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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

2009Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning APR 1, 2009 and ending MAR 31, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization		D Employer identification number
		HOSANNA		85-0223225
		Doing Business As FAITH COMES BY HEARING		E Telephone number
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2421 AZTEC ROAD NE City or town, state or country, and ZIP + 4 ALBUQUERQUE, NM 87107-4224		505-881-3321
F Name and address of principal officer		G Gross receipts \$		
GERALD JACKSON		22,190,287.		
2421 AZTEC RD. NW, ALBUQUERQUE, NM 87107		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.FAITHCOMESBYHEARING.COM				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1973 M State of legal domicile: NM				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROCLAIM JESUS CHRIST AS THE LORD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 9	
	5 Total number of employees (Part V, line 2a)	5 137	
	6 Total number of volunteers (estimate if necessary)	6 13	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
7b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 15,439,438.	Current Year 21,559,407.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,798.	15,034.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	146,436.	136,653.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,623,672.	21,711,094.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,309,187.	4,231,610.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,752,045.	5,627,043.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	43,231.	38,661.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 889,596.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24d)	6,565,993.	5,523,765.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	15,670,456.	15,421,079.
19 Revenue less expenses - Subtract line 18 from line 12	<46,784.>	6,290,015.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 20,627,847.	End of Year 26,564,397.
	21 Total liabilities (Part X, line 26)	1,843,199.	1,489,734.
	22 Net assets or fund balances - Subtract line 21 from line 20	18,784,648.	25,074,663.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer <i>Gerard Jackson</i>		Date 6/30/10	
	GERALD JACKSON, PRESIDENT		Type or print name and title	
Paid Preparer's Use Only	Preparer's signature <i>[Signature]</i>	Date 6/30/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 MEYNERS + COMPANY, LLC 500 MARQUETTE NW SUITE 800 ALBUQUERQUE, NM 87102		EIN ▶ Phone no. ▶ (505) 842-8290	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

916-51 21

SCANNED AUG 03 2010

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

**TO PROCLAIM JESUS CHRIST AS LORD TO THE LITERATE AND ILLITERATE
THROUGH SCRIPTURE-IN-USE AND OTHER PROGRAMS IN THE U.S. AND OTHER
PARTS OF THE WORLD.**

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **11363554.** including grants of \$ **1,758,116.**) (Revenue \$)
**FAITH COMES BY HEARING BIBLE LISTENING PROGRAMS OUTSIDE THE U.S.
APPROXIMATELY 6,461,378 PEOPLE SERVED.**

4b (Code:) (Expenses \$ including grants of \$ **2,473,494.**) (Revenue \$)
**NEW TESTAMENT RECORDINGS IN INDIGENOUS LANGUAGES. APPROXIMATELY \$2.7
MILLION IN ADDITIONAL RECORDING EXPENSES WERE INCURRED THAT WERE
CAPITALIZED TO RECORDING COSTS RATHER THAN EXPENSED AS PROGRAM SERVICE
EXPENSES AND ARE, THEREFORE, NOT REFLECTED IN THE PROGRAM SERVICE
EXPENSE AMOUNT ABOVE. THE NUMBER OF PEOPLE THAT WILL BE SERVED BY
THESE RECORDINGS IS UNKNOWN AT THIS TIME.**

4c (Code:) (Expenses \$ **2,196,747.** including grants of \$) (Revenue \$ **561,052.**)
**FAITH COMES BY HEARING BIBLE LISTENING PROGRAMS INSIDE THE U.S.
APPROXIMATELY 2,053,035 PEOPLE SERVED.**

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

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

4e Total program service expenses ▶ \$ **13,560,301.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	20	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	137	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	12	
b Enter the number of voting members that are independent	9	
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?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NM**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
THE ORGANIZATION - (505) 881-3321
2421 AZTEC RD NE, ALBUQUERQUE, NM 87107-4200

