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#### **Short Form Return of Organization Exempt From Income Tax**

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year

2009

OMB No 1545-1150

may use this form

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

Open to Public Inspection

Both charge stages and charge holds returned to the completed Schedule A Form 990 and returned to the completed Schedule A Form 990 and returned Schedule A Form 990	Α	For the 2009 calendar year, or tax year beginning, 2009, and ending	,
Mostine in the production   Section SELECTORY OF STATE   SATION OF THE SATICLY, INC.   To State   Section SELECTORY OF STATE   SECTION OF STATE	В		ployer identification number
Name through the properties   P. O. BOX 487   Specific   F. Group Exemption   Section 501(c/X) organizations and 4947(a/Y1) nonexempt charitable trusts   F. Group Exemption   Number   Section 501(c/X) organizations and 4947(a/Y1) nonexempt charitable trusts   F. Group Exemption   Number   Section 501(c/X) organizations and 4947(a/Y1) nonexempt charitable trusts   F. Group Exemption   Number   Section 501(c/X) organizations and 4947(a/Y1) nonexempt charitable trusts   F. Group Exemption   Number   Section 501(c/X) organizations and 4947(a/Y1) nonexempt charitable trusts   F. Group Exemption   Number   Section 501(c/X) organization is not organization to stack   Section 101(c/X) or   Section 101(c/X)   Sect		Address change   Please use IRS   HOSANNA INSTITUTE OF THE SAHEL, INC.	3-1583323
Termination   Specific   Specif		Name change label or D O ROY 487	
Termination   Processing   Pr		Initial return   type:   ENID. OK 73702-0487	80 484 7831
**Section 501(c)(3) organizations and 4947(s)(1) nonexempt charitable trusts must affate.**   Cash   Accrual must affate.**   Accrual of their (speech).**   H. Check   If the organization is not a section 505(s) supporting organization and its gross receipts are normally not more than \$25,000. Arom 990 E.Z or form 990 return is not required, but if the organization chooses to file a return, be sure to file a correpte return \$25,000. Arom 990 E.Z or form 990 return is not required, but if the organization chooses to file a return, be sure to file a correpte return \$25,000. Arom 990 E.Z or form 990 return is not required, but if the organization chooses to file a return, be sure to file a correpte return \$25,000. Arom 990 E.Z or form 990 return is not required.**   Add lines \$5, 6b, and 7b, to line 91 to determine gross receipts; if \$550,000 or more, file form 990.   \$200 Feb. 10, 567 Part I   Contributions, grifs, grants, and similar amounts received \$2.000 or more, file form 990   \$2.000 or more, file form	┝	Termination Specific	
Website: F HOSANNASAFEL ORG	E	Application pending tions.	mber►
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Table   State   Circle to the wind   State	Ι.	Website: ► HOSANNASAHEL.ORG required to attach	Schedule B (Form 990,
Add lines 55, 65, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 - \$ 106, \$67  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, girts, grants, and similar amounts received  2 Program service revenue including government fees and contracts  3 Membership dues and assesssments  4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 5b from line 5a) 7 Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from special events and activities (Subtract line 7b from line 7a) 8 Other revenue, (describe * 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members. 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance. 15 Printing, publications, postage, and shipping 16 Other expenses (describe * SEE STATEMENT 1 17 Total expenses. Add lines 1 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 175, 995, 421 20 Other changes in net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-or-year ligure reported on prior year's return) 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 Ext assets or fund balances at end of year. Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe * 32,500, 22 32,648 32 Total assets 32,648 33,648 34	7	Tax-exempt status (check only one) $\rightarrow$ [A] 501(c) ( 3 ) $\rightarrow$ (insert no ) [ [4547(a)(1) or ] [ 327 ]	<u> </u>
Le Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, grifs, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c 6 and ro (loss) from sale of assets both than inventory b Less: cost or other basis and sales expenses c 8 a Gross amount from complete applicable parts of Schedule (b). If any amount is from gaming, check here a Gross revenue (not including \$	n	\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file	e a complete return
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19   175,995   20   Other changes in net assets or fund balances (attach explanation)   SEE STATEMENT 2   20   -150,493   21   32,648		A 10. Net assets as find belongs at horizons of year (from line 27, column (A)) (must agree with and of year	,
Second   S	N E	figure reported on prior year's return)	
Part II         Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ           (See the instructions for Part II.)         (A) Beginning of year         (B) End of year           22 Cash, savings, and investments         25,500. 22         32,648           23 Land and buildings         150,495. 23           24 Other assets (describe ►         )         24           25 Total assets         175,995. 25         32,648           26 Total liabilities (describe ►         )         0         0	•	T 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	
(See the instructions for Part II.)         22 Cash, savings, and investments       25,500. 22       32,648         23 Land and buildings       150,495. 23         24 Other assets (describe ►       )       24         25 Total assets        175,995. 25       32,648         26 Total liabilities (describe ►       )       0       26       0			
22 Cash, savings, and investments       25,500. 22 32,648         23 Land and buildings       150,495. 23         24 Other assets (describe ►       )       24         25 Total assets        175,995. 25 32,648         26 Total liabilities (describe ►       )       0. 26 0	P		
23 Land and buildings       150, 495. 23         24 Other assets (describe ►       )       24         25 Total assets        175, 995. 25       32,648         26 Total liabilities (describe ►       )       0. 26       0			
24 Other assets (describe ►       )       24         25 Total assets       175,995. 25       32,648         26 Total liabilities (describe ►       )       0. 26       0		150 405	
25 Total assets 175,995. 25 32,648 26 Total liabilities (describe ► ) 0. 26 0	_		
26 Total liabilities (describe ►) 0. 26 0		175 005	1 - ·
		175 005	

