Perm 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1078

For calendar year 2019, or fiscal year beginning  ${
m APR}~1$  , 2019, and ending  ${
m MAR}~31$  , 2020Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Department of the Treasury Internal Revenue Service Name of exempt croanization

n number

LANDLER AL AVAILING OF BALLERATOR	Employer Identification
HOSANNA	85-0223225
Name and title of officer	
GERALD JACKSON	
President	
Part 1 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 Pert L

1a	Form 990 check here <b>b X b Total revenue, if any (Form 990, Part Vill, column (A), iine 12)</b>	1b	29,460,468.
<b>2</b> a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
<b>3</b> a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
<b>5</b> a	Form 8868 check here 🕨 🛄 🛛 b Balance Due (Form 8868, line 3o)		

#### Part II **Declaration and Signature Authorization of Officer**

Under penalities 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 bast 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 1-888-953-4637 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 orgenization's consent to electronic funds withdrawal,

### Officer's PIN: check one box only

X   authorize RICCI & COMPANY,	LLC	to enter my PIN 37193
	ERO firm name	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(les) 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(les) 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 ) erald Jackow ( Nosislart Date >_	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.	A COLORED AND A
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File <i>e-tile</i> Providers for Business Returns.	or the organization indicated above. I (MeF) Information for Authorized IRS
ERO's signature Date Date	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)

11510814 132225 37193

	m <b>JJU</b> v. January 2020) Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coo		ations) ZU
Depa	<ul> <li>V. January 2020)</li> <li>artment of the Treasury nal Revenue Service</li> <li>Do not enter social security numbers on this form as it</li> <li>Go to www.irs.gov/Form990 for instructions and the</li> </ul>		an objention
_		ng MAR 31, 20	
B	Check if C Name of organization		ntification number
٤	applicable:		•
	Address HOSANNA		
	Change Doing business as FAITH COMES BY HEARING	85-022	3225
	_return Number and street (or P.U. box if mail is not delivered to street address) Roor	n/suite E feleptione nur	
	Jeturn/ 2721 ABIBC RD NE	505488	
<b></b>	ated       City or town, state or province, country, and ZIP or foreign postal code         Amended       ALBUQUERQUE, NM 87107-4224	G. Granteceipts \$ Hanks this a grou	<u>30,137</u>
F	Applica- Ition F Name and address of principal officer: GERALD JACKSON	for subordin	
·	pending SAME AS C ABOVE	(b) Are all subordina	
	ax-exempt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1	- Calcing the second se	ch a list. (see instruc
JΫ	Website: > WWW.FAITHCOMESBYHEARING.COM	H(c) Group exem	ption number 🕨
KF	orm of organization: X Corporation Trust Association Other	Year of formation: 197	3 M State of legal do
	Summary	T 3 T17 TEATA	
ģ	1 Briefly describe the organization's mission or most significant activities: TO PROC LORD.	LAIM JESUS CH	IRIST AS TH
Governance			·
verr	<ul> <li>2 Check this box</li></ul>	ntere than 25% of its het	assets.
Ś	<ul> <li>4 Number of independent voting members of the governing body (rat v), and by (rat v), and by (rat v) (rat v).</li> </ul>		4
ex	5 Total number of individuals employed in calendar year 2019 (Party, line 2a)		5
Ĩ	6 Total number of volunteers (estimate if necessary)		6
Activities	7 a Total unrelated business revenue from Part VIII, column (anne)		7a
Ř	b Net unrelated business taxable income from Form 9905, line 39		7b
		Prior Year	Current Y
٥	8 Contributions and grants (Part VIII, line 1h)	23,507,788	
Revenue	9 Program service revenue (Part VIII, line 2g)		).
Rev	10 Investment income (Part VIII, column (A), lines 3, 4 and 7d)	186	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 12e)	-513,938	
-	12         Total revenue - add lines 8 through 11 must equal Part VIII, column (A), line 12)           13         Grants and similar amounts pard (Partix, column (A), lines 1-3)	22,994,036	
	<ul> <li>Benefits paid to or for members (Part, 12, column (A), line 4)</li> </ul>		• 4,252
	15 Salarios other componential managements (Part IV column (A) lines 5.10)	8 004 020	
Ses	16a Professional fundraising fees (Partitic column (A) line 11e)	52,133	
Expenses	16a Professional fundraising fees (Partix, column (A), line 11e)         b Total fundraising expenses (Partix, column (D), line 25)		
Щ	17 Other expenses (Part IX column A), lines 11a-11d, 11f-24e)	7,500,797	7,220
	18 Total expenses. Addines 1317 (must equal Part IX, column (A), line 25)	18,612,946	
	19 Revenue less expenses Subtract line 18 from line 12	4,381,090	
58		Beginning of Current Yes	·· ·
LVBL ASSELS OF	20 Total assets (Put X, line 16)	44,587,889	
ġ	21 Total (abilities Part X, line 26)	1,916,005	. 2,337
23	22 Net assets of fund balances. Subtract line 21 from line 20	42,671,884	
Pai	Ille Signature Block		

Sign Here	Signature of officer  GERALD JACKSON, PRESIDENT  Type or print name and title	Date
Paid Preparer	Print/Type preparer's name MARIA MATONTI Firm's name RICCI & COMPANY, LLC	Check PTIN if self-employed P01790899 Firm's EIN ► 20-5949532
Use Only	Firm's address 1030 18TH STREET NW C ALBUQUERQUE, NM 87204	Phone no. 505-338-0800
	RS discuss this return with the preparer shown above? (see instructions)	

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932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	Charle & Cabadula O contains a grannen ann de la constitución de la UN
•	Check if Schedule O contains a response or note to any line in this Part III
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
<b>E</b>	
~	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?
	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 \$ 2739,438.) (Revenue \$ 77,743
	FAITH COMES BY HEARING (FCBH) BIBLE ENGAGEMENT PROGRAMS WORLDWIDE:
	DURING THE YEAR ENDED MARCH 31, 2020, HOGANNA BEGAN 93,758 NEW
	LISTENING PROJECTS IN OVER 80 COUNTRIES, WERH APPROXIMATELY 8,438,220
	NEW LISTENERS HEARING THE ENTIRE NEW AESTAMENT 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 AN A TRANSLATER INDIGENOUS LANGUAGE.
	WITH NO MOVING PARTS TO THE PLAYBACK MECHANESM, IT IS PRACTICALLY
	INDESTRUCTIBLE, AND PLAYS FOR HOURS AT A TIME. T CAN RUN ON
	RECHARGEABLE BATTERIES, SOLAR POWER, HAND-GRANK OR AC ADAPTER.
4b	(Code:) (Expenses \$2,112,301, including grants,112,301. ) (Revenue \$
	FCBH NEW TESTAMENT RECORDINGS DUALNG AHE 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
	RECORDINGS IN-PROCESS AT YEAR-END.
	A CPPU
	A JIBLIN
	ALSO HAD 50 RECORDINGS IN FINAL MASTERING AND EDITING, AND 48 RECORDINGS IN-PROCESS AT YEAR-END.
4c	(Code:)(
	DEAF BABIL 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
	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 \$ ) (Revenue \$ )
4e	Total program service expenses ► 17,745,049.
	Form <b>990</b> (20
92002	01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)
	2
08:	17 132225 37193 2019.04010 HOSANNA 3719

