked="" type="checkbox"/>
<b>4</b>		<input checked="" type="checkbox"/>
<b>5</b>		<input checked="" type="checkbox"/>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 0				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 333,349				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$	16,981				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		350,330			
<b>Program Service Revenue</b>	<b>2a</b>	Outdoor School Program Fees	Business Code 611600	229,153	229,153	0	229,153
	<b>b</b>	In-School Program Fees	611600	26,799	26,799	0	26,799
	<b>c</b>	Workshops & Consulting Fees	611600	9,500	9,500	0	9,500
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		265,452			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		83	83	0
<b>4</b>		Income from investment of tax-exempt bond proceeds		0	0	0	0
<b>5</b>		Royalties . . . . .		0	0	0	0
<b>6a</b>		Gross Rents . . . . .	(i) Real (ii) Personal				
<b>b</b>		Less: rental expenses					
<b>c</b>		Rental income or (loss)					
<b>d</b>		Net rental income or (loss) . . . . .		0	0	0	0
<b>7a</b>		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
<b>b</b>		Less: cost or other basis and sales expenses . . . . .					
<b>c</b>		Gain or (loss) . . . . .					
<b>d</b>		Net gain or (loss) . . . . .		0	0	0	0
<b>8a</b>		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 10,725				
<b>b</b>		Less: direct expenses . . . . .	<b>b</b> 1,089				
<b>c</b>		Net income or (loss) from fundraising events . . . . .		9,636	0	7,636	
<b>9a</b>		Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b> 0				
<b>b</b>		Less: direct expenses . . . . .	<b>b</b> 0				
<b>c</b>		Net income or (loss) from gaming activities . . . . .		0	0	0	
<b>10a</b>		Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 8,519				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b> 1,082					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		7,437	7,437	0	7,437	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .		0	0	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .						
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		632,938	282,608	0	282,608	

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0	0		
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0	0		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	50,310	37,023	5,156	8,131
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b>	Other salaries and wages . . . . .	218,363	172,560	28,877	16,926
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0	0	0	0
<b>9</b>	Other employee benefits . . . . .	16,069	14,462	804	803
<b>10</b>	Payroll taxes . . . . .	23,557	19,319	2,671	1,567
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management . . . . .	0	0	0	0
<b>b</b>	Legal . . . . .	0	0	0	0
<b>c</b>	Accounting . . . . .	0	0	0	0
<b>d</b>	Lobbying . . . . .	0	0	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b>	Investment management fees . . . . .	0	0	0	0
<b>g</b>	Other . . . . .	0	0	0	0
<b>12</b>	Advertising and promotion . . . . .	1,363	1,239	62	62
<b>13</b>	Office expenses . . . . .	4,470	3,041	202	1,227
<b>14</b>	Information technology . . . . .	1,296	1,166	65	65
<b>15</b>	Royalties . . . . .	0	0	0	0
<b>16</b>	Occupancy . . . . .	11,480	10,332	574	574
<b>17</b>	Travel . . . . .	459	459	0	0
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,985	1,985	0	0
<b>20</b>	Interest . . . . .	0	0	0	0
<b>21</b>	Payments to affiliates . . . . .	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	2700	2700	0	0
<b>23</b>	Insurance . . . . .	4,801	3,229	1,572	0
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
<b>a</b>	See schedule #1 . . . . .	272,360	239,070	3,991	29,299
<b>b</b>	. . . . .				
<b>c</b>	. . . . .				
<b>d</b>	. . . . .				
<b>e</b>	. . . . .				
<b>f</b>	All other expenses . . . . .				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f . . . . .	609,213	506,584	43,974	58,655
<b>26</b>	<b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .	0	0	0	0