Form 990-EZ (2009)

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

	990-EZ (2009) HOSANNA INSTITU				-136	333 <u>43 Page 2</u>
Part	III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	]	Expenses
What is	the organization's primary exempt purpose? SE	E STATEMENT 3			(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers.)
			oses In a clear and co	ncise manner.	orgai	nizations and section
descr	ibe what was achieved in carrying out the libe the services provided, the number of	f persons benefited, or other	relevant information for	each	4947	(a)(1) trusts, optional
progr	am title	<u> </u>			for o	thers.)
28	SEE STATEMENT 4				l .	
	×				1	
					1	
			- <b></b>	<del>-</del> -		
	(Grants \$ ) If the	nis amount includes foreign gi	rants, check here .	▶	28 a	
29		•			i	
					1	
	<b>-</b>				-	
				<del></del>	1	
	(Grants \$ ) If the	nis amount includes foreign gi	rants, check here	▶ □	29 a	
30	<del>-</del>		· · · · · · · · · · · · · · · · · · ·	<del> </del>		
- 50					1	
			<b>-</b>		4	
					4	
	(Grants \$ ) If the	nis amount includes foreign gi	rants, check here	<u></u> ▶	30 a	
	Other program services (attach schedul	e)			1	
	• •	nis amount includes foreign gi	rants, check here	▶□	31 a	}
	Total program service expenses (add		rants, check nord	<b>_</b>	32	
			-1			<u> </u>
Part	IV List of Officers, Directors					
		(b) Title and average hours	(c) Compensation (if	(d) Contributions	s to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
		to position		deferred compens		<del> </del>
	N STAM	TREASURER	0.		0.	0.
190	2 OLD POST ROAD	2.00				
ENI		1				
		CECDEMARY				<del>                                     </del>
	NT_KROEKER	SECRETARY	1		0.	0.
184	01 SOUTH BANNER ROAD	] 2.00				
AME	S, OK 73718	1				
		DIRECTOR	0.		0.	0.
	RLES CANNON	4	<b>}</b>		0.	"
	1 CHANTELL DRIVE	1.00				
ENI	D, OK 73703					
	EN TIPTON	DIRECTOR	0.		0.	0.
			i		٠.	
	4 SOUTH BIRMINGHAM	1.00	1			
TUL	SA, OK 74105					
MAX	DAVIDSON	DIRECTOR	0.		0.	0.
	TE 2, BOX 65	1.00				
	·					
	GWOOD, OK 73768					· · · · · · · · · · · · · · · · · · ·
BEU	LAH DAVIDSON	DIRECTOR	0.		0.	0.
ROU	TE 2, BOX 65	1.00		1		
	GWOOD, OK 73768	1				
		DIDECEOR				
	NELIUS_PITTS	DIRECTOR			0.	0.
	5 WHIPPOORWILL LANE	1.00				
ENT	D, OK 73703					
	YON GERBRANDT	DIRECTOR	0.		0.	0.
		-	•		٠.	
	2 NORTH ASTER	1.00				
BRO	KEN ARROW, OK 74012					
DF.N	NIS LUCKINBILL	DIRECTOR	0.		0.	0.
	1 NIGHTINGALE	1.00	i -			
		┨				
	D, OK 73703					
MIC	HAEL K FRISBEE	PRESIDENT	1 0.		0.	0.
	2 HUMMINGBIRD LANE	2.00				
		┧ 2.00				
	D, OK 73703			ļ		
_LOR	WAKEN	DIRECTOR	0.		0.	0.
210	9 INDIAN DRIVE	1.00				
	D, OK 73703	1				
	D, O. 15.05	-	<del> </del>			
		4				
		_				
BAA		TEEA0812L (	01/30/10	-		Form 990-EZ (2009)