1         Is the organization described in auction SO(6)(3) or 4447(6)(1) (other tran a private Soundation)?         1         X           2         Is the organization regulated to complete Schedule B, Schedule C, Part I         2         X           3         DDI the organization regulated index or indicate or light or DBI complete Schedule C, Part I         2         X           4         Section SO1(c)(5) organizations. DDI the organizations regulate in DBI/m regulate schedule C, Part I         3         X           5         In the organization regulate Schedule C, Part I         4         X           6         DBI the organization regulate Schedule C, Part I         5         C         X           7         DBI the organization section SD1(c)(4), SD1(c)(5), or SD1(c)(6) organization that regulate Schedule D, Part I         5         C         X           8         DBI the organization reaction schedule Therane Procedure DB1/F Miles, C-mapplete Schedule D, Part I         C         X           9         DBI the organization regulate areas, or historic targenerits to regulate Schedule D, Part I         C         X           9         DBI the organization regulate Schedule D, Part V         C         X           10         DBI the organization regulate Schedule D, Part V         C         X           10         DBI the organization regulate Schedule D, Part V         C		the Checklist of Required Schedules	·		
# ''ss, 'complete Schedule A       1       X         2       Is the organization request in direct policies compaign activities on behalf of or in opposition to candidates for public offers (ampaign activities on behalf of or in opposition to candidates for public offers (ampaign activities on behalf of or in opposition to candidates for public offers (ampaign activities on behalf of or in opposition to candidates for public offers (ampaign activities on behalf of or in opposition to candidates for the public offers (ampaign activities on behalf of or in opposition to candidates for any first opposite Schedule (A, Part II)         3       Is the organization a section 50 (b)(5), 501(5)(5), 053(5)(5), 053(5)(5), 053(5)(5), 053(5)(5), 053(5)(5), 053(5)(5), 053(5)(5), 053(5)(5), 053(5)(5), 053(5)(5), 053(5)				Yes	No
2         Is the organization required in direct or index of collical anguing in activities on balaf of or in opposition to candidates for public offeed <i>P</i> ( <i>Yes</i> ), <i>complete Schedule C</i> , <i>Perl I</i> .         2         X           3         Section 501(c)(3) organizations. Did the organization engage in fobbying schriftes, or have a section 53(h) election in effect during the section 25(h) election ( <i>S</i> ( <i>H</i> )) election in effect during the section 25(h) election ( <i>S</i> ( <i>H</i> )) election ( <i>S</i> ( <i>H</i> )).         X           4         Section 501(c)(5), Coll(5), or 501(c)(6), organization that recover membership fails, election ( <i>S</i> ( <i>H</i> )).         X           5         In the organization action 501(c)(6), Coll(5), organization that recover membership fails, election ( <i>S</i> ( <i>H</i> )).         X           6         Ut the organization matutin any domor advised funde or any almilar funds or accounts for while of the theorement, historial targe asso, or historia to trustes? II "Yes, "complete Schedule D, Perl II.         X           7         X         Ut the organization matutin any domor of art, historicia theorements to prove a condition for mammership for any server as a custodian for amounts in cell trustes.         Yes, "complete Schedule D, Perl V.           7         X         Ut the organization export an emount in Perl X, ise 21, for eacrow or custodial neutropatic schedule and theorements.         Yes, "complete Schedule D, Perl V.           7         X         Ut the organization theorements.         Yes, "complete Schedule D, Perl V.         Yes, "complete Schedule D, Perl V.           7	1				
9         Did the organization range in direct or indirect political company activities on behalf of or in oppealion to candidates for public officing Prives, "complete Schedule (2, Part II)         2         X           4         Section 50 fto(S) organizations. Did the organization singles in tobbying activities, or have a section 50 ft(f) silection in effect dring the tax year? If Yes, "complete Schedule (2, Part II)         4         X           5         Is the organization a socie of ft(f)(s) 50 ft(f)(g). 50 ft(f)(g): tof(f)(g) ft(f)(g) ft(g) ft(g)(g) ft(g) ft(g)(g) ft(g) ft(g)(g) ft(g) ft(g)(g) ft(g) ft(g)(g) ft(g) ft(g) ft(g)(g) ft(g) ft(			1		<u> </u>
public officitity (************************************	2		2	<u> </u>	
<ul> <li>Sector 601(c)(3) organizations. Did the organization agage in bobying activities, or have a section 501(f) election in effect during the tay sector 501(f) election in effect during the tay sector 501(f) election for the formation of the organization against another for the organization activities (<i>P</i>, <i>Ptr1</i>) <i>Prant. Complete Schedule C</i>, <i>Ptr1 Prant. Ptr2</i>, <i>Complete Schedule C</i>, <i>Ptr1 Ptr2</i>, <i>Complete Schedule C</i>, <i>Ptr1</i>, <i>Ptr2</i>, <i>Complete Schedule C</i>, <i>Ptr1</i>,</li></ul>	3				
during the tax year? if "Yes," complete Schedule C, Part I         4         X           5         is the organization a section works of any similar fundor a zoocarts for which the sense in ght to provide activities on interfaint or amounts and works of any similar fundor a zoocarts for which coulds be Schedule D, Part I         6           7         Did the organization resolved tax do conservation essement, including essements to provide activities of the schedule D, Part I         6         X           7         X         Did the organization resolved tax do conservation essement, including essements to provide activities of the schedule D, Part I         7         X           8         Did the organization report an amount in Part X, line 21, for escrew or custolial ecourum bibility, serve as a custodam for amounts not listed in Part X, or provide credit congenization, hold assetting of the organization report an amount for line checkelup D, Part I         7         X           9         Did the organization directly or through a related organization, hold assetting of the schedule D, Part I         8         X           10         Did the organization report an amount for line checkelup D, Part I         7         X           11         If the organization report an amount for line biblioing quasianis is "A" there in Part X in 0.1011, K, or X         8         X           12         Did the organization report an amount for line biblioing and the part Part II         11         X         11           13		public office? If "Yes," complete Schedule C, Part I	3		X
5         Is the organization a section 501(c)(4), 501(c)(5) organization that receives membership far, and sements, or anihar anomics and defined in Revenue Proceedings (* complete Schedule C, Part I)         6         X           6         Did the organization maintain any donor advised funds or any similar funds or accounts for vehicle Schedule D, Part I         6         X           7         Did the organization maintain any donor advised funds or any similar funds or accounts for vehicle Schedule D, Part I         6         X           7         Did the organization maintain collection of vehicle 6 at number that the server or custodial for the spece.         7         X           8         Did the organization maintain collection of vehicle 6 at the server or custodial for the server or custodial for anometrix for the server or or custodial for anometrix for the server or or custodial for anometrix for the server or or custodial for the server or custodial for debt negotiation services?         9         X           9         Did the organization anometrix for the server or custodial for the server or custodial for anometrix for the server or anometrix for the server or custodial for the server or fits total asset reported in Part X, line 17 (% e, "complete Schedule D, Part I         11         X           9         Did the organization report an amount for fand, buildings, and fallipp at the fart X, line 20 (% fo	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5         Is the organization a section 501(c)(4), 501(c)(5) organization that receives membership far, and sements, or anihar anomics and defined in Revenue Proceedings (* complete Schedule C, Part I)         6         X           6         Did the organization maintain any donor advised funds or any similar funds or accounts for vehicle Schedule D, Part I         6         X           7         Did the organization maintain any donor advised funds or any similar funds or accounts for vehicle Schedule D, Part I         6         X           7         Did the organization maintain collection of vehicle 6 at number that the server or custodial for the spece.         7         X           8         Did the organization maintain collection of vehicle 6 at the server or custodial for the server or custodial for anometrix for the server or or custodial for anometrix for the server or or custodial for anometrix for the server or or custodial for the server or custodial for debt negotiation services?         9         X           9         Did the organization anometrix for the server or custodial for the server or custodial for anometrix for the server or anometrix for the server or custodial for the server or fits total asset reported in Part X, line 17 (% e, "complete Schedule D, Part I         11         X           9         Did the organization report an amount for fand, buildings, and fallipp at the fart X, line 20 (% fo		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised funds or any almair funds or accounts for Ym & Golden Fixe the right to provide advise on the distribution or investment of amounts in such funds or accounts for Ym & Golden Fixe the right to provide advise on the distribution or investment of amounts in such funds or accounts for Ym & Golden Fixe the right to the expansion of the interpart of amounts in the such funds or accounts for Ym & Golden Fixe the right to the expansion of the interpart of the fixed papers? If Yms, " complete Schedule D, Part II           7 Did the organization maintain collections of victors of art, fixed papers? If Yms, " complete Schedule D, Part II         8           8 Did the organization report an amount in Part X, line 21, for secrow or custodial ecount belfs, ence as a custodian for amounts not listed D. Part II.         9           9 Did the organization report an amount for land, buildings, and fail paper of customeristic or in quasi endowments? If Yms," complete Schedule D, Part IV.         10           9 Did the organization report an amount for land, buildings, and fail paper of the arts of the total asset in points of the regulation of the total asset in points of the regulation of the total asset in points of the regulation report an amount for land, buildings, and fail part M. The Total Table Schedule D, Part X in the St were or a risk of the organization report an amount for land, buildings and part Part X, line 23, if Yms, complete Schedule D, Part X in the St were organization report an amount for land, buildings of the organization report an amount for land, buildings of the organization report an amount for threst schedule D Part X in the St were organization report an amo	5				
6 Did the organization maintain any donor advised funds or any almair funds or accounts for Ym & Golden Fixe the right to provide advise on the distribution or investment of amounts in such funds or accounts for Ym & Golden Fixe the right to provide advise on the distribution or investment of amounts in such funds or accounts for Ym & Golden Fixe the right to the expansion of the interpart of amounts in the such funds or accounts for Ym & Golden Fixe the right to the expansion of the interpart of the fixed papers? If Yms, " complete Schedule D, Part II           7 Did the organization maintain collections of victors of art, fixed papers? If Yms, " complete Schedule D, Part II         8           8 Did the organization report an amount in Part X, line 21, for secrow or custodial ecount belfs, ence as a custodian for amounts not listed D. Part II.         9           9 Did the organization report an amount for land, buildings, and fail paper of customeristic or in quasi endowments? If Yms," complete Schedule D, Part IV.         10           9 Did the organization report an amount for land, buildings, and fail paper of the arts of the total asset in points of the regulation of the total asset in points of the regulation of the total asset in points of the regulation report an amount for land, buildings, and fail part M. The Total Table Schedule D, Part X in the St were or a risk of the organization report an amount for land, buildings and part Part X, line 23, if Yms, complete Schedule D, Part X in the St were organization report an amount for land, buildings of the organization report an amount for land, buildings of the organization report an amount for threst schedule D Part X in the St were organization report an amo		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
provide advice on the distribution or investment of amounts in such funds or accounts by "Precision Schedule D, Part I       6       X         7       Did the organization receive or hold a conservation easement, including easements to precise of the space.       7       X         8       Did the organization maintain collections of vories of art, historic structures? If 'Yes,' complete Schedule D, Part II       7       X         9       Did the organization report an amount in Part X, line 21, for ecorow or cutsofial ecours biology during I, or debt negoliation services?       9       X         10       Did the organization, directly or through a related organization, hold eased biology restricted endowments       0       X         11       If the organization report an amount for land, buildings, and stylegements for the system is a complete Schedule D, Part IV       10       X       11         11       If the organization report an amount for investments and the follow restructs and the system is 5% or more of its total assets reported in Part X, line 167 if 'Yes,' complete Schedule D, Part IV       11       11       X         11       If the organization report an amount for investments and the system is 10% or more of its total assets reported in Part X, line 167 if 'Yes,' complete Schedule D, Part X       11       X         11       If the organization report an amount for investments and the system in Case to follow the total assets reported in Part X, line 167 if 'Yes,' complete Schedule D, Part X       11       X	6				
7       Did the organization receive or hold a conservation essement, including essements to prester down to the inclusion of the first organization maintain collections of works of art, historical treasure, or due in the selection of the response of the first organization maintain collections of works of art, historical treasure, or due in the selection of the response of the first organization response an amount in Part X, line 21, for secrow or custodial ecound labity, serve as a custodian for anount not listed in Part X, or provide credit counselling, debt management, credit treas, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold ease back of the response of the state of the organization, directly or through a related organization, hold ease back of the response of the state of the organization report an amount for land, buildings, and the organization report an amount for land, buildings, and the organization report an amount for land, buildings, and the organization report an amount for land, buildings, and the organization for organization report an amount for land, buildings, and the organization report in a mount for line organizatin seconization report in a mo			6		x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule 2, Part V.       7       X         3       Did the organization report an amount in Part X, line 21, for encrow or custodial forcum Buelity, serve as a custodian for amount in listed in Part X, or provide oracle counseling, dott management, creating and duelity, serve as a custodian for amount in listed in Part X, or provide oracle counseling, dott management, creating and duelity, serve as a custodian for amount in listed in Part X, or provide oracle counseling, dott management, creating and duelity, serve as a custodian for amount in listed in Part X, or provide oracle counseling, dott management, creating and duelity, serve as a custodian for amount for integration, hold asset another particularing oracle counseling, dott management, creating and the cognization report an amount for integration, hold asset another part V.       10         10       Did the organization report an amount for integrations is Y at their simples Schedule D, Part V.       11         11       If the organization report an amount for integration and part X, line 167 if Y'se," complete Schedule D, Part V.       11         11       Did the organization report an amount for integration part and part part or part another for the schedule D, Part X.       11         11       Did the organization report an amount for integration part and part part part of the schedule D, Part X.       11         2       Did the organization report an amount for integration part part part part part part part part	7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
9       Did the organization maintain collections of works of art, historical treasures, or other difference between the sense of the			7		l x
Schedule D, Part III <ul> <li>Did the organization report an amount in Part X, line 21, for escrow or custodial count holdity, serve as a custodial nor amounts not listed in Part X, or provide credit counseling, debt management, custodial miletility, serve as a custodial nor amounts not listed in Part X, or provide credit counseling, debt management, custodial miletility, serve as a custodial nor amounts not listed in Part X, in part IV.</li> <li>Did the organization, directly or through a related organization, hold asset uption report and amount for land, buildings, and subgenetity Part X, as a pplicable.</li> <li>Did the organization report an amount for land, buildings, and subgenetity Part X, as 10<sup>10</sup> Y <sup>10</sup> as complete Schedule D, Part V</li> <li>Did the organization report an amount for land, buildings, and subgenetity Part XIIII of the organization report an amount for lange set place or place or place in Part X, line 167 If Yes, 'complete Schedule D, Part VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</li></ul>	8	Did the organization maintain collections of works of art, historical treasures, or other size assets? <i>H</i> "Yoo," complete	<u> </u>		
9         Did the organization report an amount in Part X, line 11, for serve or ocustodial account plubility, serve as ocustodian for amounts not listed in Part X; or provide credit ocurseling, debt management, cap tension, or debt negotiation services?         If Yes; complete Schedule D, Part N	Ŭ				v
amounts not listed in Part X; or provide credit ocurreeling, debt management, or debt negotiation services?     y     X       If 'Yes,' complete Schedule D, Part V     10     X       Did the organization, directly or through a related organization, hold assets in progressificited endowments     10     X       If the organization directly or through a related organization, hold assets in progressificited endowments     10     X       If the organization report an amount for land, buildings, and sit progress in the progressificited for the schedule D, Part X     11     X       If the organization report an amount for investments - piber exclusion Part X, line 167, lf 'Yes,' complete Schedule D, Part X     11a     X       Did the organization report an amount for investments - piber exclusion Part X/II     10     X       Did the organization report an amount for investments - piber exclusion Part X/II     11b     X       Did the organization report an amount for investments - piber exclusion Part X/II     11c     X       Did the organization report an amount for there assets Part X/II     11c     X       Did the organization report an amount for there assets Part X/II     11c     X       Did the organization report an amount for there assets Part X/III     11c     X       Did the organization report an amount for there assets Part X/III     11c     X       Did the organization report an amount for there assets Part X/IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	0		<b>⊢°</b>		43
If "Yes," complete Schedule D, Part IV       0       0       X         10       Did the organization, directly or through a related organization, hold asset land only restricted andowments       0       1         11       If the organization s answer to any of the following questions is "Yes" "complete Schedule D, Part X ine 10" if "Yes" complete Schedule D, Part V       1       1         12       Did the organization report an amount for land, buildings, and extrements the "top in the organization report an amount for investments" effects in Parts Tip 12 at its 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       1       1         13       Did the organization report an amount for investments effects of the organization report an amount for three thereals the part X into 15, that its 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III       1       X         14       Did the organization report an amount for three stepsitions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11       X         15       Did the organization report an amount for bilder table indencial statements for the tax year? If "Yes," complete Schedule D, Part X       11       X         16       Did the organization report an amount for the tary and relation indencial statements for the tax year? If "Yes," complete Schedule D, Part X       11       X         112       X       Did the organization inducted insolind condited, indencondent audited financial sta	0				
10       Did the organization, directly or through a related organization, hold asset when prestricted endowments       0       X         11       If the organization is answer to any of the following questions is "Yat" their implete Schedule ID, Part V       10       X         as applicable.       Did the organization report an amount for land, buildings, and principate and the following questions is "Yat" their implete Schedule ID, Part V       11a       X         b       Did the organization report an amount for lawstments - dtop sections in Parts in 12 mit is 5% or more of its total assets reported in Part X, line 167 H Yas, " complete Schedule D, Part VI       11a       X         c       Did the organization report an amount for threestments - dtop sections in Parts in 12 mit is 5% or more of its total assets reported in Part X, line 167 H Yas, " complete Schedule D, Part X       11a       X         c       Did the organization report an amount for three assets in the organization report an amount for three assets in the organization report an amount for three assets in the organization report an amount for three assets in the 25 H Yas, " complete Schedule D, Part X       11d       X         c       Did the organization ceptor ta amount for three assets in the 25 H Yas, " complete Schedule D, Part X       11d       X         e       Did the organization ceptor ta amount for there assets in the 25 H Yas, " complete Schedule D, Part X       11d       X         e       Did the organization cepton an amount for there assets in the 25 H Yas, " complete Sch					77
