# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OND 140. 1343 0047
2023
Open to Public
Inspection

Α	For the	2023 calendar year, or tax year beginning and o	ending					
В	Check if applicable	C Name of organization		D Employer identific	eation number			
Г	Addres							
F	Name change			**_***	**			
	Initial return		Room/suite	E Telephone number				
	Final return/	1703 S. DESPELDER STREET		616-842-9160				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,459,829.			
	Ameno return	GRAND HAVEN, MI 4941/	H(a) Is this a group re	turn				
	Application pendin			for subordinates	? Yes X No			
		1703 S DESPELDER STREET, GRAND HAVEN, M		H(b) Are all subordinates in	cluded? Yes No			
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions			
	Websit		T	H(c) Group exemption				
K	Form of art I	organization: X Corporation Trust Association Other  Summary	<b>L</b> Year	of formation: 1978 N	State of legal domicile: MI			
	_	Briefly describe the organization's mission or most significant activities: MOSAI	נכ כסו	INCELTING CERV	7FC THF			
e e	1 .	MENTAL HEALTH NEEDS OF A COMMUNITY THROUGH						
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose						
Veri	3			3	11			
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			11			
o v	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			10			
iţie	6	Total number of volunteers (estimate if necessary)			30			
ξį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
<u>o</u>				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		733,720.	1,160,867.			
enn	9	Program service revenue (Part VIII, line 2g)		217,936.	232,995.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		63.	33,289.			
_	ויי	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		136,155.	-28,340.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,087,874.	1,398,811.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		445,335.	<u>0.</u> 579,574.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  99, 28		0.	0.			
Ä	17	Total fundraising expenses (Part IX, column (D), line 25) 99, 28  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		467,079.	507,581.			
	''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		912,414.	1,087,155.			
		Revenue less expenses. Subtract line 18 from line 12		175,460.	311,656.			
		Teverido 1635 experiodo. Cubitast fino 16 from fino 12	Be	eginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		1,159,967.	1,722,304.			
ASS	21	Total liabilities (Part X, line 26)		68,479.	86,979.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,091,488.	1,635,325.			
P	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	r has any knowledge.				
		Signature of officer		l Date				
Sig		•		Date				
He	re	SARAH LEWAKOWSKI, EXECUTIVE DIRECTOR Type or print name and title						
			Т	Date Check	PTIN			
Pai	. П	Print/Type preparer's name  JILL R. SCHUTTE, CPA  Preparer's signature  JILL R. SCHUTTE,		:r   L				
	u parer	Firm's name HUNGERFORD CPAS + ADVISORS	CFA		*_****			
	Only	Firm's address 675 E. 16TH STREET #100		FIIIII S EIIV				
-	. Jy	HOLLAND, MI 49423		Phone no 61	6-392-8534			
— Ma	v the IF	S discuss this return with the preparer shown above? See instructions		T Holle Ho. O I	X Yes No			
	,	The second secon			- 000 (2222)			

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MOSAIC COUNSELING SERVES THE MENTAL HEALTH NEEDS OF A COMMUNITY
	THROUGH ACCESSIBLE, AFFORDABLE, PROFESSIONAL COUNSELING, BY CONNECTING INDIVIDUALS TO PERSONALIZED SUPPORT IN THEIR TIME OF NEED.
	INDIVIDUALS TO PERSONALIZED SUPPORT IN THEIR TIME OF NEED.
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 X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code: ) (Expenses \$ 490, 285 · including grants of \$ ) (Revenue \$ 144, 144 · )
ти	EAP (EMPLOYEE ASSISTANCE PROGRAM) IS AVAILABLE THROUGH EMPLOYERS AND
	OFFERS A CERTAIN NUMBER OF COMPLIMENTARY THERAPY SESSIONS FOR EMPLOYEES
	AND THEIR DEPENDENTS WITH A SEAMLESS SEGUE TO INSURANCE OR A SLIDING
	SCALE. INDIVIDUAL, COUPLES, OR FAMILY THERAPY IS OFFERED FOR ANY
	PRESENTING ISSUE.
4b	(Code:) (Expenses \$ 270 , 840 • _ including grants of \$) (Revenue \$ 79 , 627 • _)
	THE ORGANIZATION OFFERS A SCHOOL OUTREACH PROGRAM THAT PROVIDES
	IN-SCHOOL PROFESSIONAL THERAPY THAT IS FREE TO STUDENTS WITH FINANCIAL
	AND TRANSPORTATION BARRIERS, IN PARTICIPATING SCHOOL DISTRICTS.
	21 274
4c	(Code:) (Expenses \$31,374. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)
	OTHER FEE FOR SERVICES PROGRAMS
	-
	-
	-
4d	Other program services (Describe on Schedule O.)
−u	(Expenses \$ including grants of \$ ) (Revenue \$ )
 4е	Total program service expenses 792,499.
	Form <b>990</b> (2023