Forn	1 990-EZ (2009) HOSANNA INSTITUTE OF THE SAHEL, INC. 73-158332	3	Р	age <b>3</b>
Par	TV Other Information (Note the statement requirements in the instrs for Part V.) SEE STA	TEM	ENT	5
	•		Yes	No
<b>,33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 a 35 b		<u>x</u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.	37 b		X
	Did the organization file <b>Form 1120-POL</b> for this year?			
ŀ	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
	amount involved 38b N/A Section 501(c)(7) organizations. Enter:			
á	a Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities  N/A			
40 a	section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911   0.; section 4912   0.			
ŀ	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40 b		х
•	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		X
41	List the states with which a copy of this return is filed ► OK			
42 a	The organization's books are in care of ► JOHN STAM  Located at ► P.O. BOX 487 ENID OK  ZIP + 4 ► 73702	3 <u>4_7</u>	<u>831</u>	
ŀ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If 'Yes,' enter the name of the foreign country.	42 b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	40-		X
•	the calendar year, did the organization maintain an office outside of the U.S.?  If 'Yes,' enter the name of the foreign country' ▶	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		• <u> </u>	N/A N/A
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х
BAA		m <b>990</b>	)-EZ (	

Form 990-EZ (2009) HOSA	NNA INSTITUTE OF	THE SAHEL, INC.	73-1583323 Pa
Part VI Section 501	(c)(3) organizations	and section 4947(a)(1) no	onexempt charitable trusts only. All section

•	501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no s for lines 50 and 5	nexempt chari 1.	table trusts must answer	questions	;
<b>47</b> Did t	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule of he organization engage in lobbying activity e organization a school as described in se	ties? If 'Yes,' complete	Schedule C, Part	II	46 47 48	es No X X X
<b>b</b> If 'Ye	he organization make any transfers to an es,' was the related organization a section plete this table for the organization's five	n 527 organization? highest compensated of	employees (other t	 than officers, directors, trustees	49a 49b	Х
	oyees) who each received more than \$10 Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Expen account a other allowa	ind
<b>51</b> Com	number of other employees paid over \$1 plete this table for the organization's five pensation from the organization. If there is	highest compensated ii	ndependent contra	actors who each received more	than \$100,0	000 of
NONE	(a) Name and address of each independent conti	ractor paid more than \$100,000		(b) Type of service	(c) Compens	sation
	I number of other independent contractors  Under penalties of priury declare that I have examine, correct, and complise Declaration of preparer (			d statements, and to the best of my knowle	edge and belief,	ıtıs
Sign Here	true, correct, and complete Declaration of preparer (  Signature of officer  Type or print name and title	m)	Surer	preparer has any knowledge	10	
Paid Pre- parer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4  From S name (or yours if self-employed), address, and ZIP + 4  THOMAS M. SHEET 2414B HERITAGE ENID, OK 73703-	TRL	Date 5-4	employed N/A	/A	
May the IR	RS discuss this return with the preparer st	nown above? See instru	ictions		X Yes Form <b>990-E</b>	No <b>Z</b> (2009)