or in quasi endowments? # 'Yes,' complete Schedule D, Part V     10     X       11 If the organization's answer to any of the following questions is 'Y's' then propiete Schedule D, Part VI, VIII, VII, VX, or X     11       as applicable.     11     11     11     11       as applicable.     11     11     11     11       as DId the organization report an amount for Investments - where seegulus in Part X, Ine 16? # 'Yes,' complete schedule D, Part VII     11     11     11       b Did the organization report an amount for investments - where seegulus in Part X, Ine 16? # 'Yes,' complete schedule D, Part VIII     11     11     X       c Did the organization report an amount for three seegulus in Part X, Ine 15? # 'Yes,' complete schedule D, Part X     11     11     X       c Did the organization report an amount for three seegulus in Part X, Ine 25? # 'Yes,' complete Schedule D, Part X     11     11     X       e Did the organization report an amount for three seegulus in Part X, Ine 25? # 'Yes,' complete Schedule D, Part X     11     X       e Did the organization report an amount for three seegulus in Part X, Ine 25? # 'Yes,' complete Schedule D, Part X     11     X       e Did the organization report an amount for three seegulus in the Stress 's ormore of its total assets reported in Part X, Ine 25? # 'Yes,' complete Schedule D, Part X     11     X       11     X     11     X     11     X       12     Did the organization report			9		Ā
11       If the organization's answer to any of the following questions is "Yes" their complete Schedule Parts VI, VII, VII, VII, VII, VII, VII, VII,	10				
as applicable. <ul> <li>a) Did the organization report an amount for land, buildings, and return and the Part X, the 10° H. Yes. "complete Schedule D, Part VI</li> <li>b) Did the organization report an amount for investments - other social is in Part X, the 10° H. Yes." complete Schedule D, Part XIII.</li> <li>b) Did the organization report an amount for three social is in Part X, the 10° H. Yes." complete Schedule D, Part XIII.</li> <li>c) Did the organization report an amount for other assets (Part X, He, 15°, that is 5% or more of its total assets reported in Part X, line 16° H. Yes," complete Schedule D, Part XIII.</li> <li>d) Did the organization report an amount for other assets (Part X, He, 15°, that is 5% or more of its total assets reported in Part X, line 16° H. Yes," complete Schedule D, Part X.</li> <li>d) Did the organization report an amount for other labilities in Part X, line 25° H. Yes," complete Schedule D, Part X.</li> <li>d) Did the organization report an amount for ther labilities in Part X, line 25° H. Yes," complete Schedule D, Part X.</li> <li>d) Did the organization is bability for ungertafilities vibrations under FIN 48 (ASC 740)? H. 'Yes," complete Schedule D, Part X.</li> <li>d) Did the organization inglight for boolidated, independent audited financial statements for the tax year?</li> <li>H. Yes, "the H the organization maintain more than \$10,000 for more t</li></ul>			10	Later and the second	X
a Did the organization report an amount for land, buildings, and a biomerstan Part X, line 107 at "Yes," complete Schedule D, Part VII       11a       X         b Did the organization report an amount for investments - there sectifies in Personal Table 107 at "Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - there sectifies in Personal Table 107 at 11b       11b       X         d Did the organization report an amount for investments - there sectifies in Personal Table 107 at 11b       11c       X         d Did the organization report an amount for other assets the Part VII       11c       X         d Did the organization report an amount for other assets the Part VII       11c       X         d Did the organization report an amount for other assets the Part VII       11c       X         e Did the organization report an amount for other assets the Part X, line 257 if "Yes," complete Schedule D, Part X       11e       X         f Did the organization is lability for upper table point and table of financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       X dt ab organization in table Iff an Other left life life financial statements for the tax year? If "Yes," complete Schedule D, Part X       11t       X         12a       X at the organization in table Iff an Other left life life financial statements for the tax year?       11t       X         12a       X at	11				
Part V.       11a       X         b Did the organization report an amount for investments. After sectifies in Perform 12 Ating is 5% or more of its total assets reported in Part X. Ino 167 // */es,* complete Schedule D. Part V ///       11b       X         c Did the organization report an amount for investments. After sectifies in Perform 12 Ating is 5% or more of its total assets reported in Part X. Ino 167 // */es,* complete Schedule D. Part V ///       11c       X         d Did the organization report an amount for other assets depend a mount for other assets depend a mount for other assets depend another the other assets reported in Part X. Ino 167 // */es,* complete Schedule D. Part X. Ino 167 // */es,* complete Schedule D. Part X.       11c       X         e Did the organization report an amount for the full difficus in Part X. Ino 167 // */es,* complete Schedule D. Part X.       11e       X         f Did the organization sitability for uncertain to full fullilities in Part X. Ino 168 // */es,* complete Schedule D. Part X.       11e       X         12a       Did the organization obtain separate or, from colidated, independent audited financial statements for the tax year?       11// */es,* complete Schedule D. Part X.       111       X         12a       Did the organization in tote of the outdated, independent audited financial statements for the tax year?       11// */es,* complete Schedule D. Part X.       111       X         12a       X       Max the organization in tote of the outdated, independent audited financial statements for the tax year?       11// */es,* c					28. 2
b Did the organization report an amount for investments - the sectates in Part Auto 12 that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part V///       11b       X         c Did the organization report an amount for investments enorgani relation Part A in e 16? // 'Yes,' complete Schedule D, Part V///       11c       X         d Did the organization report an amount for three assists uPart X, line 15? // 'Yes,' complete Schedule D, Part X       11c       X         e Did the organization report an amount for three assists uPart X, line 25? // 'Yes,' complete Schedule D, Part X       11c       X         e Did the organization report an amount for three assists uPart X, line 25? // 'Yes,' complete Schedule D, Part X       11c       X         e Did the organization separate or operations under financial statements for the tax year include a footnote that addressee the organization is lability for ungertains by additional addited financial statements for the tax year?       11t       X         12a       Did the organization aschale about the organization aschale about the organization aschale about the financial statements for the tax year?       11t       X         12a       Did the organization aschale about the organiz	а	Did the organization report an amount for land, buildings, and equipmentan Part X, the 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? // *Yes, " complete Shedules Part V//       11b       X         o Did the organization report an amount for investments or grant relation Part Jule 13, that is 5% or more of its total assets reported in Part X, line 16? // *Yes, " complete Schedule D, Part V///       11c       X         d Did the organization report an amount for ther assets part X, line 15, that 05% or more of its total assets reported in Part X, line 16? // *Yes, " complete Schedule D, Part X       11c       X         e Did the organization report an amount for ther assets part X, line 25? // *Yes, " complete Schedule D, Part X       11d       X         e Did the organization separate or gensolitated fibracial statements for the tax year?       11d       X         111       X       11d       X         112       Did the organization oftain separate or gensolitated fibrancial statements for the tax year?       11d       X         113       b the organization induced in the possibility of unset 12a, incercent and X/// we to fibre 12a, incercent assets part 2a, or gensto utside of the United States?       12a       X         12       Did the organization as acted desided in section 170(b)(1/A)(ii)?       f*Yes, " complete Schedule E       13a       X         13       is 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign consincter pert mo		Part VI	11a	X	
c       Did the organization report an amount for investments in presenting 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete conceive D art VIII       11c       X         d       Did the organization report an amount for other assets upent X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other assets upent X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization report an amount for other assets upent X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization report an amount for the set statements for the tax year include a footnote that addresses the organization is separate or passon and of financial statements for the tax year? If "Yes," complete Schedule D, Part X       11d       X         12a       Did the organization obtain separate independent audited financial statements for the tax year?       11f       X         12a       X       Was the organization inducted in accidiated, independent audited financial statements for the tax year?       12a       X         13       Is the organization a school descripted in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13a       X         14a       Did the organization maintain the office, employees, or agents outside of the United States?       14a       X         15       Did the organization report on Part IX, column (A),	b	Did the organization report an amount for investments - other sectrities in Part in 12 that is 5% or more of its total			
c       Did the organization report an amount for investments concreding that if an Packarding 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X (III C)       11C       X         d       Did the organization report an amount for other assets upPart X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other assets upPart X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization report an amount for other assets upPart X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f       Did the organization's separate or onsolvated financial statements for the tax year include a footnote that addresses the organization obtain separate independent audited financial statements for the tax year?       11f       X         12a       Did the organization obtain separate independent audited financial statements for the tax year?       11f       X         13       Is the organization as checkee and the organization as checkee and the organization as checkee and the organization for emprovement of the line 12a, then completing Schedule D, Part X and XI is optional       12b       X         14       Did the organization maintail in office, employees, or agents outside of the United States?       14a       X         14       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any forigin invistments valued at \$100		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
assets reported in Part X, line 16? // *Yes,* complete Schedule D, Part Y ///       11c       X         d Did the organization report an amount for other assets up at X, line 25? // *Yes,* complete Schedule D, Part X       11d       X         e Did the organization report an amount for other assets up at X, line 25? // *Yes,* complete Schedule D, Part X       11d       X         e Did the organization report an amount for other it billities in Part X, line 25? // *Yes,* complete Schedule D, Part X       11d       X         e Did the organization report an amount for other assets up of the tax year include a footnote that addresses the organization otatin separate or geneointed plancial statements for the tax year? // *Yes,* complete Schedule D, Part X       11t       X         12a       Did the organization otatin separate in provide did the qualitate financial statements for the tax year? // *Yes,* complete Schedule D, Part X       11t       X         12a       Vas the organization induced financial statements for the tax year?       11t       X         11a       is the organization plant did the organization plant did tax plant did the organization plant did the organization plant did the organization for the plant did the organization for organization for the organization for the organization plant did the organization plant did the organization the organiza	с				
d Did the organization report an amount for other assets up art X, the 15, that a 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule Q, Part X       11d       X         e Did the organization report an amount for other assets up art X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization's separate or general tay, restifuncial statements for the tax year include a footnote that addresses the organization obtain separate or general bandle indent audited financial statements for the tax year?       11f       X         12a       Did the organization obtain separate or general bandle indent audited financial statements for the tax year?       11f       X         12a       Did the organization include finition is schedule D, Part X and XII is optional       12a       X         Was the organization aschedul description in coldated, independent audited financial statements for the tax year?       12a       X         14a       Did the organization include finition is schedule D, Parts XI and XII is optional       12a       X         15a       bid the organization in schedule F, Parts I and IV       14a       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 report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       14a       X         15       <			11c		Х
Part X, line 16? // *Yes, * complete Schedule Q, Part X       11d       X         e Did the organization report an amount for Utfor [Idpillies in Part X, line 25? // *Yes,* complete Schedule D, Part X       11e       X         f Did the organization's separate or genesolitated financial statements for the tax year include a footnote that addresses the organization obtain separate or genesolitated financial statements for the tax year?       11e       X         12a       Did the organization obtain separate or genesolitated financial statements for the tax year?       11f       X         12a       Did the organization as checking of the organization induced financial statements for the tax year?       11f       X         11a       X       12a       X         b Was the organization methods of the 0.0 obtain an explaint interpret of the 0.0 obtaint interpret of the 0.0 obt	d				
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f       Did the organization's isability for uncertaint as positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization separate as positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization separate as positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization introded with an obtain separate as positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X       12a       X         b       Was the organization introded with an obtain separate as positions under FIN 48 (ASC 740)? // "Yes," complete Schedule D, Part X       12a       X         b       Was the organization introded with an obtain separate as positions of the tax year?       11f       X         11 b       the organization paintainto office, employees, or agents outside of the United States?       14a       X         12a       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "yes," complete Schedule G, Part I       16       X         12 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? If "yes," complete Schedule G, Part I       16       X <td>e</td> <td></td> <td></td> <td></td> <td>x</td>	e				x
the organization's liability for unpertaint probability on unpertaint probability on unpertaint probability on unpertaint probability on unpertaint probability of the organization obtain separate and the dimensional statements for the tax year?       111       X         12a       Did the organization obtain separate and the dimensional statements for the tax year?       If "Yes," complete       12a       X         b       Was the organization include find the organization include find the organization include find the section 170(b)(I)(A)(II)?       If "Yes," complete Schedule D, Parts XI and XII is optional       12b       X         13       is the organization maintain the office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and D param service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? Takes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargeste grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV       16       X         17       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? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report none than \$15,000 of gross income from gaming	-				
12a       Did the organization obtain separate indextandent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization induced in the producted, independent audited financial statements for the tax year?       12b       X         b       Was the organization induced in the producted, independent audited financial statements for the tax year?       12b       X         b       Was the organization a schedule destated in section 170(b/(1)/(1)/(1)/(1)/(1)/(1)/(1)/(1)/(1)/(1)	•		4 4 5	v	
Schedule D, Parts XI and XII       12a       X         b       Was the organization instructed in concolidated, independent audited financial statements for the tax year?       12a       X         b       Was the organization instructed in concolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a scheb) designed "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintaine porfice, employees, or agents outside of the United States?       14a       X         b       Did the organization a scheb) designed at evenues 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? These technolule F, Parts I and IV       14a       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 individuals? If "yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "yes," complete Schedule G, Part II	100			-27	
b       Was the organization insport and example of the data statements for the day year?       12b       X         If       "Yes," and if the organization a schedule distribution and the insport and the organization a schedule distribution and the distribution of the day year?       12b       X         14a       Did the organization a schedule distribution and the organization and the distribution of the day year?       13       X         14a       Did the organization a schedule distribution and the distribution of the day year?       14a       X         14b       Did the organization a schedule distribution and the distribution of the day year?       14a       X         14b       Did the organization a schedule f, Parts I and IV       14a       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 individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       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? If "Yes," complete Schedule F, Parts III and IV       16       X         18       Did the organization report more than \$15,000 of expenses for profess	128				37
b       Was the organization insport and example of the data statements for the day year?       12b       X         If       "Yes," and if the organization a schedule distribution and the insport and the organization a schedule distribution and the distribution of the day year?       12b       X         14a       Did the organization a schedule distribution and the organization and the distribution of the day year?       13       X         14a       Did the organization a schedule distribution and the distribution of the day year?       14a       X         14b       Did the organization a schedule distribution and the distribution of the day year?       14a       X         14b       Did the organization a schedule f, Parts I and IV       14a       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 individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       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? If "Yes," complete Schedule F, Parts III and IV       16       X         18       Did the organization report more than \$15,000 of expenses for profess		Schedule D, Parts XI and XII	12a		
<ul> <li>13 Is the organization a school descripted in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>14 Did the organization maintaining office, employees, or agents outside of the United States?</li> <li>14 Did the organization have appled a certivities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>Haves &amp; complete Schedule F, Parts I and IV</i></li> <li>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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>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? If "Yes," complete Schedule F, Parts III and IV</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I</li> <li>18 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20b Id the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II</li> </ul>	D	was the organization intercleant consolitated, independent audited intancial statements for the tax year?		~~	
<ul> <li>14a Did the organization maintain porfice, employees, or agents outside of the United States?</li> <li>b Did the organization maintain porfice, employees, or agents outside of the United States?</li> <li>b Did the organization is a consistence of expenses of more than \$10,000 from grantmaking, fundraising, business, investment and populate schedule <i>F</i>, <i>Parts I and IV</i></li> <li>14b X</li> <li>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>Plif 'Yes,'' complete Schedule F, Parts II and IV</i></li> <li>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 II and IV</i></li> <li>17 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 II and IV</i></li> <li>16 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></li> <li>18 Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,'' complete Schedule G, Part I</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If 'Yes,'' complete Schedule H</i></li> <li>20a X</li> <li>20b If ''Yes'' to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20b Id 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></li> </ul>		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X	
b       Did the organization have addregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If these is complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Sc	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			
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complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X	10		10		
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II       21       X	19				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       21       X         21 domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I, Parts I and II</i> 21       X					X
domestic government on Part IX, column (A), line 1? // "Yes." complete Schedule I. Parts I and II			20b		
	21			_	
		domestic government on Part IX, column (A), line 1? /f "Yes." complete Schedule I. Parts I and II			