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	55,741	<b>1</b>	82,089
	<b>2</b> Savings and temporary cash investments . . . . .	20,210	<b>2</b>	45,200
	<b>3</b> Pledges and grants receivable, net . . . . .	18,925	<b>3</b>	3,000
	<b>4</b> Accounts receivable, net . . . . .	21,315	<b>4</b>	5,796
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,320	<b>9</b>	3,541
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10a</b>			
	<b>b</b> Less: accumulated depreciation . . . . . <b>10b</b>	0	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3237	<b>15</b>	537
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	126,747	<b>16</b>	140,163
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	16,612	<b>17</b>	6,302
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	50,000	<b>24</b>	50,000
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	66,612	<b>26</b>	56,302
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	40,135	<b>27</b>	82,860
	<b>28</b> Temporarily restricted net assets . . . . .	20,000	<b>28</b>	1,000
	<b>29</b> Permanently restricted net assets . . . . .	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> . . . . .	60,135	<b>33</b>	83,860
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	126,747	<b>34</b>	140,163

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	632,938
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	609,213
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	23,725
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	60,135
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	0
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	83,860

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant? . . .
- 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.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- 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

	Yes	No
<b>2a</b>		✓
<b>2b</b>		✓
<b>2c</b>		
<b>3a</b>		✓
<b>3b</b>		

**The Mosaic Project**  
**EIN: 94-3367263**  
**2010 IRS Form 990**  
**Schedule 1 - Other Expenses**  
**Part IX, Line 24 Detail**

Program Facilities & Food  
 Staff Training and Development  
 Supplies  
 Program Expenses - other  
 Payroll Processing Fees  
 Workers Comp Insurance  
 Dues and Memberships  
 Bank Fees  
 Board/Staff Appreciation  
 Donor Development  
 Fundraising Events  
 In-kind expense  
 Miscellaneous Expense

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
	203,063	203,063	0	0
	4,073	4,073	0	0
	17,098	15,444	773	880
	7,556	7,556	0	0
	1,439	0	1,439	0
	5,849	5,434	334	82
	95	0	95	0
	880	0	880	0
	350	300	50	0
	1,369	0	0	1,369
	16,107	0	0	16,107
	14,481	3,200	420	10,861
	272,360	239,070	3,991	29,299

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

The Mosaic Project

Employer identification number

94-3367263

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (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).

(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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	200,387	228,100	370,876	320,421	350,330	1,470,114
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	200,387	228,100	370,876	320,421	350,330	1,470,114
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						119,846
<b>6 Public support.</b> Subtract line 5 from line 4.						1,350,268

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	200,387	228,100	370,876	320,421	350,330	1,470,114
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	342	114	501	358	83	1,425
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,471,539
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	1,258,527
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						► <input type="checkbox"/>

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

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	92 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	89 %
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	►	<input checked="" type="checkbox"/>
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	►	<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	►	<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	►	<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	►	<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		



## 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).

**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, line 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

**2010**

**Open To Public  
Inspection**

Name of the organization

The Mosaic Project

Employer identification number

94-3367263

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
<b>Total</b> . . . . . ▶ \$										

**Part III Grants or Assistance Benefiting 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 and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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) Margaret Hodder	founder/President	1,800	rent on storage space		✓
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization  
**The Mosaic Project**

Employer identification number  
**94-3367263**

Part VI.B.11: The process used to review Form 990 is as follows. The Form 990 is drafted by the Board President, then reviewed by key staff  
and board before submission.

Part VI.B.12: Annually all members of the Board of Directors/key employees complete a disclosure form wherein they report any possible  
of interest. This form is kept on file by the organization and is reviewed periodically.

Part VI.C.19: The Mosaic Project makes its governing documents, policies, financial statements and information returns available to the  
public through posting in its website, as well as being available on external websites (such as Guidestar), and copies or personal inspection  
are available to the public upon request.

Form **990-T**Department of the Treasury  
Internal Revenue Service**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**For calendar year 2010 or other tax year beginning \_\_\_\_\_, 2010, and  
ending \_\_\_\_\_, 20 **▶ See separate instructions.**

OMB No. 1545-0687

**2010**Open to Public Inspection for  
501(c)(3) Organizations Only**A** ☐ Check box if  
address changed**B** Exempt under section☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)**C** Book value of all assets  
at end of year**Print  
or  
Type**Name of organization (☐ Check box if name changed and see instructions.)**The Mosaic Project**

Number, street, and room or suite no. If a P.O. box, see instructions.