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

#### **Public Charity Status and Public Support**

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	f the orga	inization		•=					Employer	identificat	ion number		
HOSA	ANNA	INSTITUTE	OF THE SAHEL,	INC					<u>7</u> 3-15	83323	3		
Part	I R	eason for Pul	blic Charity Statu	s (All organizations	must o	omple	te this	part.)	See ir	nstructi	ions		_
The o	rganıza	ation is not a priv	vate foundation becau	se it is: (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1	∏ A d	hurch, convention	on of churches or asse	ociation of churches desc	cribed in	section	1 <b>70</b> (b)	(i)(A)(I)					
2	ΠAS	school described	in section 170(b)(1)(A	A)(ii). (Attach Schedule f	E)								
A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
4	∏ A r	nedical research	organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	)(iii). En	nter the hos	pital's	3
		me, city, and sta	= :	,	•							•	
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section</b> 170(b)(1)(A)(iv). (Complete Part II.)									n				
6 7	☐ An	organization tha		governmental unit descri substantial part of its su art II.)					t or from	the ger	neral public	desci	rıbed
8	∐ A d	community trust	described in section 1	170(b)(1)(A)(vi). (Comple	te Part I	l.)							
9	fror	n activities relate estment income	d to its exempt function	more than 33-1/3 % of its s s – subject to certain exce ss taxable income (less omplete Part III)	eptions, a	and (2) n	io more t	han 33-	1/3 % of	its suppo	ort from aros	SS	fter
10	∐ An	organization org	ganized and operated	exclusively to test for pu	ıblic safe	ety See	section	509(a)	(4).				
11	່ mo	re publicly supp	orted organizations d	exclusively for the benet lescribed in section 509(a zation and complete lines	a)(1) or	section	509(a)(2	ctions o	of, or car section	ry out th <b>509(a)(3</b> )	ne purpose: ). Check th	s of or ne box	ne or that
	a [	Type I	<b>b</b> Type II	с 🗌 Туре III	I — Fund	tionally	ıntegrat	ed		d 🗌	Type III-	Other	•
е	ے tha	checking this bo in foundation ma (a)(2).	ox, I certify that the or inagers and other that	ganization is not controll n one or more publicly si	led direc upportec	tly or in I organi	directly zations o	by one describe	or more ed in sec	disquali tion 509	fied perso (a)(1) or so	ns oth ection	ner
f	che	eck this box		ermination from the IRS					• • •	•		٦,	
g	Sır	ice August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any o	of the fo	ollowing	persons	?		
									_			Yes	No
	(i)	a person who	directly or indirectly of	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) a	and (III)	11 g (i)		
	c::x		ber of a person desc	•	•	• •	•		•	•	11 g (ii)		
	(ii)	•	•	i described in (i) or (ii) a	hove?	•••	• • • •				11 g (iii)		
L	(iii)	•		the supported organization			•	•	•		[ 119 (11)		
<u>h</u>	_				Τ .		63.54		6.3.1	1	6.4D A	1 -4 C	
	(i) Nai (	me of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in cold in your rning ment?	the organ	ou notify ization in (i) of ipport?	(vi) Is organizati (i) organiz U S	on in col	(vii) Amoun	it of Sup	oport
					Yes	No	Yes	No	Yes	No			
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Total													