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Form 990 (2019)

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P	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
<b>24</b> a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		040		x
	Schedule K. If "No," go to line 25a	24a		<u>~</u>
		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the tear to defease			
	any tax-exempt bonds?	24c		
	I Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		,
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization efficience in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule LYPatter	<u>25a</u>		<u> </u>
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 1990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables transfor 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? // "Yes, / Complete Schedule L, Paral	26		Х
27	Did the organization provide a grant or other assistance to any current or fermer officer, difector 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 or these parsons? // Yes, "complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following partice schedule L, Part IV		a a c	
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, dieator or founder, or substantial contributor? //			2012 C. 1997
	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If Yes, "Complete Schedule L, Part IV	28b	x	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
Ū		000		х
00	"Yes, " complete Schedule L, Part IV	28c	x	<u>_A</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, distorical treasures, or other similar assets, or qualified conservation			37
~ ~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, ordissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own have of amentity disregarded as separate from the organization under Hegulations			
	sections 301.7701-2 and 301.740133? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization, related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35</u> a		X
b	If "Yes" to the 354 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	<u>35b</u>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		[	
		T	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable 1a 28			क्रम्बन
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		8.55 C	
v	(gambling) winnings to prize winners?	1c	X	28000
939004		Form		(010)
		1000	12	010)

