

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1078

For calendar year 2019, or fiscal year beginning APR 1, 2019, and ending MAR 31, 2020**2019**Department of the Treasury
Internal Revenue Service▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

HOSANNA**85-0223225**

Name and title of officer

GERALD JACKSON**PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>29,460,468.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4637 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **RICCI & COMPANY, LLC**

ERO firm name

to enter my PIN **37193**Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Gerald Jackson, PresidentDate ▶ 8/14/2020**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

85076450533

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ ManiDate ▶ 8/14/20

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8879-EO** (2019)

923051 10-03-19

11510814 132225 37193

2019.04010 HOSANNA

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOSANNA		D Employer identification number 85-0223225
	Doing business as FAITH COMES BY HEARING		E Telephone number 505-881-3321
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 30,137,150.
	2421 AZTEC RD NE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code ALBUQUERQUE, NM 87107-4224		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: GERALD JACKSON SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) <input type="checkbox"/> 527			
J Website: WWW.FAITHCOMESBYHEARING.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
L Year of formation: 1973 M State of legal domicile: NM			

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROCLAIM JESUS CHRIST AS THE LORD.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2019 (Part VII, line 2a)	5	159
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 48	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 23,507,788.	Current Year 29,899,616.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	186.	73,303.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-513,938.	-512,451.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,994,036.	29,460,468.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,055,987.	4,252,654.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,004,029.	8,241,466.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	52,133.	55,146.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 922,230.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,500,797.	7,220,661.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,612,946.	19,769,927.
	19 Revenue less expenses. Subtract line 18 from line 12	4,381,090.	9,690,541.
	20 Total assets (Part X, line 16)	Beginning of Current Year 44,587,889.	End of Year 54,699,868.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	1,916,005.	2,337,443.
	22 Net assets or fund balances. Subtract line 21 from line 20	42,671,884.	52,362,425.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer GERALD JACKSON, PRESIDENT		Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name MARIA MATONTI	Preparer's signature <i>[Signature]</i>	Date 8/14/20
	Firm's name ▶ RICCI & COMPANY, LLC	Firm's EIN ▶ 20-5949532	Check if self-employed <input type="checkbox"/> PTIN P01790899
	Firm's address ▶ 1030 18TH STREET NW ALBUQUERQUE, NM 87104	Phone no. 505-338-0800	

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 15,621,833. including grants of \$ 2,122,438.) (Revenue \$ 77,743.)

FAITH COMES BY HEARING (FCBH) BIBLE ENGAGEMENT PROGRAMS WORLDWIDE: DURING THE YEAR ENDED MARCH 31, 2020, HOSANNA BEGAN 93,758 NEW LISTENING PROJECTS IN OVER 80 COUNTRIES WITH APPROXIMATELY 8,438,220 NEW LISTENERS HEARING THE ENTIRE NEW TESTAMENT IN THEIR INDIGENOUS LANGUAGE. EACH CHURCH OR GROUP WAS GIVEN A FREE AUDIO NEW TESTAMENT IN THEIR INDIGENOUS TONGUE AND LISTENED AT LEAST ONCE A WEEK FOR 30 MINUTES. SOME 78,802 OF THESE GROUPS RECEIVED PROCLAIMER UNITS. THE PROCLAIMER IS A DEDICATED AUDIO PLAYER CONTAINING A DRAMATIZED RECORDING OF THE NEW TESTAMENT IN A TRANSLATED INDIGENOUS LANGUAGE. WITH NO MOVING PARTS TO THE PLAYBACK MECHANISM, IT IS PRACTICALLY INDESTRUCTIBLE, AND PLAYS FOR HOURS AT A TIME. IT CAN RUN ON RECHARGEABLE BATTERIES, SOLAR POWER, HAND-CRANK OR AC ADAPTER.

4b (Code:) (Expenses \$ 2,112,301. including grants of \$ 2,112,301.) (Revenue \$)

FCBH NEW TESTAMENT RECORDINGS: DURING THE YEAR ENDED MARCH 31, 2020, 127 AUDIO RECORDINGS WERE COMPLETED WITH 89 NEW LANGUAGES, BRINGING THE TOTAL NUMBER OF LANGUAGES WITH A COMPLETE AUDIO NEW TESTAMENT TO 1,355 LANGUAGES SPOKEN IN 100 COUNTRIES BY OVER 6.5 BILLION PEOPLE. HOSANNA ALSO HAD 50 RECORDINGS IN FINAL MASTERING AND EDITING, AND 48 RECORDINGS IN-PROCESS AT YEAR-END.