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GERALD JACKSON PRESIDENT	40.00	X		X				76,748.	0.	4,241.
CLAY JACKSON SECRETARY/TREASURER	40.00	X		X		X		112,931.	0.	3,010.
JANET LLOYD COMMUNICATIONS MANAGER	40.00	X						72,314.	0.	2,902.
MURRAY CRAWFORD BOARD CHAIRMAN		X						0.	0.	0.
BETTY SHAUM BOARD VICE CHAIR		X						0.	0.	0.
RICH GANTNER BOARD MEMBER		X						0.	0.	0.
RICHARD ESTERLY BOARD MEMBER		X						0.	0.	0.
ALBIN JACOBSON BOARD MEMBER		X						0.	0.	0.
TIM HAIST BOARD MEMBER		X						0.	0.	0.
SCOTT HAUQUIST BOARD MEMBER		X						0.	0.	0.
JEFF SOLSCHIED BOARD MEMBER		X						0.	0.	0.
JUDY MUSCARELLA BOARD MEMBER		X						0.	0.	0.
MELVIN MORRIS CHIEF FINANCIAL OFFICER	40.00			X				91,466.	0.	2,962.
MORGAN JACKSON INTERNATIONAL DIRECTOR	40.00					X		113,071.	0.	5,003.
TROY CARL NATIONAL DIRECTOR	40.00					X		102,174.	0.	4,790.

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								568,704.	0.	22,908

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

3

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GED ON LIMITED, 15B, LONG TO BUILDING, 654-656 CASTLE PEAK ROAD, KOWLOON, HO	MANUFACTURER OF AUDIO BIBLE PROCLAIM	4,836,097.
VE ASSOCIATES, 2082 BUSINESS CENTER DRIVE STE 200, IRVINE, CA 92612	MANUFACTURER OF AUDIO BIBLE CDS	1,052,613.
LOVELACE HEALTH PLAN PO BOX 53588, PHOENIX, AZ 85072	EMPLOYEE GROUP HEALTH CARE PROVIDER	620,227.
THEOVISION PO BOX 13119, ACCRA, GHANA	AUDIO BIBLE RECORDING SERVICES	605,052.
HI-DEF WEB PO BOX 4146, ALBUQUERQUE, NM 87196	INTERACTIVE WEB BIBLE DOWNLOAD PROGR	448,636.

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	15
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Form 990 (2009)

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	137,494.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,421,913.			
	g	Noncash contributions included in lines 1a-1f \$		25,740.			
	h	Total. Add lines 1a-1f		21,559,407.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		15,468.			15,468.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		4,412.			4,412.
	6 a	Gross Rents	(i) Real	11,550.			
		Less: rental expenses	(ii) Personal				
		c	Rental income or (loss)		11,550.		
		d	Net rental income or (loss)		11,550.		11,550.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	22,754.			
		Less: cost or other basis and sales expenses	(ii) Other	5,568.			
		c	Gain or (loss)		22,740.	6,016.	
		d	Net gain or (loss)		14.	<448.>	<434.>
	8 a	Gross income from fundraising events (not including \$ 137,494. of contributions reported on line 1c) See Part IV, line 18					
		a			10,076.		
		b	Less: direct expenses		10,076.		
		c	Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities See Part IV, line 19					
		a					
		b	Less: direct expenses				
	10 a	Gross sales of inventory, less returns and allowances					
		a			558691.		
b		Less: cost of goods sold		440361.			
c	Net income or (loss) from sales of inventory		118,330.	118,330.			
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS INCOME		900099	2,361.	2,361.		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			2,361.			
12	Total revenue. See instructions.			21,711,094.	120,691.	0.	30,996.