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For	n 990 (2019) HOSANNA 85-022	3225	F	age 5
R	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?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		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		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other agine during the calendar year, a		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)	4a		x
h	If "Yes," enter the name of the foreign country			97 E
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		X
b		5b		X
c		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000 and did the organization solicit	- 00		
Ųα	any contributions that were not tax deductible as charitable contributions?	6		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		<u> </u>
D D	ware not tax daduatible?	0		
7	Organizations that may receive deductible contributions under section 70(2)	6b	动动的	
7	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?	新学校	124 X	X
a k	If "Yes," did the organization notify the donor of the value of the good sorse vices provided?	7a		<u>~</u>
		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for the tangible personal perso			v
	to file Form 8282?	7c	Hereit and State	X
	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 pamiums on a personal benefit contract?	7e		<u>x</u> x
f	Did the organization, during the year, pay premiums, directly, or indiffectly, on a personal senerit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
	If the organization received a contribution of calls boats airplanes, or other vehicles did the organization file a Form 1098-C?	7h	2.50 <b>0</b> 00	<u>संस्थित</u> ः
8	Sponsoring organizations maintaining donor advised funds. Day a donor advised fund maintained by the			
~	sponsoring organization have excess business holdings at any timeduring the year?	8	c	
9	Sponsoring organizations maintaining donor advised funds.			1. A.
a	Did the sponsoring organization make any faxable distributions under section 4966?	<u>9a</u>		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	KA CLE	
10	Section 501(c)(7) organizations. Enter the Decision of the section			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990 Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shapeholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	Section 4947(a)(1) not exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			有些法
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>	Con Zinkey -	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	<u>14a</u>		<u>X</u>
	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?	15	a laure provident	X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	Ninger and the	X
	If "Yes," complete Form 4720, Schedule O.	\$-14-6 		

Form **990** (2019)

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360				
		·	Yes	No
1a		<u>3</u>		
	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	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anyother			
	officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the pro-Form 990 was filed?	4	f	X
5	Did the organization become aware during the year of a significant diversion of the organization sessets?	5		X
6	Did the organization have members or stockholders?	6		X
- 7a				
,	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval 500 members, stockholders, or	14		
				x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions indecaken during the year by the following:	7b		
8			v	
a	The governing body?	<u>8a</u>	X	·
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part Al Section A, who cannot be reached at the			
	organization's mailing address? // "Yes." orovide the names and addresses on Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about colicies not required syntheynternal Revenue Code.)		,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliate	<u>10a</u>		X
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 organizations exempt purposes?	10b		
11a	Has the organization provided a complete copy of this form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key enabloyees equired to disclose annually interests that could give rise to conflicts?	12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	F-10-294(2)
	Other officers arkey employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IVa		160		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
a				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
See	exempt status with respect to such arrangements? tion C. Disclosure	16b		
				70
17	List the states with which a copy of this Form 990 is required to be filed MM, AL, AK, AR, CA, CO, CT, DC, FL			
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) :	availab	le
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X 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	d financ	ial	
	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			

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

stat	ements avallat	ole to the pl	iblic during the ta	x year.					
20 Stat	te the name, a	ddress, and	telephone number	er of the pers	son who p	ossesses the or	rganization's books and records	▶	
ME	LVIN MO	RRIS -	505-881-	-3321					
24	21 AZTE	CRDN	E, ALBUQU	JERQUE,	NM	87107-42	224		
932006 01-2	0-20	SEE	SCHEDULE	O FOR	FULL	LIST OF	STATES		Form <b>990</b> (2019)
						6			· · · ·
07260817	132225	37193			201	9.04010	HOSANNA		37193

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Section A. Governing Body and Management

Form 990 (2019)	HOSANNA			85-0223225	Pa
Part VI Governance	, Management,	and Disclosure	For each "Yes" response to lines 2 through	7b below, and for a "No" re	esponse

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

Form 990 (2019) HOSANNA		_							85-0223	3225 Page 7
Part VII Compensation of Officers				es,	Ke	уĔ	mp	loyees, Highest Co	ompensated	
Employees, and Independ						_				
Check if Schedule O contains a re										
Section A. Officers, Directors, Trustees, K										
<ul> <li>1a Complete this table for all persons required</li> <li>List all of the organization's current official</li> </ul>										
Enter -0- in columns (D), (E), and (F) if no comp	ensation was pa	rusti aid.	985 (	wne	tner	inai	viau	iais or organizations), reg	jardiess of amount of (	compensation.
List all of the organization's current key	employees, if a	ny. S	See i	nstri	uctic	ons f	or d	efinition of "key employe	l <del>0</del> ."	
List the organization's five current highes	t compensated	emp	oloye	es (d	othe	r tha	an a	n officer, director, truste	for key employee) wh	o received report-
able compensation (Box 5 of Form W-2 and/or • List all of the organization's former office										
reportable compensation from the organization	and any related	dos, dorg	janiz	atio	ns.	COII	ibei	isated employees whole	ceived more than \$10	0,000 of
List all of the organization's former direct	tors or trustee	s th	at re	ceiv	ed, i	in th	e ca	apacity as a former direct	for or trustee of the or	ganization,
more than \$10,000 of reportable compensation	n from the organ	nizati	ion a	nd a	ıny r	elate	ed o	organizations		
See instructions for the order in which to list th	-									
Check this box if neither the organization		l org	aniz			npe	nsa	A PERSONAL Y	irector, or trustee.	
(A)	(B)				( <b>C)</b> sitio:	n			(E)	(F)
Name and title	Average hours per	(d	lo not ix, un!	aheak	more	than	one	Reportable	Reportable	Estimated
	week	0	ix, un ficer e	nd a (	arson directo	is doi or/tru:	rn as stee)	from	compensation from related	amount of other
	(list any	Ę						the	organizations	compensation
	hours for	or dir				儷	Ţ	organization	(W-2/1099-MISC)	from the
	related	istee	truste		e 289			(W-2/1099-MISC)		organization
	below	ter individual trustee or director	institutional trustee							and related organizations
	line)	Indivi	Institu	쏕	Key empi		Former			organizatione
(1) GERALD JACKSON	40.00		響			à.				
PRESIDENT	0.30	X		X		<u>ک</u>		93,093.	0.	1,100.
(2) CLAY JACKSON	40.00			1 and the second			(P			
VP -OPERATIONS		X		X		日間		111,512.	0.	<u>11,489.</u>
(3) JANET LLOYD COMMUNICATIONS MANAGER	A0.00				慶/				•	6 700
(4) MURRAY CRAWFORD	0.20		$\square$	竇				77,786.	0.	6,793.
CHAIRMAN OF THE BOARD	0.20	X			355.		7	0.	ο.	0
(5) BETTY SHAUM	<b>Q.</b> 20	43	┼─	228		2007		0.		0.
BOARD VICE CHAIR		x		x				o.	0.	0.
(6) TIM HAIST	0.20	1	1	<u> </u>						
BOARD MEMBER		x						0.	0.	0.
(7) ALBIN JACOBSON	0.20		1							
BOARD MEMBER	7	Х						0.	0.	0.
(8) RICH GATNER	0.20	1								
BOARD MEMBER		X	I					0.	0.	0.
(9) SCOTT HAUQUIST	0.20									-
BOARD MEMBER (10) JEFF SOLSCHEID	0.00	X						0.	0.	0.
SOARD MEMBER	0.20	x						0.		0
(11) JUDY MUCARELIUA	0.20	<u> </u>		-					0.	0.
BOARD MEMBER	0120	x						0.	0.	0.
(12) RICHARD ESTERLY	0.20	<u> </u>		-						<u> </u>
BOARD MEMBER	0.30	x						0.	0.	0.
(13) JIM DUTTON	0.20									<u> </u>
SOARD MEMBER		Х						0.	0.	0.
14) MORGAN JACKSON	40.00									
ENIOR VP	<u> </u>	L		X				132,963.	0.	11,543.
15) MELVIN MORRIS	40.00									
HIEF FINANCIAL OFFICER	0.30			X		$\square$		112,667.	0.	1,224.
16) TORY HARPER	40.00			,				100 000		
P -DEVELOPMENT	40 00			X		_		102,622.	0.	11,272.
17) JONATHAN HUGUENIN	40.00			$\overline{\mathbf{v}}$						15 005
P -LANGUAGE RECORDING				X				92,752.	0.	15,836.
32007 01-20-20				-					i	Form <b>990</b> (2019)