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# Form 990 (2023) MOSAIC COUNSELING Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u></u>		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17		10		<del></del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	⊢'′		<del>  ^</del> `
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<sub>V</sub>
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del>                                     </del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2023) MOSAIC COUNSELING
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		Х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ū	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   If			
a	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
35.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	х	

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Form 990 (2023) MOSAIC COUNSELING

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No		
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 10					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X		
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).					
			5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X		
	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	e organization solicit			,,,		
_	•		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts	<b>.</b>				
_	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).		_		v		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X		
			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				x		
	to file Form 8282?	1 1	7c				
	If "Yes," indicate the number of Forms 8282 filed during the year	Td	70		Х		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit could be organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute.		7e 7f		X		
f g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		25		
•	If the organization received a contribution of qualified intellectual property, did the organization file re-		79 7h				
8							
•		by the	8				
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the grant in a constitution realist control distributions and a continua 40000		9a				
b	Did the constraint and in the constraint and the first feet the constraint and the constr		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	4				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l l					
	organization is licensed to issue qualified health plans	13b	4				
	Enter the amount of reserves on hand	13c			v		
			14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		X		
	excess parachute payment(s) during the year?		15				
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	tincome?	16		Х		
10	If "Yes," complete Form 4720, Schedule O.	income?	10		<u> </u>		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities					
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.		<u> </u>				

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	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th				age •
Fai	To capt the trapense to miss 2 and		"No" r	espon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See instructions.			[T]
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				_
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11	4		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	00 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?	5		X
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto				
	persons other than the governing body?		7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?		8a	х	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				
3	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	O- d- \	1 3	l	
	tion BTT 9110100 (This Section B requests information about policies not required by the internal Rev	renue Coae.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a	163	X
			IUa		
D	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics are acceptable and procedures governing the activities of such characteristics are acceptable and procedures governing the activities of such characteristics are acceptable and procedures governing the activities of such characteristics.		401-		
44-	· · · · · · · · · · · · · · · · · · ·	before filing the form?	10b		x
11a		before filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			v	
12a	. , , g		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe		37	
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's			
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed MI				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (section 501(c)(3):	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		• • •		
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	d financ	cial	
•	statements available to the public during the tax year.	<sub> -</sub>			
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and records			
·	SARAH LEWAKOWSKI - 6168429160				

Form **990** (2023)

1703 S DESPELDER STREET, GRAND HAVEN, MI

49417

#### Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organiza  (A)	(B)	(C)				.,,,		(D)	(E)	(F)
Name and title		Position			1		Reportable	Reportable	Estimated	
ivaine and title	Average hours per		not c	heck	more	than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC/	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	lltrus	nal tr		loyee	d mo		1099-NEC)		and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GARAN I HUANONGUT	line)	ılı	l s	#0	Ş.	; 를 '등	For			
(1) SARAH LEWAKOWSKI	55.00	1		х				100 120	0.	F 000
EXECUTIVE DIRECTOR (2) MICHELE CHANEY	2.00			A				108,129.	0.	5,000.
PRESIDENT	2.00	х		х				0.	0.	0.
(3) PAM VANDERKAMP	2.00	Λ		^				· ·	0.	· ·
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(4) CHRISTINE CLOVER	2.00	Λ		^				· ·	0.	· ·
SECRETARY	2.00	Х		Х				0.	0.	0.
(5) JIM WALTERS	2.00	22						0.	0.	<u>_</u>
TREASURER	2.00	Х		Х				0.	0.	0.
(6) BRIAN DAVIS	2.00							•	•	•
TRUSTEE	2100	х						0.	0.	0.
(7) JAKE JENISON	2.00	<del></del>								
TRUSTEE		Х						0.	0.	0.
(8) CHELSEA KLIPFEL	2.00								-	-
TRUSTEE		Х						0.	0.	0.
(9) CLAUDIA BERRY	2.00									
TRUSTEE		Х						0.	0.	0.
(10) JANE PATTERSON	2.00									
FORMER PRESIDENT		Х						0.	0.	0.
(11) LETICIA GONZALEZ-ORTIZ	2.00									
TRUSTEE		Х						0.	0.	0.
(12) SHOLEH VEISEH	2.00									
TRUSTEE		Х						0.	0.	0.
		1								
		ļ								
		4								
		-								
					_					
		-								
		-			$\vdash$					
		1								
		<u> </u>			<u> </u>			1		000