4c (Code:) (Expenses \$ 10,915. including grants of \$ 10,915.) (Revenue \$)

DEAF BIBLE SOCIETY GRANTS: IN MANY CULTURES THE DEAF ARE OSTRACIZED, HIDDEN AWAY, DENIED ACCESS TO SCHOOL, AND DIFFICULT TO REACH. LESS THAN ONE FIFTH OF ALL DEAF PEOPLE IN POOR NATIONS RECEIVE ANY EDUCATION. EVEN FOR THOSE WHO CAN READ, WRITTEN TEXT IS A SECOND LANGUAGE. THEIR HEART LANGUAGE IS SIGN LANGUAGE. THERE ARE MORE THAN 400 SIGN LANGUAGES IN USE AROUND THE WORLD. EACH HAS THEIR OWN SYSTEM OF GESTURES AND EXPRESSIONS, INCLUDING AMERICAN SIGN LANGUAGE, WHICH IS AS DIFFERENT FROM ENGLISH AS ANY OTHER FOREIGN LANGUAGE. FAITH COME BY HEARING BEGAN PROVIDING THE BIBLE IN VIDEO TO THE DEAF COMMUNITY BY DEVELOPING AND LAUNCHING THE FIRST DEAF BIBLE APP AVAILABLE THROUGH USE OF SMARTPHONES, VIDEO PHONES, OR COMPUTERS. SINCE THE INCEPTION OF THE DEAF BIBLE APP, THERE ARE NOW 19 SIGN LANGUAGES AVAILABLE ON THE APP.

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

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

4e Total program service expenses **17,745,049.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part III		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	X	
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, 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		
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		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	159
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which a return was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Form 990 (2019)

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

Check if Schedule O contains a response or note to any line in this Part V ☒ X

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9
1a Enter the number of voting members of the governing body at the end of the tax year	13											
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.												
b Enter the number of voting members included on line 1a, above, who are independent		10										
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			X									
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?												
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?												
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?												
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?												
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:												
a The governing body?										X		
b Each committee with authority to act on behalf of the governing body?										X		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.												X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b
10a Did the organization have local chapters, branches, or affiliates?													
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?													
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X										
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.													
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					X								
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X								
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done					X								
13 Did the organization have a written whistleblower policy?					X								
14 Did the organization have a written document retention and destruction policy?					X								
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													
a The organization's CEO, Executive Director, or top management official					X								
b Other officers or key employees of the organization					X								
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).													
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												X	
b If "Yes," 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?													

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NM, AL, AK, AR, CA, CO, CT, DC, FL, GA, IL, KS**

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records **MELVIN MORRIS - 505-881-3321**
2421 AZTEC RD NE, ALBUQUERQUE, NM 87107-4224

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GERALD JACKSON PRESIDENT	40.00 0.30	X		X				93,093.	0.	1,100.
(2) CLAY JACKSON VP -OPERATIONS	40.00	X		X				111,512.	0.	11,489.
(3) JANET LLOYD COMMUNICATIONS MANAGER	40.00 0.20	X						77,786.	0.	6,793.
(4) MURRAY CRAWFORD CHAIRMAN OF THE BOARD	0.20	X		X				0.	0.	0.
(5) BETTY SHAUM BOARD VICE CHAIR	0.20	X		X				0.	0.	0.
(6) TIM HAIST BOARD MEMBER	0.20	X						0.	0.	0.
(7) ALBIN JACOBSON BOARD MEMBER	0.20	X						0.	0.	0.
(8) RICH GATNER BOARD MEMBER	0.20	X						0.	0.	0.
(9) SCOTT HAUQUIST BOARD MEMBER	0.20	X						0.	0.	0.
(10) JEFF SOLSCHEID BOARD MEMBER	0.20 0.30	X						0.	0.	0.
(11) JUDY MUCARELLA BOARD MEMBER	0.20	X						0.	0.	0.
(12) RICHARD ESTERLY BOARD MEMBER	0.20 0.30	X						0.	0.	0.
(13) JIM DUTTON BOARD MEMBER	0.20	X						0.	0.	0.
(14) MORGAN JACKSON SENIOR VP	40.00			X				132,963.	0.	11,543.
(15) MELVIN MORRIS CHIEF FINANCIAL OFFICER	40.00 0.30			X				112,667.	0.	1,224.
(16) TORY HARPER VP -DEVELOPMENT	40.00			X				102,622.	0.	11,272.
(17) JONATHAN HUGUENIN VP -LANGUAGE RECORDING	40.00			X				92,752.	0.	15,836.