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Form 990 (2019) HOSANNA Part VIII Section A Officers Directors Trus										02232	25 Page &
(A) Name and title	(B) Average hours per week	(do i box,		<b>(C</b> Posi teck n ts per	C) ition nore f son le	than s boti	one han	(D) (D) Reportable compensation from	es (continued) (E) Reportab compensat from relat	ion	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustae	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W·2/1099-M	ns	compensation from the organization and related organizations
(18) SUSAN OLGUIN	40.00							1 0 1			44 6 7 6
VP - DONOR ENGAGEMENT	0.30		-	X						0.	11,272.
				Ť							
······			1			ø					
				A 3							
						ð	<	$O^*$			
1b Subtotal c Total from continuation sheets to Part VII,	SectionA	¢		Ø	<b></b> .			825,384. 0.		0.	70,529.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but ng		se lis	sted	600	ye)		rec	825,384.	000 of reportabl	0. e	70,529.
compensation from the organization						-			· • · · · · · · · · · · · · · · · · · ·	<u></u>	5 Yes No
3 Did the organization list any former officer, line 1a? if "Yes," complete Scheduley for sp			-		-				-		3 X
4 For any individual listed on line 1a, is the sur and related organization soregiter than \$150,	n of reportable	com	pen	satio	on a	nd	othe	r compensation from th	e organization	建物	4 X
5 Did any person listed on line a receive or ac rendered to the organization? If wes, " comp	crue compens	ation	n froi	m ar	ny u	nrel	ated	l organization or individ	ual for services		5 X
Section B. Independent Contractors											
1 Complete this table to your the highest com the organization. Report compensation for the										pensatio	
(A) Name and business a		10		<u></u>			_	(B) Description of se		Cor	(C) npensation
TOP ORIENT ENFERPRISE, 151 654-656 CASTLE PEAK RD, KO						G	A	ANUFACTURER UDIO BIBLE P		2,	821,065.
THEOVISION GHANA PO BOX 13119, ACCRA, GHANA		RO					R	UDIO BIBLE ECORDING SER			548,919.
MEGAVOICE, PO BOX 420 INDU UPPER TIBERIAS, ISRAEL	JOTKIAL	<u>д</u> О;	ылы 	'				ANUFACTURER UDIO BIBLE D			188,627.
FULLSTACK LABS 9450 SW GEMINI, BEAVERTON, WESTERN OVERSEARS	, OR 970	08						ROGRAMMING S		4	<u>464,186.</u>
10731 WALKER STREET, LONG							A	HIPPING CLEA GENT			243,723.
2 Total number of independent contractors (inc \$100,000 of compensation from the organiza		limit	ed to		ose 4	liste	ed at	oove) who received mor	re than		

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			(2019) HOSANNA					85-0223	225 Page 9
B	art								
p			Check if Schedule O contains a	respo	nse or note to any l			·····	
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
\$	g 1	la	Federated campaigns	1a	25,830				
Grants		b		1b					
9		С	Fundraising events	10	7,008,311				
Ű.		d	Related organizations	ld					
ູ ທີ		е	Government grants (contributions)	1e					
tion .		f	All other contributions, gifts, grants, and						
- Ęł	j		similar amounts not included above	1f	22,865,475,	and the second states in the second states of the s			
Contributions, Gifts, Grants	1		Noncesh contributions included in lines 1a-1f	1g \$	413,164,				
ŏ	<b>-</b>	<u>h</u>	Total. Add lines 1a-1f			29,899,616.			
					Business Code				
rice	2	a	·		-				
Į,		b	······································						
εş		с С							
Program Service Beviewice		u A							
Pro-		f	All other program service revenue				A		
			Total. Add lines 2a-2f						
	3		Investment income (including divider						
			other similar amounts)			74,020			74,091.
	4		Income from investment of tax-exem						
	5		Royalties						510.
	ļ		()	Real	(ii) Personals				
	6			12,92	5.				
			Less: rental expenses 6b						
				12,92			the many solution for the state		
			Net rental income or (loss)			12,925.			12,925.
	7			curitie	s 🛛 (ii) Other 💘	An and a start of the			
			assets other than inventory <b>7a</b>	(					
0			Less: cost or other basis and sales expenses		788.				
venue			Gain or (loss)		-788.				
			Net gain or (loss)	<b>V</b>		-788,			- 788.
Other Re	8	a	Gross income from tandraising events (no	ot [					
臣	-		including \$ 008 311.	of					
-			contributions reported on the 1c). Se						
			Part IV, line 18	[	<b>Ba</b> 0,				
	I	b	Part IV, line 18 Less: directexpenses	[	<b>3b</b> 603,629.				
		C	Net income of (loss) from fundraising	events	<b>&gt;</b>	-603,629.			-603,629,
	9 :		Grossincome from gaming activities.						
			Part IV, lice 19	<u> </u> £	Da				
			Less: direct expenses		»b				
			Net income or (loss) from gaming acti	vities Г					
	10 8		Gross sales of inventory, less returns		0a 69,688.				
	4		and allowances Less: cost of goods sold		0a 69,688. 0b 72,265.				
			Net income or (loss) from sales of inve		vu <u>12,205.</u>	-2,577.	-2,577.		
		-	the income of fideal it off sales of the	anory	Business Code				
SU	11 :	a <sup>1</sup>	MISCELLANEOUS INCOME		900099	80,320.	80,320,		
and Due		b.					,		
Miscellaneous <u>Bevenue</u>		C							<u> </u>
B			All other revenue						
2			Total. Add lines 11a-11d			80,320.		·····································	
	12		Total revenue. See instructions		▶	29,460,468.	77,743.	0.	-516,891.

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9 2019.04010 HOSANNA

Sec	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respo			omplete column (A).	X
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	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	· · · · · · · · · · · · · · · · · · ·				
	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	<b>199,236</b> .	<u> </u>
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)				<u></u>
9	Other employee benefits	1,113,664		107,468.	99,181.
10	Payroll taxes	527,546.	411,4155.	61,080.	55,311.
11	Fees for services (nonemployees):				
а	Management			¥	
b	• • • • • • • • • • • • • • • • • • • •	9,907.	<u> </u>	3,181.	4,421.
	Accounting	16,756.	147484.	946.	1,326.
	Lobbying				
e	Professional fundraising services. See Part IV, line 12	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.)	<u> </u>	27,374.	13,359.	-5,683.
12	Advertising and promotion Office expenses Information technology	<u> </u>	81,222.	63,613.	466.
13	Office expenses	10,312.	8,496.	1,816.	
14	Information technology	۶ <sup>.</sup>			
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.)				
	FCBH PROGRAMS	3,365,407.	3,365,407.		
	REPAIRS & MAINTENANCE	177,049.	148,806.	21,129.	7,114.
	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 expensesSEE_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)				

Form 990 (2019) HOSANNA Part IX Statement of Functional Expenses HOSANNA

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		(2019) HOSANNA		85-	0223225 Page 11
人这		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		1	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	26,060.	1	24,170.
	2	Savings and temporary cash investments			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	
.8	7	Notes and loans receivable, net		7	
Assets	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 3,739,855.			
	b	Less: accumulated depreciation 10b 2,317,402	1,301,982.	10c	1,422,413.
	11	Investments - publicly traded securities		11	
	12	Investments • other securities. See Part IV. line 11	<u>A</u>	12	
	13	Investments - program-related. See Part IV, line 11 Intangible assets		13	
	14	Intangible assets	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.
	17	Accounts payable and accrued expenses	1,916,005.	17	2,337,443.
	18	Grants payable		18	
	19	Deferred revenue	<b>*</b>	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part Wof Schedule D		21	
8	22	Loans and other payables to any current or former officer, director,			
ilitti		trustee, key employee, creator or founder, substantial contributor or 36%			
Liabilities		controlled entity or family member offany 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		05	
		of Schedule D	1,916,005.	25 26	2,337,443.
	20	Organizations that follow ASB ASC 958, check here $\blacktriangleright$ X		20	
ø		and complete lines 27, 28, 32, and 33.			
č		Net assets without donor restrictions	31,075,276.	27	41,030,243.
ala	28	Net assets with donor restrictions	11,596,608.	28	11,332,182.
밀		Organizations that do not follow FASB ASC 958, check here		20	
Net Assets or Fund Balances		and complete lines 29 through 33.			
5		Capital stock of trust principal, or current funds		29	
ëts		Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass		Retained earnings, endowment, accumulated income, or other funds		31	
et et		Total net assets or fund balances	42,671,884.	32	52,362,425.
~		Total liabilities and net assets/fund balances	44,587,889.	33	54,699,868.
					Form <b>990</b> (2019)