\*\*\_\*\*\*\*

Par	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Posi			one	Reportable	able Reportable		Estimate		ed
		hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation				mount	
		week (list any				l	1711 43		from from related				other	
		hours for	directo				_		the organization	organization (W-2/1099-MIS			iperisa rom th	
		related	9e Or (	stee			nsated		(W-2/1099-MISC/	1099-NEC)	1			
		organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and relate			
		below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations			
		line)	пg	lust	Officer	Key	E Hig	윤			$\longrightarrow$			
											$\longrightarrow$			
			-											
											$\dashv$			
											$\longrightarrow$			
			-											
											$\dashv$			
1b	Subtotal								108,129.		0.		5,0	
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								108,129.		0.		5,0	00.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;			1
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director truct	00 l	·0\/ 0	mnl	01/0	0 Or	hia	host componented omn	ovoc on	ſ		163	NO
3	line 1a? If "Yes," complete Schedule J for s										ı	3		х
4	For any individual listed on line 1a, is the su								ner compensation from t					
	and related organizations greater than \$150										ı	4		х
5	Did any person listed on line 1a receive or a										····			
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										ensat	ion fr	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ig w	ith c	or wi	thin T		ear.				
	<b>(A)</b> Name and business	address	NTC	ONE	7				<b>(B)</b> Description of s	ervices	C		C) ensatio	n
			11/	) I V I					2000p	5. 1.000		·p		
								$\dashv$						
2	Total number of independent contractors (in	ncluding but n	at lin	nitos	l to t	thoo	منا م	ted	ahove) who recoived me	ore than				
~	\$100,000 of compensation from the organic		JL 111	mec		(1105		ıeu	above, who received mo	no unall				

Form 990 (2023) MOSAIC
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
() ()	1 /	Federated campaigns 1a	19,533.				
ants			17,333.				
رج <u>ج</u>			241,685.				
fts,		•	241,003.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d	102,250.				
ns, Sim		· · · · · · · · · · · · · · · · · · ·	102,230.				
utio er (	1	All other contributions, gifts, grants, and	707 200				
ĕ			797,399 <b>.</b>				
ont		Noncash contributions included in lines 1a-1f		1 160 067			
<u>0</u> 8	r	Total. Add lines 1a-1f		1,160,867.			
		EAD INCOME	Business Code	144 144	1 4 4 1 4 4		
<u>c</u>		EAP INCOME	900099	144,144.	144,144.		
er v		SCHOOL OUTREACH INCOME	900099	79,627.	79,627.		
n Si		ROOM FEES	900099	8,064.	8,064.		_
ran 3ev	(	FEES FOR SERVICE	900099	1,160.	1,160.		
Program Service Revenue	•						
۵		All other program service revenue		000 00-			
	9	Total. Add lines 2a-2f		232,995.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		33,289.			33,289.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	(	Rental income or (loss) 6c					
	(	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	k	Less: cost or other basis					
e		and sales expenses					
/en	(	Gain or (loss)7c					
Ř		Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
δ		including \$ 241,685. of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b	61,018.	21 164			21 161
		Net income or (loss) from fundraising events		-31,164.			-31,164.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10a					
	k	Less: cost of goods sold 10b					
$\Box$	(	Net income or (loss) from sales of inventory					
ွှ			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099	2,824.			2,824.
ane	k						
Sell	(						
Mis	(	I All other revenue					
	•	Total. Add lines 11a-11d		2,824.			
	12	Total revenue. See instructions		1,398,811.	232,995.	0.	4,949.