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	4,231,610.	4,231,610.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	568,704.	264,267.	148,522.	155,915.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,131,303.	3,388,163.	462,348.	280,792.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	545,352.	410,164.	77,825.	57,363.
10 Payroll taxes	381,684.	287,068.	54,468.	40,148.
11 Fees for services (non-employees)				
a Management				
b Legal	5,299.	3,492.	544.	1,263.
c Accounting	18,248.	12,026.	1,872.	4,350.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	38,661.			38,661.
f Investment management fees				
g Other	21,272.	16,382.	4,931.	<41.>
12 Advertising and promotion	337,226.	218,151.	32,163.	86,912.
13 Office expenses	232.	180.	52.	
14 Information technology				
15 Royalties				
16 Occupancy	414,915.	328,649.	18,055.	68,211.
17 Travel	360,634.	196,391.	34,050.	130,193.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	10,375.	9,117.	653.	605.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	914,218.	807,464.	98,608.	8,146.
23 Insurance	18,844.	16,434.	1,381.	1,029.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FCBH PROGRAMS	3,190,335.	3,190,335.		
b MERCHANT & SHIPPING EXP	101,784.	83,596.	6,163.	12,025.
c REPAIRS, MAINT & RENTAL	97,729.	72,430.	22,134.	3,165.
d MISCELLANEOUS	32,654.	24,382.	7,413.	859.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	15,421,079.	13,560,301.	971,182.	889,596.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,482.	1	5,630.
	2 Savings and temporary cash investments	3,359,225.	2	4,815,645.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	100,377.	4	96,929.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	939,213.	8	2,238,198.
	9 Prepaid expenses and deferred charges	262,880.	9	233,727.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 3,843,891.		
	b Less: accumulated depreciation	10b 2,330,558.	10c	1,513,333.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	14,422,441.	15	17,660,935.
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,627,847.	16	26,564,397.	
Liabilities	17 Accounts payable and accrued expenses	1,395,858.	17	1,078,179.
	18 Grants payable		18	
	19 Deferred revenue	5,042.	19	220.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	442,299.	23	411,335.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,843,199.	26	1,489,734.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,290,442.	27	17,093,024.
	28 Temporarily restricted net assets	6,494,206.	28	7,981,639.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	18,784,648.	33	25,074,663.
	34 Total liabilities and net assets/fund balances	20,627,847.	34	26,564,397.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

HOSANNA

Employer identification number

85-0223225

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

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

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

h Provide the following information about the supported organization(s):

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

Schedule A (Form 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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,622,822.	11,530,618.	14,395,389.	15,190,393.	21,559,407.	70,298,629.
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	2,934,052.	1,470,751.	703,807.	878,289.	558,691.	6,545,590.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	10,556,874.	13,001,369.	15,099,196.	16,068,682.	22,118,098.	76,844,219.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,539,680.	175,000.	2,101,320.	1,547,737.	1,259,970.	6,623,707.
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	250,000.	250,000.	100,000.	102,490.		702,490.
c Add lines 7a and 7b	1,789,680.	425,000.	2,201,320.	1,650,227.	1,259,970.	7,326,197.
8 Public support. (Subtract line 7c from line 6.)						69,518,022.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	10,556,874.	13,001,369.	15,099,196.	16,068,682.	22,118,098.	76,844,219.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,596.	130,510.	130,028.	55,990.	31,430.	390,554.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	42,596.	130,510.	130,028.	55,990.	31,430.	390,554.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)	347.	49,885.	8,139.	6,198.	12,437.	77,006.
13 Total support. (Add lines 9, 10c, 11, and 12.)	10,599,817.	13,181,764.	15,237,363.	16,130,870.	22,161,965.	77,311,779.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	89.92 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	87.32 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	.51 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	.61 %

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☒

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HOSANNA

Employer identification number

85-0223225

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

4 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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		412,953.		412,953.
b Buildings		1,289,715.	525,000.	764,715.
c Leasehold improvements				
d Equipment		2,141,223.	1,805,558.	335,665.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,513,333.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX	Other Assets. See Form 990, Part X, line 15
----------------	--

(a) Description	(b) Book value
RECORDINGS, LITERATURE, AND LICENSES NET OF ACCUM AMORTIZATION	16,496,508.
OTHER RECEIVABLES	7,972.
DEPOSITS	1,156,455.
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	17,660,935.

Part X	Other Liabilities. See Form 990, Part X, line 25
---------------	---

1	(a) Description of liability	(b) Amount
	Federal income taxes	
	Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	21,711,094.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,421,079.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,290,015.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	6,290,015.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	22,161,531.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	22,161,531.
4	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	4a	
b	Other (Describe in Part XIV.)	4b	<450,437.>
c	Add lines 4a and 4b	4c	<450,437.>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	21,711,094.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	15,871,516.
2	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	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	15,871,516.
4	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 XIV.)	4b	<450,437.>
c	Add lines 4a and 4b	4c	<450,437.>
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,421,079.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART XII, LINE 4B - OTHER ADJUSTMENTS:

COST OF GOODS PRODUCED DEDUCTED FROM REVENUES ON FORM 990 -

\$440,361

FUNDRAISING EVENT EXPENSES DEDUCTED FROM REVENUES ON FORM 990 -

\$10,076

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

COST OF GOODS PRODUCED DEDUCTED FROM REVENUES ON FORM 990 -

\$440,361

FUNDRAISING EVENT EXPENSES DEDUCTED FROM REVENUES ON FORM 990 -

\$10,076

FIN 48, PART X, LINE 2:

THE ORGANIZATION'S INCOME TAX FOOTNOTE CONTAINS A DESCRIPTION OF THE REQUIREMENTS OF FIN 48. IT THEN CONTAINS THE FOLLOWING TEXT:

AS OF MARCH 31, 2010, HOSANNA/FAITH COMES BY HEARING PERFORMED A REVIEW OF ITS MATERIAL TAX POSITIONS IN ACCORDANCE WITH RECOGNITION AND MEASUREMENT STANDARDS ESTABLISHED BY GAAP. AS A RESULT OF THIS REVIEW, HOSANNA/FAITH COMES BY HEARING QUALIFIED AS A TAX EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE IRC AND HAD NO INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AND DID NOT IDENTIFY ANY ENTITY LEVEL TAX POSITIONS THAT WOULD NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD.

**Schedule F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

HOSANNA

85-0223225

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"
to Form 990, Part IV, line 14b**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States**3 Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AFRICA	18	18	PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	846,866.
AFRICA	10	10	PROGRAM SERVICES	AUDIO BIBLE RECORDINGS	1,135,752.
EUROPE ASIA	4	4	PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	48,350.
EUROPE ASIA	5	5	PROGRAM SERVICES	AUDIO BIBLE RECORDINGS	206,630.
SOUTH ASIA	8	8	PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	123,840.
SOUTH ASIA	7	7	PROGRAM SERVICES	AUDIO BIBLE RECORDINGS	303,040.
ASIA PACIFIC	6	6	PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	81,832.
ASIA PACIFIC	13	13	PROGRAM SERVICES	AUDIO BIBLE RECORDINGS	407,600.
Totals	102	102			4,231,611.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for anyrecipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Schedule F-1 (Form 990) if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	109581.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	101394.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	112779.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	153567.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	36,684.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	3,064.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	2,846.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	46,250.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **65****3** Enter total number of other organizations or entities **65**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PROGRAM SERVICE - AUDIO BIBLE LISTENING	AFRICA	4	145763.	WIRE TRANSFER	0.		
PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	AFRICA	5	145348.	WIRE TRANSFER	10,804.	COMPUTER EQUIPMENT	BOOK
PROGRAM SERVICE - AUDIO BIBLE LISTENING	AMERICAS	6	134184.	WIRE TRANSFER	0.		
PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	AMERICAS	4	151171.	WIRE TRANSFER	9,577.	COMPUTER EQUIPMENT	BOOK
PROGRAM SERVICE - AUDIO BIBLE LISTENING	ASIA PACIFIC	1	14,583.	WIRE TRANSFER	0.		
PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	ASIA PACIFIC	10	326991.	WIRE TRANSFER	41,230.	COMPUTER EQUIPMENT	BOOK
PROGRAM SERVICE - AUDIO BIBLE LISTENING	EUROPE ASIA	2	13,763.	WIRE TRANSFER	0.		
PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	EUROPE ASIA	1	86,266.	WIRE TRANSFER	0.		
PROGRAM SERVICE - AUDIO BIBLE LISTENING	SOUTH ASIA	2	2,425.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2009

SCHEDULE F-1
(Form 990)

Continuation Sheet for Schedule F (Form 990)

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See instructions for Schedule F (Form 990).