Form 990 (2019)

	n 990 (2019) HOSANNA	85-	-0223	225	Pag	<sub>łe</sub> 12
P	It XI Reconciliation of Net Assets					·
	Check if Schedule O contains a response or note to any line in this Part XI					
			~ ~ ~			~~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,460		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,769		
3	Revenue less expenses. Subtract line 2 from line 1			,690		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42	,671	.,88	34.
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 Party), line 22,					
	column (B))	10	52	<u>,362</u>	42	25.
P	It XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: 🔲 Cash 🛛 🔀 Accrua					
	If the organization changed its method of accounting from a prior year or checked other," explain in Schedule C	).				17.5 M.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					126.25
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	21,89-43
	If "Yes," check a box below to indicate whether the financial statements for the years vere anglited on a separate	basis.				
	consolidated basis, or both:	,				
	Separate basis X Consolidated basis Both Consolidated and separate basis				6.43	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			5 (10/10-01) (94	<b>1</b> 268.040
_	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing			an 280 jain 19	ang pang di	¥ 1999
	Act and OMB Circular A-133?		•	3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	id audi	·····			
5	or audits, explain why on Schedule D and describe any steps taken to undergo such audits			3b		
				Form 9	90 (2	010)
						010)

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SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury	Complete if the orga	arity Status an anization is a section 50 947(a)(1) nonexempt ch Attach to Form 990 or	)1(c)(3) organizatior aritable trust.			CMB No. 1545-0047 2019 CODENTO PUBLIC
Internal Revenue Service		ov/Form990 for instruct	ions and the latest	information.		<pre>&gt;&gt;#linspection</pre>
Name of the organization						er identification number
Part Reason f	HOSANNA or Public Charity Status	(All symposizetions much		· · · · · · · · · · · · · · · · · · ·		85-0223225
					3	
1    A church, con      2    A school desc      3    A hospital or a      4    A medical reso      city, and state	private foundation because it is: vention of churches, or associat ribed in section 170(b)(1)(A)(ii). a cooperative hospital service or earch organization operated in c : n operated for the benefit of a c	ion of churches describe (Attach Schedule E (For ganization described in e onjunction with a hospita	d in section 170(b) m 990 or 990-EZ).) section 170(b)(1)(A)( il described in section	(1)(A)() (1)(A)() (1)(A)		
	)(1)(A)(iv). (Complete Part II.)					
6 A federal, state 7 X An organizatio section 170(b 8 A community t	e, or local government or govern n that normally receives a subst )(1)(A)(vi). (Complete Part II.) rrust described in section 170(b research organization described	antial part of its support : )(1)(A)(vi). (Complete Pa	from a governmental	unit or from th		
	research organization described					
university:	a non-land-grain college of agin	culture (see instructions)		, and state of	uie college	1 Of
	n that normally receives: (1) mor	e than 33 1/3% of its suc	bort from contributi	as, membersh	in fees, ar	nd gross receipts from
activities relate income and un See section 50 11 An organization 12 An organization more publicity selines 12a throu a Type I. A sup the supporte organization. b Type II. A sup control or ma organization( c Type III func- its supported d Type III non- that is not fur requirement for	ed to its exempt functions - subje- related business taxable income <b>D9(a)(2).</b> (Complete Part III.) In organized and operated exclus in organized and operated exclus supported organizations describe gh 12d that describes the types oporting organization operated, is d organization(s) the power to re <b>You must complete Part IV/S</b> pporting organization supervised anagement of the upporting org s). <b>You must complete Part IV/S</b> tionally integrated A supporting organization(s) see instructions functionally integrated. A support functionally integrated. The organization(s), You must complete functionally integrated. The organization(s), You must complete functionally integrated. The organization(s), You must complete functionally integrated. The organization(s), You must complete see instructions). You must complete functionally integrated. The organization(s) for the organization(s) fo	ect to certain exceptions of less section 511 taking sively to test for public sa- sively for the benefit of, it edunt section 509(a)(1) of rsupporting organization supporting organization support of the benefit of the during organization operated anization vested in the s Sections A and C. and or controlled in connec- nanization vested in the s Sections A and C. and organization operated borting organization operated borting organization operated sorting organization operated sorting organization operated porting organization operated sorting organization operated sort	and (2) peripose that om businesses acquing performation <b>509(a)(2)</b> . The section <b>509(a)(2)</b> . The section <b>509(a)(2)</b> . The supported orgonic tion with its supported orgonic tion with its supported orgonic tion with its support ame persons that contain the support of the direct of	1/3% of it red by the org 09(a)(4). ns of, or to can See section £ 12e, 12f, and anization(s), ty ctors or trustee ad organization ntrol or manag and functionall <b>D, and E.</b> with its support quirement and <b>V</b> .	s support anization a rry out the <b>i09(a)(3).</b> ( 12g. pically by us of the su of the supp (s), by have the supp y integrate red organiz an attentiv	from gross investment after June 30, 1975. purposes of one or Check the box in giving upporting ving borted ad with, zation(s)
	oxin the organization received a			Type I, Type I	, Type III	
	tegrated, or Type III non-functio					
A STANDAR		·····				
g Provide the following (i) Name of support organization	g information about the supporte ad (ii) EIN	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the organization listed in your governing document? Yes No	(v) Amount of support (see in		(vi) Amount of other support (see instructions)
		·······				
<b></b>						
		1				
Total						·····
LHA For Paperwork Redu	iction Act Notice, see the Instr	uctions for Form 990 or	990-EZ. 932021 09-	25-19 Sched	ule A (For	m 990 or 990-EZ) 2019

#### Schedule A (Form 990 or 990 EZ) 2019 HOSANNA REFAIL

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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 21492709.21077430.21193 22.2507788.29899616.117170855 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 16527525 ..... 00643330 6 Public support. Subtract line 5 from line -Section B. Total Support (b)2016 Calendar year (or fiscal year beginning in) 🕨 (a) 2015 **(ຄື)** 2018 (e) 2019 $(c) 2^{(c)}$ (f) Total 492709 の罰 9394 3507788. 29899616. 117170855 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 765. 14,764. 87,526. 149,885. and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain 🎪 or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 17320740 12 Gross receipts from related activities etc. (see instructions) 803,250. 12 13 First five years. If the Former is forme organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and a on here Section C. Computation of Public Support Percentage 14 Public support percentage for 019 (line 6, column (f) divided by line 11, column (f) 85.78 14 % 15 Public support percentage from 2018 Schedule A, Part II, line 14 86.48 15 % 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 opponization qualifies as a publicly supported organization ► X 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 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 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 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

Schedule A (Form 990 or 990-EZ) 2019

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(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and				1		17
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandlse sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that			A			
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-					l	
4	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities				····		
9	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts Included on lines 2 and 3 received				A	·····	
b	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				<u>y</u>	1	
	amount on line 13 for the year				A.		
	Add lines 7a and 7b						
Sec	Public support. (Subtract line 7c from line 6.) tion B. Total Support						
·		(a) 0015			(	(10040	
	idar year (or fiscal year beginning in) > Amounts from line 6	(a) 2015 🎽	(b) 2016.	<b>2(c)</b> 2017	(d) 2018	(e) 2019	(f) Total
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	N N N N N N N N N N N N N N N N N N N					
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b whether or not the business iss						
	regularly carried on						<u> </u>
1	assets (Explainin gait VI.) 🛛						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for t	the organization's	first, second, third	l, fourth, or fifth tax	year as a sectior	501(c)(3) organizat	tion,
	check this box and stop here tion C. Computation of Public		oontoge				
							· · · · · · · · · · · · · · · · · · ·
	Public support percentage for 2019 (lin			olumn (f))		15	%
	Public support percentage from 2018 S			*****		16	%
	tion D. Computation of Invest						
	nvestment income percentage for 201					17	%
	nvestment income percentage from 20					18	%
	33 1/3% support tests - 2019. If the c						is not
	more than 33 1/3%, check this box and						▶∟_
	33 1/3% support tests - 2018. If the o						d j
	ine 18 is not more than 33 1/3%, check						
	Private foundation. If the organization	did not check a b	<u>oox on line 14, 19a</u>	, or 19b, check this			
932023	09-25-19				Sche	dule A (Form 990	nr 000_F7\ 2010

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# Part V 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), c)(6)? (aves, Canswer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section **5**(c)(4)(5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part V** With 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")? (f "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 comake grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization ad 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," explaining any under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explaining any under sections 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 M**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) thereasons 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 of substituted supported organization part of a class already designated in the organization's organizing decument?
- 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 one supported organizations, or (iii) other supporting organizations that also support or benefit one of more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide agrant, 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.)

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Schedule A	(Form 990 or 99	0-EZ) 2019	HOSZ	ANNA
	Supporting			

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
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.	11c		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power 🚓		調調	
	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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization in			
	Part VI how providing such benefit carried out the purposes of the supported ordanization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the taxayear also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? of "No, describe in faity how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		S C C C	
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		·r	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice desoribing 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 potification, and (iii) copies of the			
-	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	taking ta	1000000
2	Were any of the organization's officers, directors, or trustees either (happenned or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? // "No," explain in Part VI how			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), and the organization's supported organizations have a			
	significant voice in the organizations 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			等和自己
Sec	supported organizations glaver in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
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 sthere arent of each of its supported organizations. Complete line 3 below.			
č	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	nictione)		
	Activities test. Answer (a) and (b) below.		Yes	No
	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.	2a		
	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	第二百日 高/1年1月1日		

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.