\*\*\_\*\*\*\*

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 56,565. 113,129. 39,595. 16,969. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 394,630. 256,497. 75,795. 62,338. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 19,059. 6,247. 29,773. 4,467. Other employee benefits 9 42,042. 26,066. 9,670. 6,306. 10 Payroll taxes Fees for services (nonemployees): Management Legal 8,610. 8,610. Accounting Lobbying Professional fundraising services. See Part IV, line 17 4,148. 4,148. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 4,964. 1,489. 3,475 Advertising and promotion 12 45,129. 20,759. 21,211. Office expenses 13 3,766. 3,766. Information technology ..... 14 15 Royalties 26,833. 15,295. 11,538. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 11,692. 6,664. 5,028. Depreciation, depletion, and amortization 22 10,044. 5,725. 4,319. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 325,402. 325,402. COUNSELING SERVICES 44,455. CAPITAL CAMPAIGN 44,455. 3,017.9,429. 1,792. 4,620. CONTRACT SERVICES 7,740. 7,740. PROGRAM SUPPLIES 5,369. 4,588. 781. e All other expenses 1,087,155. 792,499. 195,369. 99,287. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

Form 990 (2023)

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			423,539.	1	377,783.
	2	Savings and temporary cash investments			131,822.	2	221,296.
	3	Pledges and grants receivable, net				3	270,522.
	4	Accounts receivable, net			14,213.	4	38,398.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of t	nese person	ns		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
		under section 4958(f)(1)), and persons describ	on 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			350.	9	350.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	433,892.	252 242		252 254
	b	Less: accumulated depreciation			370,043.	10c	358,351.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		220 000	14	455 604	
	15	Other assets. See Part IV, line 11			220,000.	15	455,604.
	16	Total assets. Add lines 1 through 15 (must e			1,159,967.	16	1,722,304.
	17	Accounts payable and accrued expenses			60,062.	17	74,479.
	18	Grants payable		8,417.	18	12,500.	
	19	Deferred revenue			0,41/•	19	12,500
	20	Tax-exempt bond liabilities		O - I I - I - D		20 21	
	21 22	Escrow or custodial account liability. Comple Loans and other payables to any current or for				21	
Liabilities	22	trustee, key employee, creator or founder, su					
≣		controlled entity or family member of any of t				22	
E.	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			68,479.	26	86,979.
		Organizations that follow FASB ASC 958, o	heck here	X			-
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			890,920.	27	1,121,449.
Bal	28	Net assets with donor restrictions			200,568.	28	513,876.
DG .		Organizations that do not follow FASB ASG	958, chec	k here			
Ţ		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fun	ds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or	equipment	fund		30	
As	31	Retained earnings, endowment, accumulated	income, or	other funds		31	
Ret	32	Total net assets or fund balances			1,091,488.	32	1,635,325.
	33	Total liabilities and net assets/fund balances			1,159,967.	33	1,722,304.
							Form <b>990</b> (2023

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,08		
3	Revenue less expenses. Subtract line 2 from line 1	3			56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,09	1,4	88.
5	Net unrealized gains (losses) on investments	5	5:	1,0	20.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	18:	1,1	61.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,63	5,3	25.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

#### **SCHEDULE A**

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		MOSA	TC COONSEL.	LING				·· <del>-</del> ·· · · · · · · · · ·
Pa	ırt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of ch					I)(A)(i).	
2		A school described in <b>sect</b> i						
3	一	A hospital or a cooperative				(b)(1)(A)(ii	ii).	
4	H	A medical research organization					•	the hospital's name
7		city, and state:	апон орогатов ит сог	ijanotion with a noopital	accombca	III SCCIIO	11 17 0(B)(1)(A)(III). Entor	the noopital o name,
_			or the benefit of a col	logo or university eyened	or operate	ad by a ga	wornmontal unit describ	ad in
5		An organization operated for		lege or university owned	or operati	eu by a go	vernmental unit describe	eu III
		section 170(b)(1)(A)(iv). (C	•					
6		A federal, state, or local gov	· ·				• •	
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	anization described	in <b>section 170(b)(1)(A)(</b> i	ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exem						
		income and unrelated busin		•	. ,		• • •	•
		See section 509(a)(2). (Cor		(ICSS SCOTION STITLEN) NO	iii busiiics	soco acquii	red by the organization a	inci dune do, 1373.
11		( // , '	•	valv ta taat far avalia aat	iotu Coo	aastian E(	20(=)(4)	
	H	An organization organized a	•	•	•			
12		An organization organized a	•	•	-		•	•
		more publicly supported or	-					Sneck the box on
		lines 12a through 12d that	• •				· · · · · ·	
а			· · · · · · · · · · · · · · · · · · ·		•	_		
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	ctors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ctions A and B.				
b	· L	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	: [	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally						zation(s)
		that is not functionally int					• • • •	
		requirement (see instructi	-		-			7011000
е		Check this box if the orga	•					
-	,						Type I, Type II, Type III	
	F4-	functionally integrated, or		ially integrated supporting	ig organiz	ation.		
1		er the number of supported o	•	d arganization(a)				
9		ride the following information  i) Name of supported	(ii) EIN	d organization(s).  (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(11) 2.114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	Yes	No		
T . 4	_1							