Name of the organization

HOSANNA

Employer identification number

85-0223225

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
AMERICAS	20	20	PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	657,228.
AMERICAS	11	11	PROGRAM SERVICES	AUDIO BIBLE RECORDINGS	420,473.
Totals	31	31			1,077,701.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)		(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1	(a) Name of organization								
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	900.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	18,750.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	5,508.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	54,860.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	41,957.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	12,962.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	56,624.	WIRE TRANSFER	7,512.	COMPUTER EQUIPMENT	BOOK
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	11,205.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	7,114.	WIRE TRANSFER	37,696.	COMPUTER EQUIPMENT	BOOK

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)		(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1	(a) Name of organization								
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	834,734.	WIRE TRANSFER	8,732.	COMPUTER EQUIPMENT	BOOK
			AFRICA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	0.		15,982.	COMPUTER EQUIPMENT	BOOK
			AMERICAS	PROGRAM SERVICE - AUDIO BIBLE LISTENING	43,684.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE - AUDIO BIBLE LISTENING	3,825.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE - AUDIO BIBLE LISTENING	33,592.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE - AUDIO BIBLE LISTENING	52,500.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE - AUDIO BIBLE LISTENING	1,000.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE - AUDIO BIBLE LISTENING	1,250.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE - AUDIO BIBLE LISTENING	735.	WIRE TRANSFER	0.		

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE LISTENING	2,500.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE LISTENING	204,588.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE LISTENING	96,887.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE LISTENING	258.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE LISTENING	45,876.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE LISTENING	10,287.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE LISTENING	26,061.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE RECORDINGS	30,697.	WIRE TRANSFER	10,466.	COMPUTER EQUIPMENT	BOOK
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE RECORDINGS	30,841.	WIRE TRANSFER	0.		

Schedule F-1 (Form 990) 2009

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE RECORDINGS	35,330	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE RECORDINGS	70,589	WIRE TRANSFER	7,643	COMPUTER EQUIPMENT	BOOK
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE RECORDINGS	33,559	WIRE TRANSFER	7,715	COMPUTER EQUIPMENT	BOOK
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE RECORDINGS	21,360	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE-AUDIO BIBLE RECORDINGS	0.		11,523	COMPUTER EQUIPMENT	BOOK
			ASIA PACIFIC	PROGRAM SERVICE-AUDIO BIBLE LISTENING	23,064	WIRE TRANSFER	0.		
			ASIA PACIFIC	PROGRAM SERVICE-AUDIO BIBLE LISTENING	13,663	WIRE TRANSFER	0.		
			ASIA PACIFIC	PROGRAM SERVICE-AUDIO BIBLE LISTENING	9,044	WIRE TRANSFER	0.		
			ASIA PACIFIC	PROGRAM SERVICE-AUDIO BIBLE LISTENING	5,012	WIRE TRANSFER	0.		

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		ASIA PACIFIC	PROGRAM SERVICE - AUDIO BIBLE LISTENING	16,465.	WIRE TRANSFER	0.			
		ASIA PACIFIC	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	19,689.	WIRE TRANSFER	14,622.	COMPUTER EQUIPMENT	BOOK	
		ASIA PACIFIC	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	144.	WIRE TRANSFER	4,261.	COMPUTER EQUIPMENT	BOOK	
		ASIA PACIFIC	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	379.	WIRE TRANSFER	285.	COMPUTER EQUIPMENT	BOOK	
		EUROPE/ ASIA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	1,771.	WIRE TRANSFER	0.			
		EUROPE/ ASIA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	32,816.	WIRE TRANSFER	0.			
		EUROPE/ ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	30,716.	WIRE TRANSFER	0.			
		EUROPE/ ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	71,435.	WIRE TRANSFER	0.			
		EUROPE/ ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	0.		7,649.	COMPUTER EQUIPMENT	BOOK	

Schedule F-1 (Form 990) 2009

Part II	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE/ ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	0.		7,563.	COMPUTER EQUIPMENT	BOOK
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	29,884.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	23,016.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	5,088.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	12,761.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	11,697.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	38,969.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	208694.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDINGS	20,086.	WIRE TRANSFER	0.		

Schedule F-1 (Form 990) 2009

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2009

Open To Public
Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Name of the organization

HOSANNA

Employer identification number

85-0223225

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☒ Phone solicitations
d ☒ In-person solicitations
e ☒ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BERKEY, BRENDAL, SHELIN	CONSULTS ON DIRECT APPEALS		X	412,709.	38,661.	374,048.
Total				412,709.	38,661.	374,048.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

AK, AZ, CO, MN, MS, NH, NC, PA, TN, VA, WV, WI

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL FUNDRAISING (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	147,570.			147,570.
	2 Less Charitable contributions	137,494.			137,494.
	3 Gross income (line 1 minus line 2)	10,076.			10,076.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,860.			8,860.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,216.			1,216.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(10,076)
	11 Net income summary Combine line 3, column (d), and line 10				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers?

