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DLN: 93493221014212

Department of the Treasury

# **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

**Open to Public** 

ntemal	Revenue	Service   Fine organization may have to use a copy of	in cilis recurii co s	Juli Jiy Ji	ace reporting	requiremen	Inspection	
A Fo	r the 2	, , , , , , ,	and ending 03	-31-2012		D Employer	· identification number	
_	•	oplicable C Name of organization HOSANNA						
	ress ch	Doing Business As			_	85-0223 E Telephone		
Naı	me char	nge FAITH COMES BY HEARING				-		
_ Init	ıal retur	Number and street (of PO box it mail is not delivered	to street address)	Room/suite	_ e	(505) 88		
– Ter	mınated	2421 AZTEC ROAD NE				G Gloss rece	ıpts \$ 15,954,462	
– Am	ended r	_ , , , , , , , , , , , , , , , , , , ,		l	_			
– App	olication	ALBUQUERQUE, NM 871074224 pending						
		F Name and address of principal officer			<b>H(a)</b> Is thi	c a group re	turn for	
		GERALD JACKSON			affilia		⊤Yes ▼ No	
		2421 AZTEC ROAD NE ALBUQUERQUE,NM 871074224			11/13			
					H(b) Are all		•	
[ Ta	x-exem	pt status	947(a)(1) or	527		p exemption	list (see instructions) n number <b>&gt;</b>	
ıw	ehsite	:► WWW FAITHCOMESBYHEARING COM			11(0)			
					1		Maria di III	
Forr	n of org	anization Corporation Trust Association Other			L Year of for	mation 1973	M State of legal domicile NM	
Pa	rt I	Summary						
	1	Briefly describe the organization's mission or most sign	ıfıcant actıvıtıes	<del></del>				
ņ	1	O PROCLAIM JESUS CHRIST AS THE LORD						
Governance	-							
<b>≝</b>	-						·	
ž	2 (	Check this box 🔰 if the organization discontinued its	operations or dis	sposed of	more than 2	5% of its ne	et assets	
	3 1	lumber of voting members of the governing body (Part $^{ m v}$	VI, line 1a) .			_ :	3 12	
9 9	4 1	lumber of independent voting members of the governing	g body (Part VI,	, lıne 1b)		<u> </u>	<b>4</b> 9	
į	5 1	otal number of individuals employed in calendar year 2	011 (Part V , lır	ne 2a) .		!	5 128	
Acuvilles &	6 7	otal number of volunteers (estimate if necessary) .				5 13		
τ.	7a ⊺	otal unrelated business revenue from Part VIII, colum	ın (C), lıne 12			7	<b>'a</b> 0	
	ЬΓ	let unrelated business taxable income from Form 990-	T, line 34 .			7	<b>'b</b> 0	
					Prio	r Year	Current Year	
a.	8	Contributions and grants (Part VIII, line 1h)			13,605,89	4 15,500,258		
Revenue	9	Program service revenue (Part VIII, line 2g)		0		°		
9Aet	10	Investment income (Part VIII, column (A), lines 3, 4				5,668		
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				-16,46	4 -40,031	
	12	Total revenue—add lines 8 through 11 (must equal Pa				13,595,09	8 15,471,200	
	13	Grants and similar amounts paid (Part IX, column (A)				4,159,760		
	14	Benefits paid to or for members (Part IX, column (A),	•				0 0	
	15	Salaries, other compensation, employee benefits (Pai	t IX, column (A	), lines				
\$		5-10)				6,086,91	<del>-</del>	
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin	e 11e)			46,35	9 48,897	
<u>S</u>	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 717,4	87					
_	17	Other expenses (Part IX, column (A), lines 11a-11d	•			5,284,19	5,881,744	
	18	Total expenses Add lines 13-17 (must equal Part I)				15,577,22		
	19	Revenue less expenses Subtract line 18 from line 12	<u> </u>			-1,982,128	8 992,193	
net Assets of Fund Balances						of Current ear	End of Year	
200 E	20	Total assets (Part X, line 16)			T	25,193,35°	7 26,428,477	
900	21	Total liabilities (Part X, line 26)				2,100,94	<u> </u>	
5 É	22	Net assets or fund balances Subtract line 21 from lin				23,092,41		
	100	Signature Block		• •		/- > / 1 1	1 2 1,00 1,007	
Jndei (now	r penal	ties of perjury, I declare that I have examined this return, in the belief, it is true, correct, and complete. Declaration of p						
		*****			20	12-07-18		
Sign	1	Signature of officer	Da					
Here		GERALD JACKSON PRESIDENT						
		Type or print name and title						
		Preparer's A	Date		neck if		expayer identification number	
Paid		signature STEPHEN LIVINGSTON		se en	lf- nployed 🕨 🦳	(see instruct P00317845	ions)	
<sup>o</sup> repa	arer's	Firm's name (or yours 👠 CLIFTONLARSONALLEN LLP						
Jse (		ıf self-employed), address, and ZIP + 4 500 MARQUETTE NW SUITE 800				EIN ▶ 41-07	/46749	
		JUU PIARUULI LINW JUHE OUU						

ALBUQUERQUE, NM 87102 May the IRS discuss this return with the preparer shown above? (see instructions)  $\ \ .$  Phone no 🕨 (505) 842-8290

including grants of \$

) (Revenue \$

) (Revenue \$

264,745)

Form 990 (2011)

957,899

12,896,480

FAITH COMES BY HEARING BIBLE LISTENING PROGRAMS INSIDE THE U.S. APPROXIMATELY 11,272,824 PEOPLE SERVED

including grants of \$

) (Expenses \$

Other program services (Describe in Schedule O)

Total program service expenses►\$

(Code

(Expenses \$

4c

4d

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		N o
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b	Yes	
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 U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
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 U S ? If "Yes," complete Schedule F, Part III and IV	16	Yes	
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? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		No
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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part</i>		1	1
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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>	32		No
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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

	. ,	
Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	• 1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 15			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
la	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 or securities account)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	20		
		5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
,	were not tax deductible?	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	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?	_		
1	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
	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 )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		110

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

Check if Schedule O contains a response to any question in this Part VI  $\,$  .  $\,$  .

Se	ction A. Governing Body and Management										
			Yes	No							
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year										
b	Enter the number of voting members included in line 1a, above, who are independent										
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?										
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo							
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
а	The governing body?	8a	Yes								
b	<b>b</b> Each committee with authority to act on behalf of the governing body?										
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	9		No							
	ection B. Policies (This Section B requests information about policies not required by the Internal										
ке	venue Code.)		Yes	No							
102	Did the organization have local chapters, branches, or affiliates?	10a	165	No							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		110							
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes								
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes								
	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes								
13	Did the organization have a written whistleblower policy?	13	Yes								
14	Did the organization have a written document retention and destruction policy?	14	Yes								
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	15a	Yes								
b	Other officers or key employees of the organization	15b	Yes								
	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?	16a		No							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the										
	organization's exempt status with respect to such arrangements?	16b									
	List the States with which a copy of this Form 990 is required to be filed NM										
1/	LIST THE STATES WITH WHICH A COPY OF THIS FORM 330 IS REQUIRED TO DE MEGIFINM										

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply

Own website Another's website Vpon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 MELVIN MORRIS

2421 AZTEC RD NE

ALBUQUERQUE, NM 871074200

(505)881-3321

# <u>Part VII</u> 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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