**580 Grand Avenue, Suite 303**

City or town, state, and ZIP code

**Oakland, CA 94610****D** Employer identification number  
(Employees' trust, see instructions.)**94-3367263****E** Unrelated business activity codes  
(See instructions.)**F** Group exemption number (See instructions.) **▶****G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity. **▶ none****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **▶** ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. **▶****J** The books are in care of **▶ Margaret Hodder & Barbara Lubinski** Telephone number **▶ 510-452-3377****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <b>0</b>			
<b>b</b> Less returns and allowances <b>0</b> <b>c Balance ▶</b>	<b>1c</b> <b>0</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b> <b>0</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b> <b>0</b>		
<b>4a</b> Capital gain net income (attach Schedule D) . . . . .	<b>4a</b> <b>0</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b> <b>0</b>		
<b>c</b> Capital loss deduction for trusts . . . . .	<b>4c</b> <b>0</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b> <b>0</b>		
<b>6</b> Rent income (Schedule C) . . . . .	<b>6</b> <b>0</b>		
<b>7</b> Unrelated debt-financed income (Schedule E) . . . . .	<b>7</b> <b>0</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F) . . . . .	<b>8</b> <b>0</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) . . . . .	<b>9</b> <b>0</b>		
<b>10</b> Exploited exempt activity income (Schedule I) . . . . .	<b>10</b> <b>0</b>		
<b>11</b> Advertising income (Schedule J) . . . . .	<b>11</b> <b>0</b>		
<b>12</b> Other income (See instructions; attach schedule.) . . . . .	<b>12</b> <b>0</b>		
<b>13</b> <b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b> <b>0</b>		

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K) . . . . .	<b>14</b> <b>0</b>
<b>15</b> Salaries and wages . . . . .	<b>15</b> <b>0</b>
<b>16</b> Repairs and maintenance . . . . .	<b>16</b> <b>0</b>
<b>17</b> Bad debts . . . . .	<b>17</b> <b>0</b>
<b>18</b> Interest (attach schedule) . . . . .	<b>18</b> <b>0</b>
<b>19</b> Taxes and licenses . . . . .	<b>19</b> <b>0</b>
<b>20</b> Charitable contributions (See instructions for limitation rules.) . . . . .	<b>20</b> <b>0</b>
<b>21</b> Depreciation (attach Form 4562) . . . . .	<b>21</b> <b>0</b>
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22a</b> <b>0</b>
<b>23</b> Depletion . . . . .	<b>23</b> <b>0</b>
<b>24</b> Contributions to deferred compensation plans . . . . .	<b>24</b> <b>0</b>
<b>25</b> Employee benefit programs . . . . .	<b>25</b> <b>0</b>
<b>26</b> Excess exempt expenses (Schedule I) . . . . .	<b>26</b> <b>0</b>
<b>27</b> Excess readership costs (Schedule J) . . . . .	<b>27</b> <b>0</b>
<b>28</b> Other deductions (attach schedule) . . . . .	<b>28</b> <b>0</b>
<b>29</b> <b>Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b> <b>0</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 . . . . .	<b>30</b> <b>0</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) . . . . .	<b>31</b> <b>0</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 . . . . .	<b>32</b> <b>0</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.) . . . . .	<b>33</b> <b>0</b>
<b>34</b> <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 . . . . .	<b>34</b> <b>0</b>