Part VII

1b Subtotal	825,384.	0.	70,529.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	825,384.	0.	70,529.

5

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for each individual

5 Did any person listed on line 4a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TOP ORIENT ENTERPRISE, 15B LONG TO BLDG 654-656 CASTLE PEAK RD, KOWLOON, HONG KONG	MANUFACTURER OF AUDIO BIBLE PROCLAIM	2,821,065.
THEOVISION GHANA PO BOX 13119, ACCRA, GHANA	AUDIO BIBLE RECORDING SERVICES	548,919.
MEGAVOICE, PO BOX 420 INDUSTRIAL ZONE, UPPER TIBERIAS, ISRAEL	MANUFACTURER OF AUDIO BIBLE DEVICES	488,627.
FULLSTACK LABS 9450 SW GEMINI, BEAVERTON, OR 97008	PROGRAMMING SERVICES	464,186.
WESTERN OVERSEARS 10731 WALKER STREET, LONG BEACH, CA 90809	SHIPPING CLEARING AGENT	243,723.

14

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	25,830.			
	b	Membership dues				
	c	Fundraising events	7,008,311.			
	d	Related organizations				
	e	Government grants (contributions)				
	f	All other contributions, gifts, grants, and similar amounts not included above	22,865,475.			
	g	Noncash contributions included in lines 1a-1f	\$ 413,164.			
	h	Total. Add lines 1a-1f	29,899,616.			
	Program Service Revenue	2 a				
b						
c						
d						
e						
f		All other program service revenue				
g		Total. Add lines 2a-2f				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	74,091.			74,091.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				510.
	6 a	Gross rents	12,925.			
	b	Less: rental expenses	0.			
	c	Rental income or (loss)	12,925.			
	d	Net rental income or (loss)	12,925.			12,925.
	7 a	Gross amount from sales of assets other than inventory				
	b	Less: cost or other basis and sales expenses	788.			
	c	Gain or (loss)	-788.			
	d	Net gain or (loss)	-788.			-788.
	8 a	Gross income from fundraising events (not including \$ 7,008,311. of contributions reported on line 1c). See Part IV, line 18	0.			
	b	Less: direct expenses	603,629.			
	c	Net income or (loss) from fundraising events	-603,629.			-603,629.
	9 a	Gross income from gaming activities. See Part IV, line 19				
b	Less: direct expenses					
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	69,688.				
b	Less: cost of goods sold	72,265.				
c	Net income or (loss) from sales of inventory	-2,577.	-2,577.			
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	80,320.	80,320.		
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	80,320.			
12	Total revenue. See instructions	29,460,468.	77,743.	0.	-516,891.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,915.	10,915.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,241,739.	4,241,739.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	943,349.	427,719.	199,236.	316,394.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,656,907.	4,868,314.	504,187.	284,406.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	1,113,664.	907,015.	107,468.	99,181.
10 Payroll taxes	527,546.	411,455.	61,080.	55,311.
11 Fees for services (nonemployees):				
a Management				
b Legal	9,907.	2,305.	3,181.	4,421.
c Accounting	16,756.	14,484.	946.	1,326.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	55,146.			55,146.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	35,050.	27,374.	13,359.	-5,683.
12 Advertising and promotion	145,301.	81,222.	63,613.	466.
13 Office expenses	10,312.	8,496.	1,816.	
14 Information technology				
15 Royalties				
16 Occupancy	463,091.	408,903.	38,825.	15,363.
17 Travel	305,107.	221,540.	51,014.	32,553.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,860.	24,880.	1,299.	4,681.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,431,001.	2,408,050.	16,072.	6,879.
23 Insurance	22,473.	19,460.	1,255.	1,758.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FCBH PROGRAMS	3,365,407.	3,365,407.		
b REPAIRS & MAINTENANCE	177,049.	148,806.	21,129.	7,114.
c MISCELLANEOUS EXPS	72,588.	58,908.	9,126.	4,554.
d POSTAGE & COURIER SERVI	69,103.	42,348.	4,766.	21,989.
e All other expenses SEE SCH O	66,656.	46,009.	4,276.	16,371.
25 Total functional expenses. Add lines 1 through 24e	19,769,927.	17,745,049.	1,102,648.	922,230.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ If following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	26,060.	1	24,170.
	2 Savings and temporary cash investments	10,114,412.	2	18,586,108.
	3 Pledges and grants receivable, net	106,127.	3	156,288.
	4 Accounts receivable, net	25,936.	4	3,074.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	147,130.	8	1,937,519.
	9 Prepaid expenses and deferred charges	207,327.	9	344,332.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,739,815.		
	b Less: accumulated depreciation	10b 2,317,402.	10c 1,301,982.	1,422,413.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	29,658,915.	15	32,225,964.
16 Total assets. Add lines 1 through 15 (must equal line 33)	44,587,889.	16	54,699,868.	
Liabilities	17 Accounts payable and accrued expenses	1,916,005.	17	2,337,443.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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 D		25	
	26 Total liabilities. Add lines 17 through 25	1,916,005.	26	2,337,443.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		31,075,276.	27	41,030,243.
28 Net assets with donor restrictions		11,596,608.	28	11,332,182.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		42,671,884.	32	52,362,425.
33 Total liabilities and net assets/fund balances	44,587,889.	33	54,699,868.	