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

9a

10a

11

12

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**b** An outside facility**13a** %**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****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 ► \$ _____

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total				▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ANNETTE JACKSON	WIFE OF GERALD JACK	58,317.	EMPLOYEE -		X
SANDY JACKSON	SON OF GERALD JACKS	30,147.	EMPLOYEE -		X
CATHERINE JACKSON	WIFE OF SANDY JACKS	89,502.	EMPLOYEE -		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	25,740.	MARKET CLOSING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes No

30a		X
31		X
32a		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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FORM 990, PART VI, SECTION A, LINE 2: GERALD JACKSON, PRESIDENT IS FATHER
TO CLAY JACKSON, SECRETARY/TREASURER.

GERALD JACKSON, PRESIDENT IS FATHER TO MORGAN JACKSON, INTERNATIONAL
DIRECTOR AND KEY EMPLOYEE.

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION PROVIDES A DRAFT
COPY OF THE ORGANIZATION'S FORM 990 TO ITS GOVERNING BODY FOR REVIEW PRIOR
TO FILING IT. A DRAFT COPY OF THIS FORM 990 WAS PRESENTED TO THE BOARD AT
ITS JUNE 2010 BOARD MEETING BEFORE IT WAS FINALIZED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURE STATEMENTS OF
FINANCIAL INTERESTS OF INTERESTED PERSONS IN OTHER ENTITIES THAT HAVE
TRANSACTIONS WITH HOSANNA ARE REVIEWED BY THE GOVERNING BODY. ANY MAJOR
NEW ENTITIES POTENTIAL TRANSACTIONS ARE SCRUTINIZED REGARDING ANY POTENTIAL
FINANCIAL INTERESTS WITH MEMBERS OF THE GOVERNING BODY.

EMPLOYEE COMPENSATION, INCLUDING
OFFICERS AND KEY EMPLOYEES, IS DETERMINED BY A BOARD APPROVED
NONDISCRIMINATORY GRADED PAY SCALE SYSTEM WITH ADJUSTMENTS FOR MERIT AND
TENURE. EACH POSITION CONTAINS GRADE LEVEL EVALUATIONS OF THE INDIVIDUAL
JOB REQUIREMENTS FOR EDUCATION/MENTAL ABILITY; PHYSICAL/EMOTIONAL CAPACITY;
SKILL/EXPERIENCE LEVELS; AUTHORITY/RESPONSIBILITY PARAMETERS; AND WORK
CONDITION/PERFORMANCE CONFORMITY.

FORM 990, PART VI, SECTION C, LINE 19: COPIES OF THE ARTICLES OF
INCORPORATION, BYLAWS, 990 TAX RETURNS, IRS LETTER OF DETERMINATION, ANNUAL

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Open to Public
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CONFLICT OF INTEREST STATEMENTS, ANNUAL AUDITED FINANCIAL STATEMENTS AND
OTHER APPROPRIATE GOVERNING DOCUMENTS ARE KEPT ON FILE IN A READILY
ACCESSIBLE LOCATION FOR PUBLIC INSPECTION. AN UPDATED LOG BOOK OF
INDIVIDUAL VIEWINGS OF THIS INFORMATION IS ALSO MAINTAINED.

FORM 990, PAGE 12, PART XI, QUESTION 2C

THIS PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ANNETTE JACKSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF GERALD JACKSON, PRESIDENT

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE - HAS PERFORMED SERVICES FOR
THE ORGANIZATION FOR MORE THAN 36 YEARS AND HAS TRAVELED TO REMOTE AND
PRIMITIVE AREAS OF THE WORLD TO ASSIST IN THE RECORDING OF THE NEW
TESTAMENT IN FOREIGN LANGUAGES. CURRENTLY HER POSITION IS THE MANAGER OF
NEW PRODUCTS AND HER SALARY IS DETERMINED UNDER THE BOARD APPROVED
NONDISCRIMINATORY GRADED PAY SCALE SYSTEM AS ADJUSTED FOR MERIT AND
TENURE THAT APPLIES TO ALL OF THE ORGANIZATION'S EMPLOYEES.