**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ☐ **See instructions** and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34**35c** 0**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)**36** 0**37 Proxy tax.** See instructions**37** 0**38 Alternative minimum tax****38** 0**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies**39** 0**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)**40a** 0**b** Other credits (see instructions)**40b** 0**c** General business credit. Attach Form 3800**40c** 0**d** Credit for prior year minimum tax (attach Form 8801 or 8827)**40d** 0**e Total credits.** Add lines 40a through 40d**40e** 0**41** Subtract line 40e from line 39**41** 0**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)**42** 0**43 Total tax.** Add lines 41 and 42**43** 0**44a** Payments: A 2009 overpayment credited to 2010**44a** 0**b** 2010 estimated tax payments**44b** 0**c** Tax deposited with Form 8868**44c** 0**d** Foreign organizations: Tax paid or withheld at source (see instructions)**44d** 0**e** Backup withholding (see instructions)**44e** 0**f** Credit for small employer health insurance premiums (Attach Form 8941)**44f** 1799 99**g** Other credits and payments:☐ Form 2439☐ Form 4136☐ Other

Total

**44g** 1799 99**45 Total payments.** Add lines 44a through 44g**45** 1799 99**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐**46** 0**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed**47** 0**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid**48** 1799 99**49** Enter the amount of line 48 you want: Credited to 2011 estimated tax

0

Refunded

**49** 1799 99**Part V Statements Regarding Certain Activities and Other Information** (see instructions)**1** At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country hereYes No  
✓**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.Yes No  
✓**3** Enter the amount of tax-exempt interest received or accrued during the tax year \$**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation**1** Inventory at beginning of year**1****2** Purchases**2****3** Cost of labor**3****4a** Additional section 263A costs (attach schedule)**4a****b** Other costs (attach schedule)**4b****5 Total.** Add lines 1 through 4b**5****6** Inventory at end of year**6****7 Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2**7****8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Yes No

**Sign Here**

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

*Margaret J. Hobble*

8/15/11

President

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no.

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1)
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
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(1)
(2)
(3)
(4)

Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
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(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶**Schedule E—Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)

(1)
(2)
(3)
(4)

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

**Totals** ▶**Total dividends-received deductions** included in column 8 ▶**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
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**Totals** ▶

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

**Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>						
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

**Schedule K—Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			



Department of the Treasury  
Internal Revenue Service▶ See separate instructions.  
▶ Attach to your tax return.**2010**Attachment  
Sequence No. **63**

Name(s) shown on return

**The Mosaic Project**

Identifying number

**94-3367263**

<b>1</b>	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions) . . . . .	<b>1</b>	<b>7</b>	
<b>2</b>	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 . . . . .	<b>2</b>	<b>4</b>	
<b>3</b>	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12 . . . . .	<b>3</b>	<b>40,095</b>	
<b>4</b>	Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions) . . . . .	<b>4</b>	<b>18,174</b>	
<b>5</b>	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions) . . . . .	<b>5</b>	<b>18,512</b>	
<b>6</b>	Enter the <b>smaller</b> of line 4 or line 5 . . . . .	<b>6</b>	<b>18,174</b>	
<b>7</b>	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35) . . . . .	<b>7</b>	<b>4,543</b>	<b>50</b>
<b>8</b>	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions . . . . .	<b>8</b>	<b>4,543</b>	<b>50</b>
<b>9</b>	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions . . . . .	<b>9</b>	<b>1799</b>	<b>99</b>
<b>10</b>	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions) . . . . .	<b>10</b>	<b>0</b>	
<b>11</b>	Subtract line 10 from line 4. If zero or less, enter -0- . . . . .	<b>11</b>	<b>18,174</b>	
<b>12</b>	Enter the <b>smaller</b> of line 9 or line 11 . . . . .	<b>12</b>	<b>1799</b>	<b>99</b>
<b>13</b>	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions) . . . . .	<b>13</b>		<b>6</b>
<b>14</b>	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13 . . . . .	<b>14</b>		<b>3</b>
<b>15</b>	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) . . . . .	<b>15</b>	<b>0</b>	
<b>16</b>	Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on Schedule K; all others, go to line 17 . . . . .	<b>16</b>	<b>1799</b>	<b>99</b>
<b>17</b>	Credit for small employer health insurance premiums included on line 16 from passive activities (see instructions) . . . . .	<b>17</b>	<b>0</b>	
<b>18</b>	Subtract line 17 from line 16 . . . . .	<b>18</b>	<b>1799</b>	
<b>19</b>	Credit for small employer health insurance premiums allowed for 2010 from a passive activity (see instructions) . . . . .	<b>19</b>	<b>0</b>	
<b>20</b>	Carryback of the credit for small employer health insurance premiums from 2011 . . . . .	<b>20</b>	<b>0</b>	
<b>21</b>	Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount on Form 3800, line 29h . . . . .	<b>21</b>	<b>1799</b>	<b>99</b>
<b>22</b>	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) . . . . .	<b>22</b>	<b>0</b>	
<b>23</b>	Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount on Form 3800, line 29h . . . . .	<b>23</b>	<b>0</b>	
<b>24</b>	Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit (see instructions) . . . . .	<b>24</b>	<b>22,077</b>	<b>66</b>
<b>25</b>	Tax-exempt small employers, enter the <b>smaller</b> of line 21 or line 24 here and on Form 990-T, line 44f . . . . .	<b>25</b>	<b>1799</b>	<b>99</b>