Form 990 (2019)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,460,468.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,769,927.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,690,541.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,671,884.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	52,362,425.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

HOSANNA

Employer identification number

85-0223225

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)**, operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions; and (2) not more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 514 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s). _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21492709.	21077430.	21193312.	23507788.	29899616.	117170855
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	21492709.	21077430.	21193312.	23507788.	29899616.	117170855
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16527525.
6 Public support. Subtract line 5 from line 4.						100643330

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	21492709.	21077430.	21193312.	23507788.	29899616.	117170855
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,121.	15,709.	14,765.	14,764.	87,526.	149,885.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						117320740
12 Gross receipts from related activities, etc. (see instructions)					12	803,250.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	85.78	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	86.48	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete **Part I** of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete **Part I** of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

Current Year

- 1 Amounts paid to supported organizations to accomplish exempt purposes
- 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
- 3 Administrative expenses paid to accomplish exempt purposes of supported organizations
- 4 Amounts paid to acquire exempt-use assets
- 5 Qualified set-aside amounts (prior IRS approval required)
- 6 Other distributions (describe in **Part VI**). See instructions.
- 7 **Total annual distributions.** Add lines 1 through 6.
- 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.
- 9 Distributable amount for 2019 from Section C, line 6
- 10 Line 8 amount divided by line 9 amount

Section E - Distribution Allocations (see instructions)(i)
Excess Distributions(ii)
Underdistributions
Pre-2019(iii)
Distributable
Amount for 2019

- 1 Distributable amount for 2019 from Section C, line 6
- 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in **Part VI**). See instructions.
- 3 Excess distributions carryover, if any, to 2019
 - a From 2014
 - b From 2015
 - c From 2016
 - d From 2017
 - e From 2018
 - f Total of lines 3a through e
 - g Applied to underdistributions of prior years
 - h Applied to 2019 distributable amount
 - i Carryover from 2014 not applied (see instructions)
 - j Remainder. Subtract lines 3g, 3h, and 3i from 3f.
- 4 Distributions for 2019 from Section D, line 7: \$
 - a Applied to underdistributions of prior years
 - b Applied to 2019 distributable amount
 - c Remainder. Subtract lines 4a and 4b from 4.
- 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.
- 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.
- 7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.
- 8 Breakdown of line 7:
 - a Excess from 2015
 - b Excess from 2016
 - c Excess from 2017
 - d Excess from 2018
 - e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Part V **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II:

IN PRIOR YEARS HOSANNA COMPLETED SCHEDULE A, PART III (IRC SEC.

509(A)(2)) SUPPORT TEST TO QUALIFY AS A PUBLICLY SUPPORTED CHARITY.

HOWEVER, THE ORGANIZATION'S PUBLIC SUPPORT CHANGED A NUMBER OF YEARS

AGO FROM BEING PRIMARILY SUPPORTED BY PROGRAM SERVICE REVENUE TO BEING

PRIMARILY SUPPORTED BY DONATIONS. AS A RESULT, SCHEDULE A, PART II

SUPPORT TEST IS NOW MORE APPLICABLE TO THE ORGANIZATION. AS A RESULT,

HOSANNA COMPLETED SCHEDULE A, PART II STARTING WITH ITS 2016 TAX RETURN

AND WILL CONTINUE TO DO SO. THIS PRESENTATION IS ALSO CONSISTENT WITH

THE ORGANIZATION'S IRS DETERMINATION LETTER CLASSIFYING IT AS AN IRC

SEC. 170(B)(1)(A)(VI) CHARITY.