332021 12-21-23

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## 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	398,377.	370,472.	686,349.	733,720.	919,182.	3108100.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	398,377.	370,472.	686,349.	733,720.	919,182.	3108100.
	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)						241,692.
6	Public support. Subtract line 5 from line 4.						2866408.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	398,377.	370,472.	686,349.	733,720.	919,182.	3108100.
	Gross income from interest,	330,3770	37071720	000/3130	73377200	313,1020	3100100
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	793.	86.	31.	63.	33,287.	34,260.
•	Net income from unrelated business	755.	00.	31.	05.	33,207	34,2001
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	157 006	157 006	157 007	161 121	274,363.	906 503
	assets (Explain in Part VI.)	137,000.	137,000.	137,007.	101,121.	2/4,303.	4048863.
	<b>Total support.</b> Add lines 7 through 10	-1- (	1			40	4040003.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First 5 years. If the Form 990 is for th	•				. , . ,	
800	organization, check this box and storetion C. Computation of Publi						
	•			- l (f\)		44	70.80 %
	Public support percentage for 2023 (li					14	== 10
	Public support percentage from 2022					15	,-
16a	33 1/3% support test - 2023. If the contract test - 2023 is the contract test - 2023 i						
	<b>stop here.</b> The organization qualifies						
р	33 1/3% support test - 2022. If the c	•		•		•	
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	•					•
	and if the organization meets the facts			=	•	VI how the organiz	ation
	meets the facts-and-circumstances te	-	•	*	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 990) 2023

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

(Complete only if you checked the box on line 10 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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

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## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Sche	dule A (Form 990) 2023 MOSAIC COUNSELING	**_***	* Pa	age <b>5</b>
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
_	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	ana ar	163	NO
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	1110010,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
0		•		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	tity (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
b	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	one of the of the organization a supported organization(a) would have been engaged in: IT "Yes," explain in			

one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

these activities but for the organization's involvement.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.** 

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.* 

2b 3a 3b

Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	•
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.	•	6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i_	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization

MOSAIC COUNSELING

**Employer identification number** \*\*\_\*\*\*\*

organization answered "Yes" on Form 990, Part IV, line 6.	
	and other accounts
	and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
3 Aggregate value of grants from (during year)	
4 Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds	
are the organization's property, subject to the organization's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
impermissible private benefit?	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area
Protection of natural habitat Preservation of a certified histori	ric structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
day of the tax year.	eld at the End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included on line 2a 2c	
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not	
on a historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax
year	
Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No
violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—
Countries voluntees needed to membering, inepeeting, nationing of violations, and embering economication eacemen	onto during the your
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,
provide the following amounts relating to these items.	
(i) Revenue included on Form 990, Part VIII, line 1	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
<ul> <li>a Revenue included on Form 990, Part VIII, line 1</li> <li>b Assets included in Form 990, Part X</li> </ul>	
	chedule D (Form 990) 2023

# Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		37,500.		37,500.
<b>b</b> Buildings		379,851.	63,770.	316,081.
c Leasehold improvements				
<b>d</b> Equipment		13,602.	9,042.	4,560.
e Other		2,939.	2,729.	210.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990, Part X, line 1	0c, column (B))		358,351.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MOSAIC COUNS	SELING	**	_***** Page <b>3</b>
Part VII Investments - Other Securities  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization answered "Yes" of the organization and the organiza	on Form 990 Part IV line	11b See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			·
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-vear market value
(1)	(1)		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) MARY ANN SHERWOOD ENDOWMEN	IT FUND		455,604.
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	(D))		455,604.
Part X Other Liabilities			
Complete if the organization answered "Yes" of a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25.	(b) Book value
······································			(b) Book value
(1) Federal income taxes			
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, line 25, col	(D))		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants 2c Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses d Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4 INTENDED USES FOR ENDOWMENT FUNDS. THE FUND WILL HELP ENSURE THAT CHILDREN AND THEIR FAMILIES, IN THE TRI-CITIES WILL HAVE A PERMANENT SOURCE OF FUNDING TO SUPPORT COUNSELING SERVICES.