2010

# California Exempt Organization Annual Information Return

199

Calendar Year 2010 or fiscal year beginning month 1 day 1 year 2010, and ending month 12 day 31 year 2010.

**A** First Return Filed? ☐ Yes ☒ No  
**B** Type of organization  
 Exempt under Section 23701 ☐ (insert letter)  
 IRC Section 4947(a)(1) trust ☐

CORP #  
2 0 8 1 2 6 5

Corporation/Organization Name

The Mosaic Project

FEIN  
9 4 3 3 6 7 2 6 3

Address

580 Grand Avenue, Suite 303

City

Oakland

State ZIP Code

CA

94610

- C** Amended Return? ☐ Yes ☒ No  
**D** Are you a subordinate/affiliate in a group exemption? ☐ Yes ☒ No  
 (a) Is this a group filing for affiliates? See General Instruction L ☐ Yes ☒ No  
 (b) If "Yes," enter the number of affiliates ☐ Yes ☒ No  
 (c) Are all affiliates included? ☐ Yes ☒ No  
 (If "No," attach a list. See instructions.)  
 (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No  
 (e) Federal Group Exemption Number ☐ Yes ☒ No  
 (f) Is a roster of subordinates attached? ☐ Yes ☒ No  
**E** Final return?  
☐ Dissolved ☐ Surrendered (Withdrawn)  
☐ Merged/Reorganized (attach explanation)  
 If a box is checked, enter date ☐  
**F** Check the box if the organization filed the following federal forms or schedule:  
 (1) ☒ 990T (2) ☐ 990PF (3) ☐ (Schedule H) 990  
**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required. ☒  
**H** Accounting method used (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other  
**I** If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. ☐ Yes ☒ No  
**J** Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents. ☐ Yes ☒ No  
**K** Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No  
 If "Yes," enter amount of gross receipts from nonmember sources \$ ☐  
**L** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No  
**M** Is the organization a Limited Liability Company? ☐ Yes ☒ No  
**N** Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	273,973	00
	2	Gross dues and assessments from members and affiliates	2	0	00
	3	Gross contributions, gifts, grants, and similar amounts received.	3	361,055	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$25,000, see General Instruction B.	4	635,026	00
Expenses	5	Cost of goods sold	5	1,082	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,008	00
	7	Total costs. Add line 5 and line 6.	7	2,090	00
	8	Total gross income. Subtract line 7 from line 4.	8	632,938	00
Filing Fee	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	609,213	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	23,725	00
	11	Filing fee \$10 or \$25. See General Instruction F.	11	0	00
	12	Total payments	12	0	00
Sign Here	13	Penalties and interest. See General Instruction J	13	0	00
	14	Use tax. See General Instruction K	14	0	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result.	15	0	00
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			