◆ 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

(A)  Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) GERALD JACKSON PRESIDENT	40 00	х		Х				80,707	0	3,504
(2) CLAY JACKSON SECRETARY/TREASURER	40 00	х		Х				116,407	0	3,980
(3) JANET LLOYD COMMUNICATIONS MANAGER	40 00	х						79,537	0	3,841
(4) MURRAY CRAWFORD BOARD CHAIRMAN	20	х						0	0	0
(5) BETTY SHAUM BOARD VICE CHAIR	20	Х						0	0	0
(6) RICH GANTNER BOARD MEMBER	20	х						0	0	0
(7) RICHARD ESTERLY BOARD MEMBER	20	х						0	0	0
(8) ALBIN JACOBSON BOARD MEMBER	20	Х						0	0	0
(9) TIM HAIST BOARD MEMBER	20	х						0	0	0
(10) SCOTT HAUQUIST BOARD MEMBER	20	Х						0	0	0
(11) JEFF SOLSCHIED BOARD MEMBER	20	Х						0	0	0
(12) JUDY MUSCARELLA BOARD MEMBER	20	Х						0	О	0
(13) MORGAN JACKSON SENIOR VICE PRESIDENT	40 00			х				117,337	0	6,929
(14) MELVIN MORRIS CHIEF FINANCIAL OFFICER	40 00			х				94,416	0	3,819
(15) TROY CARL VICE PRESIDENT	40 00			х				106,140	0	6,803

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

( <b>A)</b> Name and Title		(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Rep comp fro organi:	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization		
		hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza		
										+					
												4			
												+			
												+			
												+			
41.	Cub Tabal							<u> </u> ▶				$\perp$			
1b c	Sub-Total	to Part VII. Sec	tion A		-	•		<u> </u>							
d	Total (add lines 1b and 1c) .						-	<b> </b>		594,544		0		28,876	
2	Total number of individuals (incl \$100,000 of reportable compen					ted	above	) who	receive	ed more tha	n				
_	D. J. H				1.				11				Yes	No	
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sch	-			-				_	t compens	ated employee	3		No	
4	For any individual listed on line in organization and related organization individual	ations greater th		50,00	0 2 7	f "Y	'es," co					4		No	
5	Did any person listed on line 1a services rendered to the organiz								-	•	or individual for	5		No	
Se	ection B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper n the organizatio													
	Nar	(A) me and business add	dress							Desc	(B) ription of services		( <b>C</b> Comper		
	on Limited Ong to Building 654-656 Cast Oon									MANUFACTU PROCLAIMER	RER OF AUDIO BIBLI	E	2	,504,910	
HI-DE PO BC	INTERACTIVE WEB BIBLE D BOX 4146									1	,439,646				
LOVEL PO BC	ALBUQUERQUE, NM 87196  LOVELACE HEALTH PLAN PO BOX 53588 PHOENIX, AZ 85072  EMPLOYEE GROUP HEALTH CARE PROVIDER									745,854					
	O OVET ROAD STE 400 MATEO, CA 94402									DIGITAL MED	DIA/APP PROMOTION		357,124		
	VISION XX 13119 A									AUDIO BIBLE	RECORDING SERVI	CES	303,969		
	Total number of independent cont \$100,000 of compensation from t			ot lin	nıted	d to	those	liste	d above	) who receiv	ved more than				

Part v		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
¥¥	1a	Federated campaigns 1a	_			
亞黃	b	Membership dues 1b				
ಕ್ಕ	С	Fundraising events 1c 331,775	-			
ज्ञा स			-			
ਰੂੁ	d	Related organizations 1d	_			
હ.ં≣	е	Government grants (contributions) 1e				
<u>,5</u> °_	f	All other contributions, gifts, grants, and <b>1f</b> 15,168,483				
돌		similar amounts not included above	-			
置る	g	Noncash contributions included in				
Contributions, gifts, grants and other similar amounts	L	Innes 1a-1f \$	<b>►</b> 15,500,258			
ပဏ	h	Total. Add lines 1a-11	13,300,230			
gy.		Business Code				
틽	2a					
% 9	ь					
or C						
Š	С					
Ž.	d					
Ę	e					
<u> </u>	f	All other program service revenue				
Program Serwce Revenue						
	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)	10,839			10,839
	4	Income from investment of tax-exempt bond proceeds •				
	5	Royalties	4,090			4,090
		(ı) Real (ıı) Personal				
	6a	Gross rents 13,400				
	b	Less rental				
	_	expenses Rental income 13,400	_			
	С	or (loss)				
	d	Net rental income or (loss)	13,400			13,400
		(ı) Securities (ıı) Other				
	7a	Gross amount 161,130 from sales of				
		assets other				
	_	than inventory Less cost or 160,996				
	b	other basis and				
		sales expenses Gain or (loss) 134				
	С	, ,				
	d	Net gain or (loss)	134			134
	8a	Gross income from fundraising				
<u>≅</u>		events (not including \$\pm 331,775				
₫		of contributions reported on line 1c)				
<u>.</u>		See Part IV, line 18				
<u>.</u>		a	)			
Other Revenue	b	Less direct expenses <b>b</b> 78,72	1			
ō	С	Net income or (loss) from fundraising events 🛌	-78,724			-78,724
	9a	Gross income from gaming activities				
		See Part IV, line 19				
		a	_			
	b	Less direct expenses b	_			
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	b	203,20				
		Less cost of goods sold <b>b</b> 243,54.  Net income or (loss) from sales of inventory •	19,667	19,667		
	С	The machine of (1999) from sures of intercery 1.	15,007	15,007		
	44.	0000		1,536		
	11a	MISCELLANEOUS INCOME 90000	1,330	1,536		
	b					
	С				<u> </u>	
	d	All other revenue				
	e	Total. Add lines 11a-11d	4 500			
		▶	1,536			
	12	Total revenue. See Instructions	15,471,200	21,203	0	-50,261

3

5

6

7

17

d е

25

MISCELLANEOUS

All other expenses

Total functional expenses. Add lines 1 through 24f

SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Joint costs. Check here ► 🗆 If following

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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United 2,758,406 2,758,406 States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 594,544 277,194 154,972 162,378 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 4,191,723 3,526,244 397,898 267,581 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . 631,062 495,168 79,072 Other employee benefits . . . . . . 56,822 372,631 292,388 46,691 33,552 10 Fees for services (non-employees) 11 Management . . . . . 4,541 337 1,176 3,028 Legal . . . . . . . . Accounting . . . . . . . 17,318 11,548 1,286 4,484 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . 48,897 48,897 Investment management fees . . . . . . g 10,060 19,051 5,366 -14,357 Advertising and promotion . . . 238,439 177,710 28,438 32,291 12 152 2,285 2,133 13 Office expenses . . . . 14 Information technology . . . . . 15 Royalties . . 16 284,414 257,950 11,576 14,888 229,106 116,548 23,021 89,537 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 6,747 5,982 398 20 367 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization . . . . 1,199,484 1,098,526 93,508 7,450 23 18,993 16,622 1,364 1,007 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) FCBH PROGRAMS 3,654,586 3,654,586 REPAIRS, MAINT & RENTAL 117,590 96,575 14,522 6,493 MERCHANT, SHIPPING & BA 96,535 86,017 5,613 4,905

1,646

14,479,007

804

12,896,480

826

865,040

16

717,487

Part X **Balance Sheet** (A) (B) Beginning of year End of year 6,969 5,618 1 1 566,222 776.507 2 2 3 525,000 625,000 77.826 88.238 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 7 1.149.836 8 507.177 9 277.924 226,790 Prepaid expenses and deferred charges . . . . 10a Land, buildings, and equipment cost or other basis Complete 3,671,269 Part VI of Schedule D 10a 10b 2,457,006 b Less accumulated depreciation . . . . . 1,345,974 10c 1,214,263 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 21,243,606 15 22,984,884 15 25, 193, 357 26,428,477 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 16 1,722,926 17 2,002,042 17 Accounts payable and accrued expenses . 18 18 19 72 19 1,238 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 377.945 23 340.590 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 2,100,943 26 2,343,870 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 17,314,618 27 Unrestricted net assets . . . . 19,533,105 5,777,796 28 4,551,502 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 23.092.414 33 24.084.607 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 25.193.357 26,428,477