Schedule D (Form 990) 2023

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization  MOSATC	COUNSELING					Employer ide * * _ * * *	ntification number  * * *
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	eed funds through any of the following  e Solicitat  f Solicitat  g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
<u>Total</u>							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

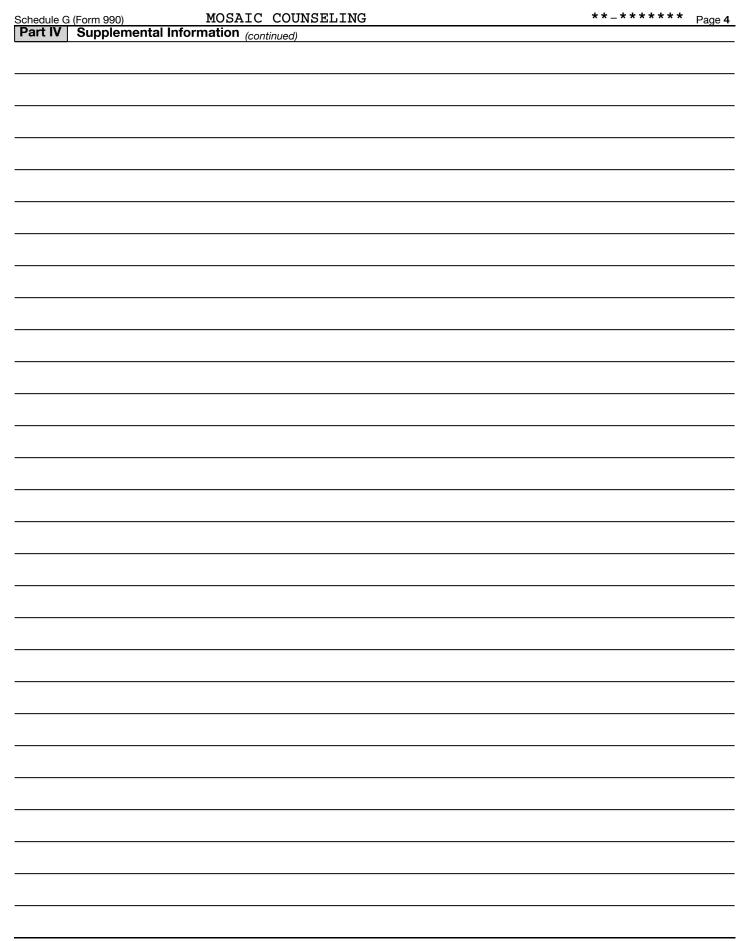
Schedule G (Form 990) 2023

Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BACK TO THE	DOWN TO		` '
			80'S	EARTH: FASHI	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue				, ,,,,	, ,	
ver	<b> </b>	Gross receipts	91,330.	129,812.	50,397.	271,539.
Re	'	Gross receipts	32,3300	223,0220	3073371	2,2,0000
	,	Less: Contributions	78,033.	124,706.	38,946.	241,685.
	-	Less. Contributions	70,033.	121,700.	30,340.	241,003.
	,	Gross income (line 1 minus line 2)	13,297.	5,106.	11,451.	29,854.
	3	Gross income (line 1 minus line 2)	13,291.	3,100.	11,431.	29,034.
	۱,	Cook prizos	313.	300.	5,474.	6,087.
	*	Cash prizes	313.	300.	3, 1114	0,007.
	_	Nanagah prizas				
S		Noncash prizes				
Se		Dorat /fo cilitus conto	13,297.	1,414.		11 711
per	6	Rent/facility costs	13,497.	1,414.		14,711.
Direct Expenses	_			F 106	11 /51	16 557
rect	7	Food and beverages		5,106.	11,451.	16,557.
⊡	ı		2 000	F00		2 500
	l	Entertainment		500.	2 100	3,500.
	9	Other direct expenses		8,936.	3,108.	20,163.
	10	Direct expense summary. Add lines 4 through				61,018.
Da	11	Net income summary. Subtract line 10 from li	•			-31,164.
Pa	irt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
	ı	\$15,000 on Form 990-EZ, line 6a.	I			
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
了	l			billyo/progressive billyo		
Ψ	l					
Reve						
Revenue	1	Gross revenue				
Reve						
	_	Gross revenue				
	_	Cash prizes				
	_					
	_	Cash prizes  Noncash prizes				
	_	Cash prizes				
Direct Expenses Reve	2 3 4	Cash prizes  Noncash prizes  Rent/facility costs				
	2 3 4	Cash prizes  Noncash prizes				
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses				
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs	Yes% No		☐ Yes %	
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	No No			
	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	No		No No	
	2 3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	No No 15 in column (d)	No No	No No	
	2 3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	No No 15 in column (d)	No No	No No	
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	No  5 in column (d)  from line 1, column (d)	No No	No No	
<b>©</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	No  5 in column (d)  from line 1, column (d)  cts gaming activities:	No No	No No	
b 6 Direct Expenses	2 3 4 5 6 7 8 Ent	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct he organization licensed to conduct gaming according to the state of the s	No  5 in column (d)  from line 1, column (d)  cts gaming activities:	No No	No No	Yes No
b 6 Direct Expenses	2 3 4 5 6 7 8 Ent	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	No  15 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these	No No	No No	☐ Yes ☐ No
b 6 Direct Expenses	2 3 4 5 6 7 8 Ent	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct he organization licensed to conduct gaming according to the state of the s	No  15 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these	No No	No No	YesNo
g a 6 Direct Expenses	2 3 4 5 6 7 8 Entire list is list in the l	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming action, "explain:	No  15 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these	states?	No No	
a b Direct Expenses	2 3 4 5 6 7 8 Ent 1 Is t	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct he organization licensed to conduct gaming act No," explain:  ere any of the organization's gaming licenses researched.	No  15 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these	states?	No No	
a b Direct Expenses	2 3 4 5 6 7 8 Ent 1 Is t	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming action, "explain:	No  15 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these	states?	No No	