	edule A (Form 990 or 990-EZ) 200					73-1583		Page <b>2</b>
Par	t II Support Schedule for	_			(b)(1)(A)(iv) ar	nd 170(b)(1)	<b>ΧΑ</b> Χν	'i)
Sec	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Par	t I.)				
Ċale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
_	nning in) > Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	(a) 2000	(5) 2000	(0) 2007	(4) 2000	(6) 2603		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).							
6	<b>Public support.</b> Subtract line 5 from line 4							
Sec	tion B. Total Support		······································			·		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources					:		
9	Net income from unrelated business activities, whether or not the business is regularly carried on							_
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).							
11	Total support. Add lines 7 through 10							
12		/ities, etc. (see in:	structions)				12	
13	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year a	is a section 50	)1(c)(3	)
Sec	tion C. Computation of Pu		ercentage					
	Public support percentage for 20 Public support percentage from	•	•	ne 11, column (f)			14 15	<u>%</u> %
	33-1/3 support test — 2009. If the and stop here. The organization	e organization did	not check the bo	ox on line 13, an	d the line 14 is 33	3-1/3 % or mo	re, che	eck this box
ł	33-1/3 support test – 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16	ia, and line 15 is 3	33-1/3% or mo	re, che	eck this box
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	s box and <b>stop he</b>	re. Explain in	Part I	√ how
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	s box and <b>stop he</b>	re. Explain in	Part IN	5 is 10% √ how the . ► □
18	Private foundation. If the organi	zation did not che	eck a box on line,	13, 16a, 16b, 17				
BAA					Sc	chedule A (Fo	rm 990	or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
	idar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
		(a) 2005	(b) 2006	(6) 2007	(a) 2006	(e) 2009	(i) Total
•	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	90,845.	137,538.	101,018.	126,432.		455,833.
2	Gross receipts from						
_	admissions, merchandise sold or services performed, or						
	facilities furnished in a activity						
	that is related to the organization's tax-exempt		ŀ				
	purpose	113,935.	85,237.	1,213.	11.		200,396.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	204,780.	222,775.	102,231.	126,443.	0.	656,229.
	Amounts included on lines 1,						
	2, 3 received from disqualified persons .	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line					<u> </u>	
•	7c from line 6.)						656,229.
Sec	tion B. Total Support	<del></del>		•	•	•	<u>,                                      </u>
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale	ndar year (or fiscal yr beginning in) Amounts from line 6	(a) 2005 204, 780.	<b>(b)</b> 2006 222, 775.	(c) 2007 102, 231.	(d) 2008 126, 443.	<b>(e)</b> 2009 0.	(f) Total 656, 229.
Cale:	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						656,229.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b						656,229.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	204,780.	222,775.	102,231.	126,443.	0.	656,229. 0.
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is	204,780.	222,775.	102,231.	126,443.	0.	0. 0.
Caler 9 10 a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12)	0.	0.	0.	0.	0.	0. 0. 0. 0.
Caler 9 10 a b c 11 12 13	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add ins 9, 10c, 11, and 12)	0.	0.	0.	0.	0.	0. 0. 0. 0.
Caler 9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	204, 780.  0.	0.	0.	0.	0.	0. 0. 0. 0.
Caler 9 10 a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put	0.  s for the organization here  blic Support P	0. ation's first, secondercentage	0.	0.	0.	0. 0. 0. 0. 0. 656,229. 3) ► [X]
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Schedule A	(Form 9	990 or 9	90-EZ	2009	HC	SANN	I AV	NST	ITUI	E OF	THE	SAHE	L,	INC.	7:	3-158	3323		Page 4
Part IV	Suppl	emen	tal Inf	orma	tion	Com	plet	e thi	s pa	rt to p	rovide	the e	expl	anation	s require	ed by	Part II,	line 10	0;
	Part II	, line	17a o	r 17b	; and	Par	t III,	line	12. I	rovid	le any	other	ad	ditional	informa	tion. S	See ins	tructioi	ns.
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2009

#### **FEDERAL STATEMENTS**

PAGE 1

HOSANNA INSTITUTE OF THE SAHEL, INC.

73-1583323

STATEMENT 1			
FORM 990-EZ, PART	I,	LINE	16
OTHER EXPENSES			

BANK CHARGES					 			\$	520.
MINISTRY MISCELLANEOUS	•	• • •	•	•		•	•		84,515. 120.
TRAVEL .			• ••	•		•			4,800.
TUITION .		• •			 •		TOTA	<u>\$</u>	2,100. 92,055.

#### STATEMENT 2 FORM 990-EZ, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

### STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ACCOMPANY THE NIGER REPUBLIC IN ITS ECONOMIC AND SOCIAL DEVELOPMENT THROUGH THE ESTABLISHMENT OF A CHRISTIAN INSTITUTION THAT PROVIDES EDUCATION, PROFESSIONAL TRAINING AND HEALTH CARE.

# STATEMENT 4 FORM 990-EZ, PART III, LINE 28 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROVIDING CLEAN WATER THROUGH WATER WELL DRILLING, PROVIDING A MEDICAL CLINIC, A CHILDREN'S HOME AND A WOMEN'S CENTRE, AIDING IN INCREASING GOAT MILK PRODUCTION, PROVIDING COMMUNITY FARMING PROGRAMS AND FOOD BANKS AND CHURCH PLANTING IN NIGER IN COOPERATION WITH SEVERAL INTERNATIONAL ORGANIZATIONS.

## STATEMENT 5 FORM 990-EZ, PART V REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

NO

2009	FEDERAL SUPPORTING DETAIL		PAGE 1	
STMT. OF FUNCTIONAL EXPE	HOSANNA INSTITUTE OF THE SAHEL, INC.		73-1583323	-
ACCOUNTING FEES		AL §	\$ 570. \$ 570.	
BALANCE SHEET SAVINGS AND TEMPORARY (	CASH INVESTMENTS			•
DESIGNATED SAVINGS . HIS TRANSPORTATION		AL 3	\$ 5,591. 8,532. \$ 14,123.	
BALANCE SHEET PRIOR PERIOD ADJUSTMENT	rs			
CHARG OFF MISSION BASE	TOT	AL §	\$ -150,493. \$ -150,493.	

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