Public Inspection Copy

2019

*** Not Open to Public Inspection ***

923171 04-01-19

Schedule B

(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

HOSANNA

Employer identification number

85-0223225

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(ii), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

HOSANNA**85-0223225****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>3,604,883.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,415,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>685,277.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>622,185.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,022,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>1,300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

HOSANNA**85-0223225****Part I****Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 799,412.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 627,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

85-0223225

Part II

[illegible]

Name of organization

Employer identification number

HOSANNA**85-0223225****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

HOSANNA

Employer identification number

85-0223225

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

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

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easements is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organization _____
 (ii) Related organization _____

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		412,953.		412,953.
b Buildings		834,160.	672,013.	162,147.
c Leasehold improvements		796,058.	437,221.	358,837.
d Equipment		1,465,006.	976,529.	488,477.
e Other		231,638.	231,639.	-1.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **1,422,413.**

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RECORDINGS, LITERATURE, & LICENSES	30,345,350.
(2) DEPOSITS	333,260.
(3) DONATED STOCK HELD FOR SALE	6,797.
(4) COMMITTED ORDERS	671,680.
(5) PROPERTY HELD FOR FUTURE USE	868,877.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	32,225,964.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	30,142,550.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	6,188.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	675,894.
e	Add lines 2a through 2d	2e	682,082.
3	Subtract line 2e from line 1	3	29,460,468.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	29,460,468.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	20,452,009.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,188.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	675,894.
e	Add lines 2a through 2d	2e	682,082.
3	Subtract line 2e from line 1	3	19,769,927.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.)	5	19,769,927.

Part XIII Supplemental Information.

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

PART X, LINE 2:

HOSANNA ADOPTED FASB ACCOUNTING STANDARDS CODIFICATION (ASC) 740-10, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-10 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTING FOR UNCERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNITION, INTEREST, PENALTIES AND DISCLOSURE REQUIRED. HOSANNA HAS NO UNRECOGNIZED TAX BENEFIT WHICH WOULD REQUIRE AN ADJUSTMENT TO THE BEGINNING BALANCE OF NET ASSETS AND HAD NO UNRECOGNIZED TAX BENEFITS AT YEAR-END. HOSANNA FILES AN EXEMPT ORGANIZATION RETURN IN THE U.S. FEDERAL JURISDICTION. HOSANNA IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEGINNING BEFORE ITS DECEMBER 31, 2016 FEDERAL FILINGS.

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD DEDUCTED FROM REVENUES ON FORM 990 72,265.

DIRECT FUNDRAISING EXPS DEDUCTED FROM REVENUES ON FORM 990 603,629.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 675,894.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF GOODS SOLD DEDUCTED FROM REVENUES ON FORM 990 72,265.

DIRECT FUNDRAISING EXPS DEDUCTED FROM REVENUES ON FORM 990 603,629.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 675,894.

Public Inspection Copy

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019Open to Public
Inspection

Name of the organization

HOSANNA

Employer identification number

85-0223225

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
AFRICA	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING	477,300.
AMERICAS (MEXICO, CANADA, & SOUTH AMER)	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING	910,170.
EAST ASIA/PACIFIC	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING	222,573.
EURASIA/MIDDLE EAST	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING	107,345.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE LISTENING	245,473.
AFRICA	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE RECORDINGS	1,052,958.
AMERICAS (MEXICO, CANADA, & SOUTH AMER)	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE RECORDINGS	229,746.
EAST ASIA/PACIFIC	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE RECORDINGS	427,887.
3 a Subtotal	0	0			3,673,452.
b Total from continuation sheets to Part I	0	0			794,219.
c Totals (add lines 3a and 3b)	0	0			4,467,671.