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Schedule G (Form 990) 2023 MOSAIC COUNSELING	**_**	***	Page <b>3</b>
11 Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility	13	ا ه	%
<b>b</b> An outside facility			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		<u> </u>	
THE Efficient ine marine and address of the person who prepares the organization's gaining/special events books and records	·•		
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	unt		
of gaming revenue retained by the third party \$			
c If "Yes," enter name and address of the third party:			
- · · · · · · · · · · · · · · · · · · ·			
Name			
Address			
16 Gaming manager information:			
Garning manager mormation.			
Name			
Gaming manager compensation \$			
Description of continuous and del			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?		Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
organization's own exempt activities during the tax year \$	uie		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Dart III	lines 0	9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and raitin,	III 163 3,	30, 100,
13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.			



### SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MOSAIC COUNSELING

Employer identification number \*\* - \* \* \* \* \* \*

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROFESSIONAL COUNSELING, BY CONNECTING INDIVIDUALS TO PERSONALIZED SUPPORT IN THEIR TIME OF NEED. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS RECEIVED BY ACCOUNTANT PRIOR TO DUE DATE AND IS REVIEWED BY THE EXECUTIVE DIRECTOR FOR ACCURACY AND COMPLETENESS. AUTHORIZATION TO FILE IS DETERMINED UPON REVIEW, AND ACCOUNTANT IS NOTIFIED. FORM 990 IS AVAILABLE FOR REVIEW BY THE FULL BOARD OF DIRECTORS AFTER IT IS FILED. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS REVIEWS THE POLICY ON AN ANNUAL BASIS TO EVALUATE IF ANY CONFLICTS EXIST FOR THAT YEAR. ANY CONFLICTS THAT ARE NOTED WILL BE ADDRESSED AN RESOLVED. FORM 990, PART VI, SECTION B, LINE 15: ANNUAL REVIEW COMPLETED BY FULL BOARD OF DIRECTORS. EXECUTIVE COMMITTEE MAKES COMPARISONS USING VARIOUS COMPENSATION REPORTS AND PRESENTS TO THE ENTIRE BOARD OF DIRECTORS. COMPESATION IS THEN DISCUSSED AND VOTED ON BY THE ENTIRE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 18:

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule 0 (Form 990) 2023

LHA 332211 11-14-23

AVAILABLE UPON REQUEST.

Sched	Schedule O (Form 990) 2023         Page												
Name	of the organization	on <b>M</b> (	OSAI	C COUNSE	ELING					Employ * *	/er identificat ***	ion number	
ARE	AVAILABI	LE TO	O THE	PUBLIC	UPON	REQ	UEST.						
	M 990. PA												
THE	PROCESS	HAS	NOT	CHANGED	FROM	THE	PRIOR	YEAR.					