(A) NAME OF PERSON: SANDY JACKSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SON OF GERALD JACKSON, PRESIDENT AND BROTHER OF CLAY AND MORGAN JACKSON

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE - HAS PERFORMED SERVICES FOR
THE ORGANIZATION FOR MORE THAN 25 YEARS. CURRENTLY HIS POSITION IS A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

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02-03-10

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
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CUSTOMER SERVICE REPRESENTATIVE WHERE HE PROMOTES THE HOSANNA LISTENING
PROGRAMS AND HIS SALARY IS DETERMINED UNDER THE BOARD APPROVED
NONDISCRIMINATORY GRADED PAY SCALE SYSTEM AS ADJUSTED FOR MERIT AND
TENURE THAT APPLIES TO ALL OF THE ORGANIZATION'S EMPLOYEES.

(A) NAME OF PERSON: CATHERINE JACKSON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF SANDY JACKSON WHO IS DESCRIBED ABOVE.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE - HAS PERFORMED SERVICES FOR
THE ORGANIZATION FOR MORE THAN 25 YEARS. CURRENTLY HER POSITION IS HUMAN
RESOURCES MANAGER WHERE SHE IS RESPONSIBLE FOR ALL ASPECTS OF HUMAN
RESOURCES MANAGEMENT FOR THE ORGANIZATION AND HER SALARY IS DETERMINED
UNDER THE BOARD APPROVED NONDISCRIMINATORY GRADED PAY SCALE SYSTEM AS
ADJUSTED FOR MERIT AND TENURE THAT APPLIES TO ALL OF THE ORGANIZATION'S
EMPLOYEES.

FORM 990, PAGE 5, PART V, QUESTIONS 7G AND H

THE ORGANIZATION DID NOT RECEIVE THE TYPES OF CONTRIBUTIONS LISTED AND,
THEREFORE, DOES NOT HAVE EITHER A FORM 8899 OR A FORM 1098-C FILING
REQUIREMENT. THEREFORE, THESE QUESTIONS ARE LEFT BLANK BECAUSE THEY
ARE NOT APPLICABLE AND THE ANSWER IS NEITHER YES OR NO.

FORM 990, PAGE 5, PART V, QUESTIONS 8 & 9

QUESTIONS 8 AND 9 ON FORM 990, PAGE 5, HAVE BEEN LEFT BLANK SINCE THE
ORGANIZATION DOES NOT MAINTAIN DONOR ADVISED FUNDS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

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PART IV, LINE 28B, PART VI, LINE 2 AND SCHEDULE L:

FAMILY MEMBERS

THE FAMILY MEMBERS THAT ARE EMPLOYED BY THE ORGANIZATION HAVE WORKED
FOR THE ORGANIZATION FOR MANY YEARS AND HAVE BEEN AN INTEGRAL PART OF
ITS SUCCESS IN REACHING THE LITERATE AND ILLITERATE WITH THE AUDIO
DRAMA RECORDING OF THE CHRISTIAN BIBLE PROCLAIMING JESUS CHRIST AS LORD
IN MANY LANGUAGES WITH MORE LANGUAGE VERSIONS RECORDED EVERY YEAR.
THEY HAVE ALSO BEEN INTEGRAL TO THE GROWTH OF THE MINISTRY TO ONE THAT
IS WORLDWIDE IN ITS REACH. THEIR COMPENSATION, AS THOSE OF ALL WHO
WORK FOR THE ORGANIZATION, IS DETERMINED BY A BOARD APPROVED
NONDISCRIMINATORY GRADED PAY SCALE SYSTEM WITH ADJUSTMENTS FOR MERIT
AND TENURE. EACH POSITION CONTAINS GRADE LEVEL EVALUATIONS OF THE
INDIVIDUAL JOB REQUIREMENTS FOR EDUCATION/MENTAL ABILITY;
PHYSICAL/EMOTIONAL CAPACITY, SKILL/EXPERIENCE LEVELS;
AUTHORITY/RESPONSIBILITY PARAMETERS; AND WORK CONDITION/PERFORMANCE
CONFORMITY.

Name of the organization

HOSANNA

Employer identification number

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Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)[illegible]

Part II
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

[illegible]

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