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

Schedule F (Form 990) 2019

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EURASIA/MIDDLE EAST	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE RECORDINGS	117,646.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE RECORDINGS	153,935.
AFRICA	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	TRAVEL TO/FROM REGION FOR PROGRAM MONITORING, MEETINGS, ETC.	19,048.
AMERICAS (MEXICO, CANADA, & SOUTH AMER)	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	TRAVEL TO/FROM REGION FOR PROGRAM MONITORING, MEETINGS, ETC.	64,347.
EURASIA/MIDDLE EAST	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	TRAVEL TO/FROM REGION FOR PROGRAM MONITORING, MEETINGS, ETC.	52,284.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	TRAVEL TO/FROM REGION FOR PROGRAM MONITORING, MEETINGS, ETC.	19,775.
SE ASIA	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	COMES BY HEARING AUDIO BIBLE LISTENING	166,578.
SE ASIA	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	FAITH COMES BY HEARING AUDIO BIBLE RECORDINGS	130,129.
SE ASIA	0	0	GRANTS TO RECIPIENTS IN REGION & PROGRAM SERVICES	TRAVEL TO/FROM REGION FOR PROGRAM MONITORING, MEETINGS, ETC.	70,477.
Totals					794,219.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AFRICA	PROGRAM SERVICE -AUDIO BIBLE RECORDING	548,919.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	108,703.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE -AUDIO BIBLE RECORDING	77,722.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE -AUDIO BIBLE RECORDING	65,000.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE -AUDIO BIBLE RECORDING	49,042.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE -AUDIO BIBLE RECORDING	42,246.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	26,942.	WIRE TRANSFER	0.		
			AFRICA	PROGRAM SERVICE -AUDIO BIBLE RECORDING	24,769.	WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	23,755.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	23,657.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	23,000.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	22,006.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	21,817.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE RECORDING	11,500.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	10,970.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	10,888.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	8,290.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	8,247.	WIRE TRANSFER			
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	5,263.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	5,250.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	6,212.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	6,060.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE RECORDING	6,000.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	5,523.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	5,339.	WIRE TRANSFER	0.		
		AFRICA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	5,069.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	145,335.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	94,441.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	14,000.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	59,059.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	45,000.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE RECORDING	42,662.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE RECORDING	39,576.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	31,955.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	31,568.	WIRE TRANSFER	0.		

Schedule F (Form 990) Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	31,456.	WIRE TRANSFER			
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE RECORDINGS	23,311.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	22,693.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	22,687.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE RECORDING	19,600.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	17,242.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE RECORDING	14,486.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	14,092.	WIRE TRANSFER	0.		
			AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	13,000.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	12,795.	WIRE TRANSFER			
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	11,731.	WIRE TRANSFER	0.		
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	0,300.	WIRE TRANSFER	0.		
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	10,062.	WIRE TRANSFER	0.		
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE RECORDING	10,000.	WIRE TRANSFER	0.		
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	9,125.	WIRE TRANSFER	0.		
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	9,100.	WIRE TRANSFER	0.		
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	8,626.	WIRE TRANSFER	0.		
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	6,814.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	5,917.	WIRE TRANSFER			
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	5,369.	WIRE TRANSFER	0.		
		ASIA/PACIFIC	PROGRAM SERVICE -AUDIO BIBLE LISTENING	53,223.	WIRE TRANSFER	0.		
		EURASIA/MIDDLE EAST	PROGRAM SERVICE -AUDIO BIBLE RECORDING	50,000.	WIRE TRANSFER	0.		
		EURASIA/MIDDLE EAST	PROGRAM SERVICE -AUDIO BIBLE LISTENING	10,504.	WIRE TRANSFER	0.		
		EURASIA/MIDDLE EAST	PROGRAM SERVICE -AUDIO BIBLE LISTENING	5,078.	WIRE TRANSFER	0.		
		AMERICAS	PROGRAM SERVICE -AUDIO BIBLE LISTENING	23,000.	WIRE TRANSFER	0.		
		EURASIA/MIDDLE EAST	PROGRAM SERVICE -AUDIO BIBLE LISTENING	25,278.	WIRE TRANSFER	0.		
		EURASIA/MIDDLE EAST	PROGRAM SERVICE -AUDIO BIBLE LISTENING	12,292.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ASIA/PACIFIC	PROGRAM SERVICE -AUDIO BIBLE RECORDING	194,780.	WIRE TRANSFER	0.		
		ASIA/PACIFIC	PROGRAM SERVICE -AUDIO BIBLE LISTENING	43,442.		0.		
		ASIA/PACIFIC	PROGRAM SERVICE -AUDIO BIBLE RECORDING	58,250.	WIRE TRANSFER	0.		
		ASIA/PACIFIC	PROGRAM SERVICE -AUDIO BIBLE RECORDING	14,400.	WIRE TRANSFER	0.		
		ASIA/PACIFIC	PROGRAM SERVICE -AUDIO BIBLE RECORDING	6,250.	WIRE TRANSFER	0.		
		SE ASIA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	70,167.	WIRE TRANSFER	0.		
		SE ASIA	PROGRAM SERVICE -AUDIO BIBLE LISTENING	18,500.	WIRE TRANSFER	0.		
		SE ASIA	PROGRAM SERVICE -AUDIO BIBLE RECORDING	15,622.	WIRE TRANSFER	0.		
		SE ASIA	PROGRAM SERVICE -AUDIO BIBLE RECORDING	11,819.	WIRE TRANSFER	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SE ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDING	9,885.	WIRE TRANSFER	0.		
			SE ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDING	8,300.	WIRE TRANSFER	0.		
			SE ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDING	6,200.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	48,413.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE LISTENING	16,145.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDING	26,334.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDING	24,752.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDING	24,155.	WIRE TRANSFER	0.		
			SOUTH ASIA	PROGRAM SERVICE - AUDIO BIBLE RECORDING & LISTENING	10,172.	WIRE TRANSFER	0.		