Pal	Check if Schedule O contains a response to any question in this Part XI			- [	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15.4	171,20
2	Total expenses (must equal Part IX, column (A), line 25)	2			179,00
3	Revenue less expenses Subtract line 2 from line 1	3		g	992,19
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		23,0	92,41
5	Other changes in net assets or fund balances (explain in Schedule O)	5			(
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		24,0	)84,60
Par	TYPE Financial Statements and Reporting  Check If Schedule O contains a response to any question in this Part XII			৮	
		F		Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 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		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
За	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?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

As Filed Data -

DLN: 93493221014212

OMB No 1545-0047

Inspection

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

HOSANNA

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

D	_			/ * !!			-1-1	185-02232					
Part I			ıblic Charity Sta				•	<u> </u>	struction	ons			
_			te foundation becaus										
1		-	ion of churches, or as			_	)(1)(A)(I)	•					
2			d in section 170(b)(1				470(1)(4						
3	· ·		perative hospital se	=									
4			h organızatıon operat ıty, and state	ted in conjur	nction with	a hospital des	cribed in <b>s</b> e	ection 170(b)(	1)(A)(ii	i). Enter ti	ne		
5	=	-	erated for the benefi	_	e or univers	ity owned or o	perated by	a government	al unit c	described i	n		
	section :	170(b)(1)(	( <b>A)(iv).</b> (Complete P	art II )									
6	A federa	l, state, or	local government or	governmen	tal unit des	cribed in <b>sect</b>	ion 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					<b>A)(vi)</b> (Co	mplete Part I	I )						
9 🔽												5	
receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3											_	•	
	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 <b>section 509(a)(2).</b> (Complete Part III )												
.о Г			ganized and operated										
.1 T	_		ganized and operated						o carry o	out the pui	pose	s of	
·	one or m the box t	ore public	ly supported organiz ibes the type of supp <b>b</b> Type I	ations descr orting organ	ribed in sec nization and	tion 509(a)(1	) or section es 11e thro	n 509(a)(2) Se ugh 11h	ee <b>secti</b> e		<b>3).</b> C	Check	
e   f g	other the section! If the ord check the Since Au	an foundat 509(a)(2) ganization iis box igust 17, 2	ox, I certify that the ion managers and other received a written do 2006, has the organi	her than one	or more pu	iblicly support	ed organiz	ations describe	ed in sec	ction 509(	a)(1)	) or	
	_	ı persons? son who dı	rectly or indirectly c	ontrols, eith	er alone or	together with	persons de	escribed in (ii)		<b>□</b>	es	No	
						_	p =		ſ	11g(i)	+		
	, ,	(III) below, the governing body of the the supported organization? a family member of a person described in (I) above?											
	` '	•	lled entity of a perso	` ,		above?			_	11g(ii) 11g(iii)	+		
h			ng information about						Ľ	9()			
(i) Name suppo organiz	e of rted	(ii) EIN	EIN lines 1- 9 above or IRC section	Type of organization (described on lines 1- 9 above	(iv) Is the organizat col (i) list your gove docume	e ion in ted in erning	(v) Did you no organizat col (i) of suppo	ion in your	(vi) Is the organizate col (i) orga in the U	e ion in anized	I	<b>(vii</b> mour uppo	nt of
			instructions))	Yes	No	Yes	No	Yes	No				
										1			
												-	
										1			
otal							†		<u> </u>				

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page <b>2</b>
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	<b>(b)(1)(A)(iv)</b> I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	( <b>f</b> ) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	<b>endar year</b> (or fiscal yea	r beginning	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV ) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions )			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and <b>sto</b>	p here						<b>▶</b> □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and <b>stop here.</b> The org  33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and <b>stop here.</b> The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	<b>2010.</b> If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	<b>▶</b> □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization  Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	<b>►</b> □

**▶**□

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

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	( <b>f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,395,389	15,190,393	21,559,407	13,605,894	15,500	,258 80,251,341
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	703,807	878,289	558,691	399,371	263	,209 2,803,367
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	<b>Total.</b> Add lines 1 through 5	15,099,196	16,068,682	22,118,098	14,005,265	15,763	,467 83,054,708
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	2,101,320	1,547,737	1,259,970	359,686	1,580	,954 6,849,667
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	100,000	102,490				202,490
С	Add lines 7a and 7b	2,201,320	1,650,227	1,259,970	359,686	1,580	,954 7,052,157
8	<b>Public Support</b> (Subtract line 7 c from line 6 )						76,002,551
	ction B. Total Support						
care	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	<b>(e)</b> 2011	(f) Total
9	Amounts from line 6	15,099,196	16,068,682	22,118,098	14,005,265	15,763,	467 83,054,708
	<b>_</b>						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	130,028	55,990	31,430	24,766	28,	329 270,543
10a b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses			31,430	24,766	28,	329 270,543
	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511			31,430	24,766 24,766		329 270,543 329 270,543
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	130,028	55,990				
b	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	130,028	55,990			28,	
ь с 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	130,028	55,990 55,990	31,430	24,766	28,	329 270,543 536 30,599
ь с 11	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	130,028 130,028 8,139 15,237,363	55,990 55,990 6,198 16,130,870	31,430 12,437 22,161,965	24,766 2,289 14,032,320	28, 1, 15,793,	329 270,543 536 30,599 332 83,355,850
b c 11 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	130,028 130,028 8,139 15,237,363 for the organization	55,990 55,990 6,198 16,130,870 on's first, second,	31,430 12,437 22,161,965	24,766 2,289 14,032,320	28, 1, 15,793,	329 270,543 536 30,599 332 83,355,850 rganization,
b c 11 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is	130,028 130,028 8,139 15,237,363 for the organization	55,990 55,990 6,198 16,130,870 on's first, second,	31,430 12,437 22,161,965 third, fourth, or f	24,766 2,289 14,032,320	28, 1, 15,793,	329 270,543 536 30,599 332 83,355,850 rganization,
b c 11 12 13 14	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support (Add lines 9, 10c, 11 and 12 ) First Five Years If the Form 990 is check this box and stop here	130,028  130,028  8,139  15,237,363  for the organization of the o	55,990  55,990  6,198  16,130,870  on's first, second,  ercentage f) divided by line	31,430 12,437 22,161,965 third, fourth, or f	24,766 2,289 14,032,320	15,793, 501(c)(3) o	329 270,543 536 30,599 332 83,355,850 rganization,
b c 11 12 13 14 Se 15 16	dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support (Add lines 9, 10c, 11 and 12 )  First Five Years If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public Support Percentage from 20	130,028  130,028  8,139  15,237,363  for the organization  lic Support Performance (Inc. 10)  10 Schedule A , Paragraphy (Inc. 10)	55,990  55,990  6,198  16,130,870  on's first, second,  ercentage f) divided by line art III, line 15	31,430 12,437 22,161,965 third, fourth, or f	24,766 2,289 14,032,320	28, 1, 15,793, 501(c)(3) o	329 270,543  536 30,599  332 83,355,850  rganization,  91 180 %
b c 11 12 13 14 Se 15 16	dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support (Add lines 9, 10c, 11 and 12)  First Five Years If the Form 990 is check this box and stop here  ction C. Computation of Pub Public Support Percentage for 201	130,028  130,028  8,139  15,237,363  for the organization  lic Support Performance  (line 8 column ( 10 Schedule A, Parenta Inco	55,990  55,990  6,198  16,130,870  on's first, second,  ercentage f) divided by line art III, line 15  me Percentage	31,430 12,437 22,161,965 third, fourth, or f	24,766 2,289 14,032,320 ifth tax year as a	28, 1, 15,793, 501(c)(3) o	329 270,543  536 30,599  332 83,355,850  rganization,  91 180 % 92 140 %
b c 11 12 13 14 Se 15 16	dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  Total support (Add lines 9, 10c, 11 and 12 )  First Five Years If the Form 990 is check this box and stop here  ction C. Computation of Pub  Public Support Percentage for 201  Public support percentage from 20	130,028  130,028  8,139  15,237,363  for the organization  (line 8 column ( 10 Schedule A, Patential Incompanion)  estment Incompanion  2011 (line 10 c co	55,990  55,990  6,198  16,130,870  on's first, second,  ercentage f) divided by line art III, line 15  me Percentage lumn (f) divided by	31,430 12,437 22,161,965 third, fourth, or f	24,766 2,289 14,032,320 ifth tax year as a	28, 1, 15,793, 501(c)(3) o	329 270,543  536 30,599  332 83,355,850  rganization,  91 180 %