Sign Here	Signature of officer <i>Margaret J. Hedden</i>	Title President	Date 8/15/11	Telephone (510) 452-3377
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN/SSN
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address			FEIN
				Telephone
May the FTB discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input type="checkbox"/> No				

**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.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	265,452	00
	2	Interest	2	83	00
	3	Dividends	3	0	00
	4	Gross rents	4	0	00
	5	Gross royalties	5	0	00
	6	Gross amount received from sale of assets (See instructions)	6	0	00
	7	Other income. Attach schedule	7	0	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1.	8	265,535	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	9	0	00
	10	Disbursements to or for members	10	0	00
	11	Compensation of officers, directors, and trustees. Attach schedule	11	50,310	00
	12	Other salaries and wages	12	218,363	00
	13	Interest	13	0	00
	14	Taxes	14	0	00
	15	Rents	15	11,480	00
	16	Depreciation and depletion (See instructions)	16	2,700	00
	17	Other. Attach schedule	17	326,360	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9.	18	609,213	00

**Schedule L Balance Sheets**

		Beginning of taxable year		End of taxable year	
Assets		(a)	(b)	(c)	(d)
1	Cash		75,950		127,289
2	Net accounts receivable		47,560		12,336
3	Net notes receivable. Attach schedule		0		0
4	Inventories		0		0
5	Federal and state government obligations		0		0
6	Investments in other bonds. Attach schedule		0		0
7	Investments in stock. Attach schedule		0		0
8	Mortgage loans (number of loans 0)		0		0
9	Other investments. Attach schedule		0		0
10 a	Depreciable assets	23,812		23,812	
b	Less accumulated depreciation	(20,575)	3,237	(23,275)	537
11	Land		0		0
12	Other assets. Attach schedule		0		0
13	Total assets		126,747		140,163
Liabilities and net worth					
14	Accounts payable		16,612		6,302
15	Contributions, gifts, or grants payable		0		0
16	Bonds and notes payable. Attach schedule		0		0
17	Mortgages payable		0		0
18	Other liabilities. Attach schedule		50,000		50,000
19	Capital stock or principle fund		0		0
20	Paid-in or capital surplus. Attach reconciliation		0		0
21	Retained earnings or income fund		60,135		83,860
22	Total liabilities and net worth		126,747		140,163

**Schedule M-1 Reconciliation of income per books with income per return**

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	7	Income recorded on books this year not included in this return. Attach schedule
2	Federal income tax	8	Deductions in this return not charged against book income this year. Attach schedule
3	Excess of capital losses over capital gains	9	Total. Add line 7 and line 8
4	Income not recorded on books this year. Attach schedule	10	Net income per return. Subtract line 9 from line 6
5	Expenses recorded on books this year not deducted in this return. Attach schedule		
6	Total. Add line 1 through line 5		

**THE MOSAIC PROJECT**  
**EIN: 94-3367263, CA Corp #2081265**  
**2010 FTB Form 199**

**Schedule 1 - Compensation of officers, directors, and trustees. Part II, Line 11**

	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
1	Lara Mendel 6615 Armour Drive Oakland, CA 94611	Executive Director/Director 80	50,000	0	0
2	Margaret "Gogi" Hodder 580 Grand Ave. #303 Oakland, CA 94610	Board President/Director 20	0	0	0
3	Michele Brown 580 Grand Ave. #303 Oakland, CA 94610	Vice President/Director 1	0	0	0
4	Mark Breimhorst 580 Grand Ave. #303 Oakland, CA 94610	Treasurer/Director 1	0	0	0
5	Shivani Ganguly 580 Grand Ave. #303 Oakland, CA 94610	Secretary/Director 1	0	0	0
6	Erica Cicero 580 Grand Ave. #303 Oakland, CA 94610	Nominating Committee Chair/Director 1	0	0	0
7	Jonathan Marley 580 Grand Ave. #303 Oakland, CA 94610	Development Committee Chair/Director 1	0	0	0
8	Cynthia Colvin 580 Grand Ave. #303 Oakland, CA 94610	Event Committee Chair/Director 1	0	0	0
9	Holland Bender 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0
10	Amanda Cook 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0
11	Brett Dennen 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0
12	Jose Durante * 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0
13	Steve Goldberg 580 Grand Ave. #303 Oakland, CA 94610	Director 4	310	0	0
14	Christine Han 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0
15	Kristen Hull 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0
16	Laila Ibrahim	Director	0	0	0