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	AFRICA	8	316,255.				
	AMERICAS (CANADA, MEXICO, SOUTH AMER)	7	232,804.		0.		
	ASIA/PACIFIC	14	182,107.		0.		
	EURASIA/MIDDLE EAST	9	87,685.		0.		
	SE ASIA	4	129,284.		0.		
	SOUTH ASIA	8	200,910.		0.		

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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ 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) ☐ Yes ☒ No
- 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☐ Yes ☒ No
- 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) ☐ Yes ☒ No
- 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2019

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION HAS EXTENSIVE REPORTING AND APPROVAL PROCESSES TO ENSURE
THE FUNDS ARE USED FOR THE PURPOSES GRANTED INCLUDING VISITS TO EACH
REGION TO MONITOR THE SUCCESS OF THE PROGRAMS FUNDED.

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SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

HOSANNA

Employer identification number

85-0223225



Fundraising Activities.

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

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
BERKEY, BRENDLE, SHELLENE - 130 SPRINGSIDE DR #200,	CONSULTATIONS ON DIRECT APPEALS	X	730,091.	55,146.	674,945.
Total			730,091.	55,146.	674,945.

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

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

		(a) Event #1 JOSIAH FUNDRAISER (event type)	(b) Event #2 CHOSEN EVENT FUNDRAISER (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	386,559.	6,621,752.		7,008,311.
	2 Less: Contributions	386,559.	6,621,752.		7,008,311.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	100,461.	503,168.		603,629.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				603,629.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-603,629.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
- ☐
- Yes
- ☐
- No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BERKEY, BRENDLE, SHELINE

(I) ADDRESS OF FUNDRAISER: 130 SPRINGSIDE DR #200, AKRON, OH 44333

Part IV Supplemental Information *(continued)*

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**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

Name of the organization

HOSANNA

Part I	General Information on Grants and Assistance
--------	--

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

Part III

[illegible]

Part IV

PART I, LINE 2:

HOSANNA PARTNERS AND MAINTAINS A CLOSE RELATIONSHIP WITH THE SEPARATE DEAF

BIBLE SOCIETY (DBS) AND MONITORS THE USE OF FUNDS PROVIDED TO THEM.

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ **Attach to Form 990 or Form 990-EZ.**

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

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Department of the Treasury
Internal Revenue Service

Name of the organization

HOSANNA

Employer identification number

85-0223225

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

[illegible]

2. Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

[illegible]

Total

Part III Grants or Assistance Benefiting Interested Persons.

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

[illegible]

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JUAN (JOHN) MORENO	FAMILY MEMBER OF MU	38,248.	EMPLOYEE- D		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF PERSON: JUAN (JOHN) MORENO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF MURRAY CRAWFORD, BOARD CHAIR

(C) AMOUNT OF TRANSACTION \$ 38,248.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE- DIGITAL MEDIA SPECIALIST.

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.