f sts-2011. If the organization did not check the box on line 14 , and line 15 is more than 33 1/3% and line 17more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2010. 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 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493221014212

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

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

Open to Public

пиетта	ar Revenue Service   F Attach to Fo	orm 990. F See separate instructions.			Inspec	LIOII
	me of the organization SANNA		Empl	loyer ident if icat	ion numbe	er
			85-0	223225		
Pa	ort I Organizations Maintaining Donor Ac		ınds (	or Accounts.	Comple	te ıf the
	organization answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds		<b>b)</b> Funds and at	haraccau	nto
1	Total number at end of year	(a) Donor advised lunds		<b>b)</b> Funds and ot	ner accou	nts
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 advifunds are the organization's property, subject to the	organization's exclusive legal control?			☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form	1 990, Part IV	, lıne 7.	
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualic easement on the last day of the tax year	on or pleasure)	ertified	I historic struct	ure	
	Tabal mumban of a anatomic transport and	-	<del>_</del>	Held at the	end of the	Year
a	Total number of conservation easements	-	2a			
b	Total acreage restricted by conservation easements		2b			
c		` '	2c			
d	Number of conservation easements included in (c) ac		2d			
3	Number of conservation easements modified, transfe the taxable year -	rred, released, extinguished, or terminate	d by th	e organization d	uring	
4	Number of states where property subject to conserva	ation easement is located 🛌				
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		llıng of	violations, and	┌ Yes	┌ No
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents dı	ırıng the year 🛌		
7	Amount of expenses incurred in monitoring, inspectines \$	ng, and enforcing conservation easements	during	the year		
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tıon		┌ Yes	□ No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial				·
Pai	rt III Organizations Maintaining Collectio		or Oth	ner Similar A	ssets.	
_	Complete if the organization answered "	·		halawaa ahaak		
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	:h ın fur			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>-</b> \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		r financ			

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

a Public exhibition b   Scholarly research   e   Other      Preservation for future generations	3	Using the organization's accession and othe										ontinuea)
b   Scholarly research   e   Other      Preservation for future generations	-			., 51 6		_		_				
Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to rase funds rather than to be maintained as part of the organization's collection?  Ves No  Part XIV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included in Form 990, Part X?  If Yes Xiplain the errangement in Part XIV and complete the following table  If Yes Xiplain the errangement in Part XIV and complete the following table  Amount  Amount  Amount  Amount  Amount  Amount  In Interpret Amount  Interp	а	Public exhibition		d	Γ	Loan	orexc	hange prog	rams			
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  Par	b	Scholarly research		e	$\Gamma$	Othe	r					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  Par	c	Preservation for future generations										
Part IV Escrow and Custodial Arrangements. Complete if the 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, futuree, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  1b If "Yes," explain the arrangement in Part XIV and complete the following table  1c   Amount   Ic    1c   Amount   Ic    1d   Id   Id    1d   Id   Id    2a Did the organization include an amount on Form 990, Part X, line 21?  2b If "Yes," explain the arrangement in Part XIV  1c   If "Yes," explain the arrangement in Part XIV  1c   If "Yes," explain the arrangement in Part XIV  1c   If "Yes," explain the arrangement in Part XIV  1b If "Yes," explain the arrangement in Part XIV  1c   If "Yes," explain the arrangement in Part XIV  1c   If "Yes," explain the arrangement in Part XIV  1c   If "Yes," explain the arrangement in Part XIV  1a   Beginning of year balance   (a)Current Year (b)Pnor Year (c)Two Years Back (d)Three Years Back (e)Four Years Back (e)	4	Provide a description of the organization's co	ollections and expla	aın ho	w the	y furth	er the o	organızatıor	ı's ex	empt purpose II	n	
Part VI Excrow and Custodial Arrangements. Complete if the 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?  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  2b Did the organization include an amount on Form 990, Part X, line 21?  For Wes," explain the arrangement in Part XIV  Part VI Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  (a)Current Tori (b)Prov Year (c)Two Years Back (d)Times Years Back (e)Four Years Back (e)Fo	5										_ Yes	□ No
included on Form 990, Part X?    Filt Yes, "explain the arrangement in Part XIV and complete the following table	Par	t IV Escrow and Custodial Arrang	<b>ements.</b> Compl	ete ıf	the	organ	ızatıoı			es" to Form 9	90,	
Additions during the year   Additional transparent in Part XIV   Additional transparent   Additional transparen	1a		ıan or other ınterm	ediary	for c	ontribi	utions	or other ass	sets i		_ Yes	┌ No
d Additions during the year    Distributions during the year   1d   1d   1d   1d   1d   1d   1d   1	b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able		Г		Δm	ount	
Additions during the year   Incomplete	c	Reginning halance							10			
te Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  2b If "Yes," explain the arrangement in Part XIV  2art V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance (a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years Back (e)Four Years Back  b Contributions (a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years Back (e)Four Years Back  c Investment earnings or losses (d)Tree Years Back (e)Four Years	_							<u> </u>				
Description of property   Description of		- '						ŀ				
Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Contributions	f	- ·						ŀ				
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.  1a Beginning of year balance (a)Current Year (b)Prior Year (c)Two Years Back (d)Three Years Back (e)Four Years Back (c) Tour Years Back (d) Three Years Back (e) Tour Years Back (d) Three Years Back (e) Tour Years Back (d) Three Years Back (d) Three Years Back (e) Tour Years Back (d) Three Years Back (e) Tour Years Years Back (e) Tour Years		-	000 Dt V I					L	Τ.	Г	<del>-</del>	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Calcument Year   (b)Pinor Year   (c)Two Years Back   (d)Three Years Back				ie ZI ʻ	,					ı	res	j No
(a) Current Year   (b) Prior Year   (c) Two Years Back   (d) Three Years Back   (e) Four Years Back Pack   (e) Four Years Pack				n and	- WOR	od "Vo	oc" to	Form 990	Dar	+ IV line 10		
Beginning of year balance	Рa	Endowment Funds. Complete									(e)Four	/ears Back
c Investment earnings or losses	1a	Beginning of year balance	. ,				1		1		. ,	
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	c	Investment earnings or losses										
and programs  Administrative expenses  Bright of year balance  Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment  Permanent endowment  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  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  Description of property  (b) Cost or other basis (other)  (c) Accumulated deprecation  (d) Book value  1a Land  412,953  412,953  412,953  b Buildings  51,349,922  766,532  583,390  c Leasehold improvements  4 Equipment  1,998,394  1,690,474  217,920  e Other	d	Grants or scholarships										
Pert VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  Description of property  Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  Description of property  Land, Buildings	e											
Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment ▶  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	f	Administrative expenses										
Board designated or quasi-endowment ►  Permanent endowment ►  Term endowment ►  Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	g	End of year balance										
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	2	Provide the estimated percentage of the yea	r end balance held	as			•			•		
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	а	Board designated or quasi-endowment										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	ь	Permanent endowment 🕨										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by  (i) unrelated organizations	c	Term endowment 🕨										
(i) unrelated organizations			ssion of the organiz	zation	that	are hel	d and a	admınıstere	d for	the		
(ii) related organizations												No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b    Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property   (a) Cost or other basis (investment)   (b) Cost or other basis (other)   (c) Accumulated depreciation   (d) Book value    1a Land									•			<del>                                     </del>
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land									•			<del>                                     </del>
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         412,953         412,953         412,953           b Buildings         1,349,922         766,532         583,390           c Leasehold improvements         1,908,394         1,690,474         217,920           e Other         Other         1,908,394         1,690,474         217,920	_	-	•						•	30		
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land							10					
1a Land         412,953         412,953           b Buildings         1,349,922         766,532         583,390           c Leasehold improvements         1,908,394         1,690,474         217,920           e Other         Other         1,908,394         1,690,474         217,920		-	inc Sec Form 5.	<i>5</i> 0, 1 0				(b)Cost or (	other	(c) Accumulated		
b Buildings       1,349,922       766,532       583,390         c Leasehold improvements       1,908,394       1,690,474       217,920         e Other       1,908,394       1,690,474       217,920		Description of property									(d) E	ook value
c Leasehold improvements	1a	Land		•				412	2,953			412,953
<b>d</b> Equipment		•		•				1,349	9,922	766,53.	2	583,390
<b>e</b> Other	C	Leasehold improvements		•								
	d	Equipment		•				1,908	3,394	1,690,47	4	217,920
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)												
	Tota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colu	mn (B	), line	10(c).	)			•		1,214,263