	580 Grand Ave. #303 Oakland, CA 94610	1			
17	Jay Moldenhauer-Salazar 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0
18	Tari Nicholson 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0
19	Dr. Linda K. Ricketts, Ed.D 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0
20	Serian Strauss 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0
21	Jim Yarborough 580 Grand Ave. #303 Oakland, CA 94610	Director 1	0	0	0

\*Compensation paid as program staff, not as director.

50,310

### Schedule 3 - Other Expenses & Disbursements. Part II, Line 17

Residential Program Facilities/Meals	203,063
Program/Curriculum Supplies	15,444
Program Insurance	4,801
Staff Training & Development	4,073
Other Program Expenses	7,556
Payroll Taxes	23,557
Payroll Processing Fees	1,439
Employee Benefits	16,069
Workers Compensation Insurance	5,849
Office Expenses	4,470
Computer/Internet/Website	1,296
Office Supplies	3,973
Printing & Copies	1,363
Dues & Nonprofit Filing Fees	95
Bank/Payment Processing Fees	880
Board Expense	350
Donor Development	1,369
Fundraising Events	16,107
Conferences/Meetings/Travel	2,444
In-kind expense	14,481
Miscellaneous Expenses	0
<b>TOTAL</b>	<b>\$ 326,360</b>

### Schedule 4 - Other Liabilities. Schedule L Balance Sheets, Line 18

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

\$50,000

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 CT-117853

The Mosaic Project

Name of Organization

580 Grand Avenue, Suite 303

Address (Number and Street)

Oakland, CA 94610

City or Town, State and ZIP Code

Check If:

☐ Change of address

☐ Amended report

Corporate or Organization No. 2081265

Federal Employer I.D. No. 94-3367263

## ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between 100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

### PART A - ACTIVITIES

For your most recent full accounting period (beginning 1 / 1 / 2010 ending 12 / 31 / 2010) list:

Gross annual revenue \$ 635,109 Total assets \$ 140,163

### 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 each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Organization's area code and telephone number ( 510 ) 452 - 3377

Organization's e-mail address info@mosaicproject.org

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

*Margaret J. Hodder*

Signature of authorized officer

Margaret Hodder

Printed Name

President

Title

8/15/2011

Date

**The Mosaic Project**

EIN: 94-3367263

580 Grand Avenue, Suite 303

Oakland, California 94610

Supplemental Information, CA Attorney General Form RRF-1 2010

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**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 2010. 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) until October 1, 2010.

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

800/553-3018  
800/394-6184  
[www.charityfunding.com](http://www.charityfunding.com)  
[vdpcnora@yahoo.com](mailto:vdpcnora@yahoo.com)  
Nora Sova, Marketing Director

On October 1, 2010, The Mosaic Project ended its relationship with Vehicle Donation Processing Center, Inc. and began contracting with a new commercial fundraiser, Charitable Auto Resources, Inc. (information listed below) through the remainder of 2010.

Charitable Auto Resources, Inc.  
4469 Murphy Canyon Road, Suite 100  
San Diego, CA 92123

858-300-2902  
858 300-2915  
[www.charitableautoresources.com](http://www.charitableautoresources.com)  
Rick Watkins, CEO  
[rickw@cars-sd.com](mailto:rickw@cars-sd.com)  
Rosa Hughey, Executive Assistant  
[rosah@charitableautoresources.com](mailto:rosah@charitableautoresources.com)