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

HOSANNA

Employer identification number

85-0223225

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	339,164. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>PROPERTY HELD</u>)	X	1	69,000.	
26 Other ▶ (<u>RECORDING SUP</u>)	X	1	5,000.	
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

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

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

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2019

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES AN INVESTMENT FIRM (RAYMOND JAMES) FOR THE SALES
OF DONATED STOCK.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION WAS INSTRUMENTAL IN ESTABLISHING THIS WORK WITH THE
DEAF COMMUNITY AND IN THE FORMATION OF THE DEAF BIBLE SOCIETY, A
SEPARATE 501(C)(3) ORGANIZATION. HOSANNA NOW PARTNERS WITH DEAF BIBLE
SOCIETY IN BRINGING THE WORD OF GOD TO DEAF PEOPLE WORLDWIDE.

FORM 990, PART VI, SECTION A, LINE 2:

GERALD JACKSON HAS A FAMILY RELATIONSHIP WITH CLAY JACKSON,
SECRETARY/TREASURER. ALSO, GERALD JACKSON HAS A FAMILY RELATIONSHIP WITH
MORGAN JACKSON, SENIOR VICE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN (FORM 990) IS REVIEWED BY THE CFO AND THE PRESIDENT. ONCE
THIS REVIEW IS FINISHED, A COMPLETE COPY OF THE TAX RETURN IS PROVIDED TO
THE BOARD FOR THEIR REVIEW PRIOR TO FILING THE RETURN. NORMALLY THE CFO
ALSO PRESENTS THE FORM 990 TO THE BOARD AT A REGULARLY SCHEDULED BOARD
MEETING AND IS AVAILABLE TO ANSWER ANY QUESTIONS.

FORM 990, PART VII, 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 ENTITY'S POTENTIAL TRANSACTIONS ARE
SCRUTINIZED REGARDING ANY POTENTIAL FINANCIAL INTERESTS WITH MEMBERS OF THE
GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 15:

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

HOSANNA

Employer identification number

85-0223225

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 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, WITH MINUTES KEPT OF THE DILIBERATION AND DECISION. THIS PROCESS WAS LAST COMPLETED IN 2016.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

NM,AL,AK,AR,CA,CO,CT,DC,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,NH,MO,MS,MN,ND,NC,NY
NJ,SC,RI,PA,OR,OK,OH,WI,WV,WA,VA,UT,VT

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

COPIES OF THE ARTICLES OF INCORPORATION, BYLAWS, TAX RETURNS, IRS LETTER OF DETERMINATION, ANNUAL CONFLICTS OF INTEREST STATEMENTS, ANNUAL AUDITED FINANCIAL STATEMENTS AND OTHER APPROPRIATE GOVERNING DOCUMENTS ARE KEPT ON FILE AT THE ORGANIZATION'S OFFICE FOR PUBLIC INEPECTION. AN UPDATED LOG BOOK OF INDIVIDUAL VIEWINGS OF THIS INFORMATION IS ALSO MAINTAINED.

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

SUPPLIES & ARTWORK EXPS:

PROGRAM SERVICE EXPENSES	46,009.
MANAGEMENT AND GENERAL EXPENSES	4,276.
FUNDRAISING EXPENSES	16,371.
TOTAL EXPENSES	66,656.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	66,656.
--	---------

Name of the organization

HOSANNA

Employer identification number

85-0223225

FORM 990, PART XII, LINE 2C:

THERE WAS NO CHANGE TO EITHER THE AUDIT OVERSIGHT PROCESS OR THE
SELECTION PROCESS DURING THE TAX YEAR.

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Part I

[illegible]

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(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public character status (if section 501(c)(3))
SOLICIT, MANAGE, DISBURSE FUNDS, AND OTHERWISE PROVIDE SUPPORT TO HOSANNA	NEW MEXICO	501(C)(3)	LINE 12A,

Schedule R (Form 990) 2019

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

[illegible]

Part IV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART II:

DURING THE FISCAL YEAR ENDED 3/31/2011, THE ORGANIZATION CREATED FAITH COMES BY HEALING HONG KONG LTD (AKA FCBH-ASIA), WHICH IS A REGISTERED CHARITY IN CHINA. IT IS A FOREIGN LEGAL ENTITY - IT WAS CLASSIFIED AS A RELATED ENTITY BECAUSE THE ORGANIZATIONS PREVIOUSLY SHARED BOARD OF DIRECTORS. DURING THE FISCAL YEAR ENDED 03/31/2017, THE ORGANIZATIONS STOPPED SHARING BOARD MEMBERS, SO FCBH-ASIA IS NO LONGER A RELATED ORGANIZATION AND IS NO LONGER BEING REPORTED ON SCHEDULE R.

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