Part VII Investments—Other Securities. See	: Form 990, Part X, line 1		
(a) Description of security or category	(b)Book value		od of valuation
(including name of security)	+	Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
	+		
<b>-</b>	_		
	<u> </u>		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation
	+	Cost or end-o	f-year market value
		1	
	+		
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		
Part IX Other Assets. See Form 990, Part X, I	ine 15.		
(a) Descr	ıptıon		(b) Book value
(1) RECORDINGS, LITERATURE, AND LICENSES NET C	F ACCUM AMORTIZATION	J	22,201,191
(2) OTHER RECEIVABLES		·	3,001
(3) DEPOSITS			779,995
(4) DONATED PROPERTY			697
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		22,984,884
Part X Other Liabilities. See Form 990, Part			22,501,004
(a) December of Labelity			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )			

_	Total revenue (Form 990, Part VIII, column (A), line 12)		15,471,20
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,479,00
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	992,19
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	992,19
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	
1	Total revenue, gains, and other support per audited financial statements	1	15,893,46
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 100,000		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	100,00
3	Subtract line <b>2e</b> from line <b>1</b>	3	15,793,46
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	-322,26
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	15,471,20
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1	Total expenses and losses per audited financial statements	1	14,901,27
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	100,00
3	Subtract line <b>2e</b> from line <b>1</b>	3	14,801,27
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-322,26
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	14,479,00

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

Additional information

Identifier Return Reference Explanation

DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48

TAX POSITIONS UNDER FIN 48

TAX FOOTNOTE CONTAINS A DESCRIPTION OF THE

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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

TAX POSITIONS UNDER FIN 48	PART X	TAX FOOTNOTE CONTAINS A DESCRIPTION OF THE REQUIREMENTS OF FIN 48 IT THEN CONTAINS THE FOLLOWING TEXT AS OF MARCH 31, 2012, HOSANNA 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 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
PART XII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS PRODUCED DEDUCTED FROM REVENUES ON FORM 990 - \$243,542 FUNDRAISING EVENT EXPENSES DEDUCTED FROM REVENUES ON FORM 990 - \$78,724
PART XIII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS PRODUCED DEDUCTED FROM REVENUES ON FORM 990 - \$243,542 FUNDRAISING EVENT EXPENSES DEDUCTED FROM REVENUES ON FORM 990 - \$78,724

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493221014212

OMB No 1545-0047

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.

Open to Public **Inspection** 

Name of the organization HOSANNA

**Employer identification number** 

85-0223225

Part I	General Information or	<b>Activities Outside the United States.</b>	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 ✓ Yes No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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	<b>(f)</b> Total expenditures for region/investments in region
AFRICA	23	23		FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	452,82
AFRICA	9	9	PROGRAM SERVICES	AUDIO BIBLE RECORDINGS	494,73
EUROPE ASIA	15	15	PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	59,42
EUROPE ASIA	4	4	PROGRAM SERVICES		31,32
SOUTH ASIA	9	9	I .	FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	41,38
SOUTH ASIA	2	2	PROGRAM SERVICES		59,40
ASIA PACIFIC	18	18		FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	105,2
ASIA PACIFIC	14	14	I .	AUDIO BIBLE RECORDINGS	350,30
AMERICAS	73	73	I .	FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	698,02
AMERICAS	16	16	PROGRAM SERVICES		442,0
NORTH AFRICA MIDDLE EAST	1			FAITH COMES BY HEARING AUDIO BIBLE LISTENING PROGRAMS	2(
NORTH AFRICA MIDDLE EAST	1	1	PROGRAM SERVICES	AUDIO BIBLE RECORDINGS	23,3
Sub-total Total from continuation sheets	94	94			1,594,7 <sup>°</sup> 1,163,6
to Part I	91	91			1,103,0.
Totals (add lines 3a and 3b)	185	185			2,758,40

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method valuatior (book, FM' appraisal, ot
See Add'l Data								

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 Part V if additional space is needed.

Use Part V if ac	ddıtıonal space ıs n	needed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
PROGRAM SERVICE - AUDIO BIBLE LISTENING		5	•	WIRE TRANSFER			
PROGRAM SERVICE - AUDIO BIBLE RECORDINGS		7		WIRE TRANSFER	1,511	COMPUTER EQUIPMENT	воок
PROGRAM SERVICE - AUDIO BIBLE LISTENING		4		WIRE TRANSFER			
PROGRAM SERVICE - AUDIO BIBLE RECORDINGS		2		WIRE TRANSFER	5,972	COMPUTER EQUIPMENT	воок
PROGRAM SERVICE - AUDIO BIBLE LISTENING		8		WIRE TRANSFER			
PROGRAM SERVICE - AUDIO BIBLE RECORDINGS		12		WIRE TRANSFER	13,364	COMPUTER EQUIPMENT	воок
PROGRAM SERVICE - AUDIO BIBLE LISTENING		1		WIRE TRANSFER			
PROGRAM SERVICE - AUDIO BIBLE RECORDINGS		1		WIRE TRANSFER			
PROGRAM SERVICE - AUDIO BIBLE LISTENING	SOUTH ASIA	6	18,577	WIRE TRANSFER			
		+		!	<u> </u>	-	-
				<u> </u>			
				<u> </u>		<u> </u>	-
		+ +				-	

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	্	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	┍	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	┍	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	~	No

Schedule F (Form 990) 2011

Identifier	ReturnReference	uctions) required in Part I, line 2, and any  Explanation
		<u>'</u>
	1	

### **Additional Data**

Software ID: Software Version:

**EIN:** 85-0223225

Name: HOSANNA

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	23,663	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	2,813	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING	1,177	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	149	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING	6,250	WIRE TRANSFER	0		
		AFRICA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		AFRICA	PROGRAM SERVICE- AUDIO BIBLE LISTENING	19,533	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING	19,572	WIRE TRANSFER	0		
		AFRICA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING	52,478	WIRE TRANSFER	0		
		AFRICA	PROGRAM SERVICE- AUDIO BIBLE LISTENING	58,091	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		AFRICA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING	19,274	WIRE TRANSFER	0		
		AFRICA	PROGRAM SERVICE- AUDIO BIBLE LISTENING	114,813	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING	4,408	WIRE TRANSFER	0		
		AFRICA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING	5,809	WIRE TRANSFER	0		
		AFRICA	PROGRAM SERVICE- AUDIO BIBLE LISTENING	1,500	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING	6,839	WIRE TRANSFER	0		·
		AFRICA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING	10,363	WIRE TRANSFER	0		
		AFRICA	PROGRAM SERVICE- AUDIO BIBLE LISTENING	3,697	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
		AFRICA	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS		WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING	2,400	WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING	1	WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING	12,624	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	. ,	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	4,660	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE	5,000	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	· '	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	· '	WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING	5,625	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM		WIRE	0		
			SERVICE- AUDIO BIBLE LISTENING		TRANSFER			
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING	· '	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING	26	WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING	3,967	WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING	450	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant		(f) Manner of	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		othery
		PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		PRO GRAM SERVICE- AUDIO BIBLE LISTENING	33,500	WIRE TRANSFER	1	COMPUTER EQUIPMENT	воок

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING	2,750	WIRE TRANSFER	0		
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING	1 '	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	14,700	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING	. ,	WIRE TRANSFER	0		
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		PROGRAM	. ,	WIRE	0		
		SERVICE- AUDIO BIBLE LISTENING		TRANSFER			
		PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		PROGRAM SERVICE- AUDIO BIBLE		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	1 '	WIRE TRANSFER	0		
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING	1 '	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		PROGRAM SERVICE-		WIRE TRANSFER	0		
		AUDIO BIBLE LISTENING					
		PRO GRAM SERVICE- AUDIO BIBLE LISTENING	· '	WIRE TRANSFER	0		
		PROGRAM SERVICE- AUDIO BIBLE	1,888	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	173,578	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	3,728	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE	2,703	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	· '	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING	1	WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING	34	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
		PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		PROGRAM SERVICE- AUDIO BIBLE		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		PRO GRAM SERVICE- AUDIO BIBLE LISTENING	· '	WIRE TRANSFER	0		
		PROGRAM SERVICE- AUDIO BIBLE LISTENING	23,474	WIRE TRANSFER	0		
		PROGRAM SERVICE- AUDIO BIBLE		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		 PROGRAM SERVICE-		WIRE TRANSFER	0		
		AUDIO BIBLE LISTENING					
		PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		PROGRAM SERVICE- AUDIO BIBLE		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
		AMERICAS	PRO GRAM SERVICE- AUDIO BIBLE LISTENING	5,694	WIRE TRANSFER	0		
		AMERICAS	PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE	1,910	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE LISTENING	3,500	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE		WIRE TRANSFER		COMPUTER EQUIPMENT	воок

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	130,043	WIRE TRANSFER		COMPUTER EQUIPMENT	воок
			PROGRAM SERVICE- AUDIO BIBLE RECORDINGS		WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	16,086	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	2,100	WIRE TRANSFER	0		
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	44,000	WIRE TRANSFER			
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	47,099	WIRE TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AMERICAS	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	· '	WIRE TRANSFER			
			PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	. ,	WIRE TRANSFER		COMPUTER EQUIPMENT	воок
			PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	28,000	WIRE TRANSFER		COMPUTER EQUIPMENT	воок

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PRO GRAM SERVICE- AUDIO BIBLE RECORDINGS	32,539	WIRE TRANSFER			
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING	,	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	4,772	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
		PACIFIC	PROGRAM SERVICE- AUDIO BIBLE LISTENING	11,606	WIRE TRANSFER	0		
		PACIFIC	PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		PACIFIC	PROGRAM SERVICE- AUDIO BIBLE LISTENING	1,000	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA	P R O G R A M	5,792	WIRE	0		
		PACIFIC	SERVICE-		TRANSFER			
			AUDIO BIBLE					
			LISTENING					
		ASIA	P R O G R A M	482	WIRE	0		
		PACIFIC	SERVICE-		TRANSFER			
			AUDIO BIBLE					
			LISTENING					
		ASIA	P R O G R A M	1,428	WIRE	0		
			SERVICE- AUDIO BIBLE LISTENING		TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount 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	1,000	WIRE TRANSFER	0		
		ASIA PACIFIC	PROGRAM SERVICE- AUDIO BIBLE LISTENING	43,367	WIRE TRANSFER	0		
		ASIA PACIFIC	PROGRAM SERVICE- AUDIO BIBLE LISTENING	I -	WIRE TRANSFER	I	COMPUTER EQUIPMENT	воок

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
	l .	PACIFIC	PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		PACIFIC	PROGRAM SERVICE- AUDIO BIBLE LISTENING	7,263	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA PACIFIC	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	16,546	WIRE TRANSFER		COMPUTER EQUIPMENT	воок
		ASIA PACIFIC	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	82,016	WIRE TRANSFER		COMPUTER EQUIPMENT	воок
		ASIA PACIFIC	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	3,680	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA PACIFIC	PROGRAM SERVICE- AUDIO BIBLE		WIRE TRANSFER	0		
			RECORDINGS		14/TD =			
		EUROPE ASIA	PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		EUROPE ASIA	PROGRAM SERVICE- AUDIO BIBLE LISTENING	42,365	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE ASIA	PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		·
		EUROPE ASIA	PROGRAM SERVICE- AUDIO BIBLE LISTENING	1,000	WIRE TRANSFER	0		
		EUROPE ASIA	PROGRAM SERVICE- AUDIO BIBLE LISTENING	5,440	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PROGRAM	1,446	WIRE	0		
		ASIA	SERVICE-		TRANSFER			
			AUDIO BIBLE					
			LISTENING					
		EUROPE	PROGRAM	19	WIRE	0		
		ASIA	SERVICE-		TRANSFER			
			AUDIO BIBLE					
			LISTENING					
		EUROPE	PROGRAM	55	WIRE	0		
		ASIA	SERVICE- AUDIO BIBLE LISTENING		TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	PROGRAM	1,000	WIRE	0		
		ASIA	SERVICE-		TRANSFER			
			AUDIO BIBLE					
			LISTENING					
		EUROPE	PROGRAM	3,291	WIRE	0		
		ASIA	SERVICE-		TRANSFER			
			AUDIO BIBLE					
			LISTENING					
		EUROPE	PROGRAM	3,094	WIRE	0		
		ASIA	SERVICE- AUDIO BIBLE LISTENING		TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA	PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		•
		ASIA	PRO GRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		ASIA	PROGRAM SERVICE- AUDIO BIBLE		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		AFRICA/MIDDLE EAST	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	23,360	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	3	WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	22,471	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE LISTENING	I -	WIRE TRANSFER	0		
			PROGRAM SERVICE- AUDIO BIBLE		WIRE TRANSFER	0		

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA	PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		
		ASIA	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	39,565	WIRE TRANSFER	0		
		ASIA	PROGRAM SERVICE- AUDIO BIBLE RECORDINGS	19,115	WIRE TRANSFER		COMPUTER EQUIPMENT	воок

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE- AUDIO BIBLE LISTENING		WIRE TRANSFER	0		•

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**SCHEDULE G** 

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

As Filed Data -

DLN: 93493221014212

**Supplemental Information Regarding Fundraising or Gaming Activities** 

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization					Employer ide	ntification number		
HOSANNA					85-0223225			
Part I Fundraising Ac	tivities. Complete	e if the o	organiza	tion answered "Yes" t	to Form 990, Part IV	, line 17.		
<ul> <li>Indicate whether the organical and an and an an</li></ul>	olicitations s a written or oral agre n Form 990, Part VII st paid individuals or	ement wi ) or entity entities (	e f g th any ind / in conne (fundraise	Solicitation of non Solicitation of gov V Special fundraisin  dividual (including office) action with professional fors) pursuant to agreement	-government grants ernment grants g events rs, directors, trustees undraising services?			
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundraiser have from accustody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
BERKEY BRENDEL SHELINE 130 SPRINGSIDE DRIVE 200 AKRON, OH 44333	Yes	No No	331,775	48,897	282,878			
Total	organization is regis	tered or	<b>▶</b> licensed t	331,775	48,897			
AK, AZ, CO, MN, MS, NH, NC, I	PA,TN,VA,WV,WI,	GA, WA						

		(a) Event #1	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through
		ANNUAL FUNDRAISING EVENT	(event type)	(total number)	col <b>(c)</b> )
1 2		(event type)			
1	1 Gross receipts	331,77!	5		331,77!
	<ul> <li>Less Charitable contributions</li> <li>Gross income (line 1 minus line 2)</li> </ul>	331,77!	5		331,77!
4	4 Cash prizes				
١,	5 Non-cash prizes				
(	6 Rent/facility costs				
-	<b>7</b> Food and beverages				
	8 Entertainment				
ا ا	9 Other direct expenses .	78,724	1		78,724
1	10 Direct expense summary Add lin	es 4 through 9 in columr	n (d)		(78,724
1	11 Net income summary Combine li	nes 3 and 10 ın column (	(d)		-78,724
rt	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				+
1:	2 Cash prizes				
3	3 Non-cash prizes				
	4 Rent/facility costs				
,	5 Other direct expenses				
(	<b>6</b> Volunteer labor	Г Yes	Г Yes	Г Yes Г No	
7	7 Direct expense summary Add line	s 2 through 5 in column (	(d)		(
8	8 Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)	🛌	
I	Enter the state(s) in which the organization licensed to operate If "No," Explain	gaming activities in eac	h of these states?		
-	Were any of the organization's gaming				

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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As Filed Data -

DLN: 93493221014212

**Employer identification number** 

### Schedule L

(Form 990 or 990-EZ)

Name of the organization

Transactions with Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-F7, Part V lines 38a or 40b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Part I Excess Benefit Train Complete if the organization		wered "	Yes" on Fori	m 990, F	Part IV, line 25a o	or 25b, i	or Form	990-EZ,I		ıne 40b	
1 (a) Name of disq					<b>(b)</b> Desc				·		(c) rected?
						· .			Yes	No	
											_
2 Enter the amount of tax impos	od on t	ha organ	uzation man	l agers or	disqualified pers	one dur	na tha s	voor under	-		
<b>2</b> Enter the amount of tax impos section 4958									\$		
3 Enter the amount of tax, if any	, on line	2 abo	va raimhiire					- In-	¢		
	•	,	ve, remiburs	sea by th	e organization .				<sup>*</sup> —		
	From	Intere	sted Pers	sons.				· · •	<u> </u>		
Part II Loans to and/or I Complete if the organiz	From zation a	Intere	sted Pers	sons.				Z, Part V	, line 38	a	
Part II Loans to and/or Complete if the organic	From zation a (b) L or from	Intere	ested Pers	sons. Form 990	), Part IV, line 26	, or Form	n 990-E	(f) Approv	'ed	(g)Writ	
Complete If the organi	From zation a (b) L or from	Intere	ested Pers	sons. Form 990		, or Fori	n 990-E	(f)	ed d or		
Complete if the organi (a) Name of interested person and	From zation a (b) L or from	Intere	ested Pers	sons. Form 990	), Part IV, line 26	, or Form	n 990-E	(f) Approv	ed d or	(g)Writ	
Complete if the organi (a) Name of interested person and	From zation a (b) L or fro	Interent nswered oan to om the zation?	ested Pers	sons. Form 990	), Part IV, line 26	, or Form	m 990-E In It?	(f) Approv by board committe	ed d or ee?	( <b>g)</b> Writ	nt?
Complete if the organi (a) Name of interested person and	From zation a (b) L or fro	Interent nswered oan to om the zation?	ested Pers	sons. Form 990	), Part IV, line 26	, or Form	m 990-E In It?	(f) Approv by board committe	ed d or ee?	( <b>g)</b> Writ	nt?
Complete if the organi (a) Name of interested person and	From zation a (b) L or fro	Interent nswered oan to om the zation?	ested Pers	sons. Form 990	), Part IV, line 26	, or Form	m 990-E In It?	(f) Approv by board committe	ed d or ee?	( <b>g)</b> Writ	nt?
Complete if the organi (a) Name of interested person and	From zation a (b) L or fro	Interent nswered oan to om the zation?	ested Pers	sons. Form 990	), Part IV, line 26	, or Form	m 990-E In It?	(f) Approv by board committe	ed d or ee?	( <b>g)</b> Writ	nt?
Complete if the organic	From zation a (b) L or fro organi	Interensive recommendations of the zation?	csted Pers	sons. Form 990 ginal amount	( <b>d)</b> Balance due	, or Form	m 990-E In It?	(f) Approv by board committe	ed d or ee?	( <b>g)</b> Writ	nt?
Complete if the organic  (a) Name of interested person and purpose  otal	From zation a (b) L or fro organi	Interense nswered oan to om the zation?  From	(c)Original a	sons. Form 990 ginal amount   set	(d)Balance due	yes	m 990-E	(f) Approv by board committe	ed d or ee?	( <b>g)</b> Writ	nt?
Complete if the organic  (a) Name of interested person and purpose  otal	From zation a (b) L or fro organi	Interensive reconstruction and the construction?  From From From From From From From From	(c)Original and in the control of th	sons. Form 990 ginal amount  sested I g'' on Fo hip between	(d)Balance due  Persons. rm 990, Part IVeen interested per	yes	m 990-E In It? No	(f) A pprov by boar- committ Yes	ved d or dee? No	(g)Writing agreement Yes	No No
Complete if the organic  (a) Name of interested person and purpose  otal	From zation a (b) L or fro organi	Interensive reconstruction and the construction?  From From From From From From From From	(c)Original and in the control of th	sons. Form 990 ginal amount  sested I g'' on Fo hip between	(d)Balance due  Persons. rm 990, Part IV	yes	m 990-E In It? No	(f) A pprov by boar- committ Yes	ved d or dee? No	( <b>g)</b> Writ	No No
Complete if the organic  (a) Name of interested person and purpose  otal	From zation a (b) L or fro organi	Interensive reconstruction and the construction?  From From From From From From From From	(c)Original and in the control of th	sons. Form 990 ginal amount  sested I g'' on Fo hip between	(d)Balance due  Persons. rm 990, Part IVeen interested per	yes	m 990-E In It? No	(f) A pprov by boar- committ Yes	ved d or dee? No	(g)Writing agreement Yes	No No

### 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	(c) A mount of transaction	(d) Description of transaction	organi	arıng of zatıon's nues?
	organization			Yes	No
(1) ANGELA CRAWFORD	DAUGHTER OF MURRAY CRAWFORD, BOARD CHAIRMAN	33,625	EMPLOYEE - DIGITAL MEDIA SPECIALIST, 2 YEARS IN CURRENT POSITION 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 THE AMOUNT REPORTED INCLUDES BOTH W-2 WAGES AND THE EMPLOYER CONTRIBUTION TO THE GROUP HEALTH PLAN		No
(2) CATHY SHEYKA	SISTER OF JANET LLOYD, BOARD MEMBER	27,500	EMPLOYEE - CUSTOMER SERVICE REPRESENTATIVE, 26 YEARS IN CURRENT POSITION 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 THE AMOUNT REPORTED INCLUDES BOTH W-2 WAGES AND THE EMPLOYER CONTRIBUTION TO THE GROUP HEALTH PLAN		No
(3) CATHERINE JACKSON	DAUGHTER-IN-LAW OF JERRY JACKSON, PRESIDENT	102,083	EMPLOYEE - HAS PERFORMED SERVICES FOR THE ORGANIZATION FOR MORE THAN 27 YEARS CURRENTLY HER POSITION IS HUMAN RESOURCES MANAGER WHERE SHE IS REPONSIBLE 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 THE AMOUNT REPORTED INCLUDES BOTH W-2 WAGES AND THE EMPLOYER CONTRIBUTION TO THE GROUP HEALTH PLAN		No
_					1
-					
Part V Supplemental Info	rmation		•		-

### Part V Supplemental Information

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

Identifier Return Reference Explanation

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DLN: 93493221014212

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**NonCash Contributions** 

Open to Public Inspection

	ne of the organization ANNA				Employer identificat	ion nur	mber	
05,					85-0223225			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of de contribution	etermır	_	
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 .	Х	17	160,996	MARKET CLOSING	PRICE	<u> </u>	
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
	O ther ▶()							
	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			
	5				4 20 11 1 1		Yes	No
30a	During the year, did the organiza							
	must hold for at least three year			on, and which is not require	ed to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangem	ent in Part 1	II					
	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	e third part • • •	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a	ı) ıs checked,			

describe in Part II

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	, ,	THE ORGANIZATION USES RAYMOND JAMES FINANCIAL SERVICES, INC AND JOHN MOORE & ASSOCIATES INC TO SELL NON-CASH CONTRIBUTIONS OF STOCK

Schedule M (Form 990) 2011

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DLN: 93493221014212

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

**SCHEDULE 0** 

(Form 990 or 990-EZ)

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

▶ Attach to Form 990 or 990-EZ.

2011

Open to Public Inspection

Name of the organization
HOSANNA

Employer identification number
85-0223225

Identifier	Return Reference	Explanation
	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, SENIOR VICE PRESIDENT
	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 AUGUST 2012 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
	FORM 990, PART VI, SECTION B, LINE 15	ALL EXECUTIVE COMPENSATION IS REVIEWED BY AN EXECUTIVE SALARY COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS THE EXECUTIVE SALARY COMMITTEE IS COMPOSED OF THREE INDEPENDENT BOARD OF DIRECTORS MEMBERS THEY COMPARE EXECUTIVE SALARIES WITH OTHER NON PROFIT ORGANIZATIONS SIMILAR IN SIZE, ACTIVITY, AND GEOGRAPHIC LOCATION IN ADDITION THEY USE VARIOUS SALARY COMPARISON REPORTS AND SURVEYS FROM VARIOUS ORGANIZATIONS AS WELL AS COMPENSATION STUDIES ALL EXECUTIVE SALARIES ARE BOARD APPROVED
	FORM 990, PART VI, SECTION C, LINE 19	COPIES OF THE ARTICLES OF INCORPORATION, BY LAWS, 990 TAX RETURNS, IRS LETTER OF DETERMINATION, ANNUAL 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
	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

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DLN: 93493221014212

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Name of the organization HOSANNA					dentification number		
Part I Identification of Disregarded Entities (	Complete if the organiza	tion answered "Ye	s" on Form 990, P	85-02232 art IV, line 33.)	25		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (sta or foreign country		<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Cor more related tax-exempt organizations of	<b>Organizations</b> (Complet uring the tax year.)	e if the organizatio	on answered "Yes'	' on Form 990, P	art IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c))		Section 5 cont organ	trolled nization
(1) FAITH COMES BY HEARING INTERNATIONAL FOUNDATION 2421 AZTEC ROAD NE ALBUQUERQUE, NM 87107 31-1689927	SOLICIT, MANAGE, DISBURSE FUNDS, AND OTHERWISE PROVIDE SUPPORT TO HOSANNA	NM	501(C)(3)	:	11-A HOSANNA	Yes	No
(2) FAITH COMES BY HEARING HONG KONG LIMITED  C/O 2421 AZTEC ROAD NE ALBUQUERQUE 87107 HK	REGISTERED CHINESE CHARITY FOR CHINESE DONORS TO CONTRIBUTE TO HOSANNA	нк	N/A-CHINESE EXEMPT				No
						$\perp$	
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For Privacy Act and Paperwork Reduction Act Notice, see the I	nstructions for Form 990.	Cat No !	50135Y	•	Schedule R (	Form 990	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

chedu	le R (Form 990) 2011		Рa	age <b>3</b>
Part	V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
N	ote. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
<b>1</b> Duri	ing the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a R	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
<b>b</b> G	Gift, grant, or capital contribution to related organization(s)	1b		No
<b>c</b> G	Gift, grant, or capital contribution from related organization(s)	<b>1</b> c	Yes	
d L	oans or loan guarantees to or for related organization(s)	1d		No
e L	oans or loan guarantees by related organization(s)	1e		No
			<u> </u>	Щ
f S	ale of assets to related organization(s)	1f	+	No
g P	Purchase of assets from related organization(s)	1g		No
h E	exchange of assets with related organization(s)	1h		No
i Le	ease of facilities, equipment, or other assets to related organization(s)	1i	—	No
i L	ease of facilities, equipment, or other assets from related organization(s)	1j	+-	No
-	Performance of services or membership or fundraising solicitations for related organization(s)	1k	1	No
	erformance of services or membership or fundraising solicitations by related organization(s)	11	1	No
m S	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	•	No
n S	Sharing of paid employees with related organization(s)	1n		No
o R	Reimbursement paid to related organization(s) for expenses	10		No
<b>p</b> R	Reimbursement paid by related organization(s) for expenses	<b>1</b> p	<u> </u>	No
<b>.</b> .	) they transfer of each or property to related erganization(s)	<b>1</b> q	┼	No
_	Other transfer of cash or property to related organization(s) I ther transfer of cash or property from related organization(s)	1r	+	No
. 0	ther transfer of cash of property from related organization(s)	1	1	1

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

<u> </u>			
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FAITH COMES BY HEARING INTERNATIONAL FOUNDATION	С	42,000	U S DOLLAR AMOUNT
(2) FCBH HONG KONG LIMITED	С	148,474	U S DOLLAR AMOUNT
(3)			
(4)			
(5)			
(6)			

### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(f) Share of total income  (g) Share of end-of-year assets		(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing 1 partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

# Part VII Supplemental Information

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

	eturn Ference	Explanation
CHINESE SCHEE CHARITY PART	II	DURING THE FISCAL YEAR ENDED 3/31/2011, HOSANNA/FAITH COMES BY HEARING CREATED FAITH COMES BY HEARING HONG KONG, LIMITED, WHICH IS A REGISTERED CHARITY IN CHINA THIS CHARITY ONLY OPERATES SO DONORS IN CHINA COULD GIVE FUNDS TO A RECOGNIZED CHARITY IT IS A SEPARATE FOREIGN LEGAL ENTITY CONTRIBUTIONS RECEIVED BY HOSANNA FROM THE CHINESE CHARITY ARE REPORTED IN ITS FORM 990

Schedule R (Form 990) 2011

# **Additional Data**

Software ID: Software Version:

EIN: 85-0223225 Name: HOSANNA

Form 990, Special Condition Description:

**Special Condition Description**