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Type III Non-Functionally Integrated 509(a)(3) Support           1         Check here if the organization satisfied the Integral Part Test as a qualify			
other Type III non-functionally integrated supporting organizations must			rait vij. See instruction
ection 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		
Other gross income (see Instructions)	3		
Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
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#		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)			
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	<b>1</b> b	<u> </u>	
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d 4		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	<b>\$2.</b>	7	
Subtract line 2 from line 1d.		>	
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for the atter amount) see instructions).	4	* 	
Net value of non-exempt-use assets (subtract line after line 3)	5		
Multiply line 5 by .035,	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
etion C - Distributable Amount			Current Year
Adjusted net income for prior year from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for provident from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in pror. years	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temperary reduction (see instructions).	6		
Checkthere if the current year is the organization's first as a non-functiona instructions)	lly integrated	Type III supporting orga	nization (see
		Schedule A	(Form 990 or 990-EZ) 20

932026 09-25-19

,

E.	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sec	tion D - Distributions		····, ·· / -	Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	,,,,,,		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	\$	
_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	ne 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			
Sect	ion 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 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
<u>b</u>	From 2015		Annual Constant and a second s	
C	From 2016		Grand Editoria and Anna	
d	From 2017			
e	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
, <u> </u>		·		
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
·	line 7: \$			
	Applied to underdistributions of pror years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 3b from 4			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a rom line 2. For result greater			
	than zero, explain in <b>Part W. See</b> instructions.	a ana ing pangangangan katalapatén katalapatén katalapatén katalapatén katalapatén katalapatén katalapatén kat Katalapatén katalapatén katalapatén katalapatén katalapatén katalapatén katalapatén katalapatén katalapatén kat		
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result of eater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
_8	Breakdown of line 7;			
· · · · · ·	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
<u> </u>	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 HOSANNA

Part VI 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 SUPROR TED CHARITY. THE ORGANIZATION'S PUBLIC SUPPORT CHANGED HOWEVER, 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, PART II STARTING WITH ITS 2016 TAX RETURN HOSANNA COMPLETED SCHEDULE A, AND WILL CONTINUE TO DO SO. ALSO CONSISTENT WITH THIS PRESENTATION IS THE ORGANIZATION'S IRS DETERMINATION DETRER ASSIFYING IT AS AN IRC CL SEC. 170(B)(1)(A)(VI) CHARITY

932028 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

923171 04-01-19

**Schedule A** 

# Identification of Excess Contributions Included on Part II, Line 5

2019

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
EA FOAM SALES COMPANY	<u>9</u> 249%600.	6,903,18
IMEE/FRANK BATTEN JR FOUNDATION	9,000,000.	2,653,58
ARK/NANCY JO HANSEN	¢,310,000.	3,963,58
DWIN WILLIAMS	2,700,000.	353,58
EAN AND SUSAN BURSCH	5,000,000.	2,653,58
		<u></u>
		······································
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>

# \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule B**

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

# **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

# 2010

Department of the Treasury Internal Revenue Service		" <b>  201</b> 3
Name of the organizatio	n	Employer identification number
	HOSANNA	85-0223225
Organization type (che	ck one):	• • • • • • • • • • • • • • • • • • •
Filers of:	Section:	A
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a protate for pat	tion
	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	
• -	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> 1(c)(7), (8), or (10) organization can check be the for both the General Rule and a Sp	pecial Rule. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990 Perthat received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determining a co	
Special Rules		
sections 509(a)(	tion described insection 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% (1) and 170(b)(1)(A)(0)) that one cked Schedule A (Form 990 or 990-EZ), Part II, line	13, 16a, or 16b, and that received from
	utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of t EZ, line 1. Complete Parts I and II.	the amount on (i) Form 990, Part VIII, line 1h;
	tion described in Section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that receiv	
	ibutions of Morathan \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary uelty to children or animals. Complete Parts I, II, and III.	r, or educational purposes, or for the
	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv ons exclusively for religious, charitable, etc., purposes, but no such contributions t	· · ·
is checked, ente	complete any of the parts unless the <b>General Rule</b> applies to this organization be	y religious, charitable, etc.,
	able, 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 Sched	dule B (Form 990, 990-EZ, or 990-PF),
	on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or at the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	r on its Form 990-PF, Part I, line 2, to

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

	(Form 990, 990-EZ, or 990-PF) (2019) ganization		Emplo	Pa oyer identification numb
	-			
OSANN Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona		85	5-0223225
(a) No.	(b)	(c)		(d)
1	Name, address, and ZIP + 4	s 3.600.8	•	Type of contribution         Person       X         Payroll
(a) No.	(b) (b) Name, address, and ZIP + 4	(c)	ne	(d) Type of contribution
2		\$ <u>2,415,0</u>		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	\e	(d) Type of contribution
3		\$ <u>685,2</u> '	77.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	IS	(d) Type of contribution
4 -		\$622,18		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
5 -		\$		Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	s	(d) Type of contribution
6	· · · · · · · · · · · · · · · · · · ·	\$1,300,00	[	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

# 07260817 132225 37193

	8 (Form 990, 990-EZ, or 990-PF) (2019)		Page
Name of or	ganization		Employer identification number
HOSANN	IA		85-0223225
Part	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
7		\$ \$	Person X Payroll 12. Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) (b) Name, address, and ZIP + 4	(c)	(d) Is Type of contribution
8		\$ <u>627,5</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
<u> </u>		\$5,000,00	Person     X       Payroll
(a) No.	Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

# 07260817 132225 37193

923452 11-06-19

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Nar		- <b>*</b> -				·	
INH	ne i	ו דכו	жа	arıı	791	m	

# Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization

Employer identification number

<b>FEI</b>	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a)			
io.	` (b)	(c)	(d)
om	Description of noncash property given	FMV (or estimate)	Date received
artí		(See instructions.)	
a)		(c)	
o.	(b)	EMV (or estimate)	(d)
om	Description of noncash property given	(See instructions.)	Date received
rt I			
		A	
		′│, �	
a)			
o.	(b)	(c)	(d)
m	Description of noncash property given	FMV (or estimate)	Date received
rt I		(See instructions.)	
-   -			
-   -		F.	
		\$	
-		φ	_
a)			
o.		(C)	(d)
m	Description of noncash property given	FMV (or estimate)	Date received
rtI		(See instructions.)	Duicreceiveu
-		\$	
-			
1)		(-)	
<b>b</b> .	(b)	(c) FMV (or estimate)	(d)
m	Description of noncash property given	(See instructions.)	Date received
tl			
-			
-   -			
-		d.	
-		\$	
)			
».	(b)	(c)	(d)
m	Description of noncash property given	FMV (or estimate)	Date received
ti		(See instructions.)	Batto received
_			
		\$	

# 07260817 132225 37193

25 2019.04010 HOSANNA

Schedule B (Form 990,	990-EZ, or 990-PF) (2019)
Name of organization	

Employer identification number

ee U	mpleting Part III, enter the total of exclusively religious, c se duplicate copies of Part III if additional s	pace is needed.	s for the year. (Enter this into, once.)					
No. m rti	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_   _								
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee					
_								
ło. m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
	<b>-</b>	(e)Itransfer of gift						
	Transferee's name, address, and		Rélationship of transferor to transferee					
			······································					
lo. n t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-								
		(e) Transfer of gift						
	Transferee siname, address, and	ZIP + 4	Relationship of transferor to transferee					
o. 1								
	(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					

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SCHEDULE D (Form 990) Department of the Treasury	Complete if the or Part IV, line 6, 7, 8, 9, 1	al Financial Statements ganization answered "Yes" on Form 990, 0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		OMB No. 1646-0047
Internal Revenue Service Name of the organizati		990 for instructions and the latest information	1	An experimental states with a second state of the second states and the second states an
Name of the organizate	HOSANNA			r identification numbe 35-0223225
Part Organiza		ed Funds or Other Similar Funds or	Accounts.	Complete if the
	n answered "Yes" on Form 990, Part IV, li			complete il the
		(a) Donor advised funds	(b) Funds ar	d other accounts
1 Total number at er	nd of year			
	f contributions to (during year)		<b>V</b>	
	f grants from (during year)			·····
4 Aggregate value at			¢.	
	-	writing that the assets heldin dorohadvised f	unds	
	n's property, subject to the organization's			Yes N
=	· · · · ·	advisors in writing that grant undscap be use	d only	
-	-	or donor advisor, or for any other purpose cont	•	
impermissible priva				
Part II Conserva	ation Easements. Complete if the or	ganization answered Yes" 📅 Form 990, Part	IV, line 7.	
1 Purpose(s) of cons	ervation easements held by the organizati	ion (check all that apply)		
Preservation	of land for public use (for example, recrea	ation or education	istorically impo	rtant land area
Protection of	f natural habitat	Preservation of a c	ertified historic	structure
	of open space			
2 Complete lines 2a t	through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation e	asement on the last
day of the tax year.				at the End of the Tax Yea
a Total number of co	nservation easements		2a	
b Total acreage restri	icted by conservation easements		2b	
c Number of conserv	ation easements on a certified historic str	ucture included in a	2c	
d Number of conserv	ation easements included in (c) acquired a	after 7/25/06, and not on a historic structure		
listed in the Nationa	al Register		2d	
3 Number of conserv	ation easements modified, transferred, re	eased, extinguished, or terminated by the orga	anization during	, the tax
year 🕨				
4 Number of states w	here property subject to conservation eas	sement slocated		
5 Does the organizati	on have a written policy regarding the per	riodic monitoring, inspection, handling of		
	rcement of the conservation easements it			
6 Staff and volunteer	hours devoted to manitoring, inspecting,	handling of violations, and enforcing conserva	tion easements	during the year
▶				
7 Amount of expense	s incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements duri	ng the year
▶\$		e satisfy the requirements of section 170(h)(4)(		
				Yes No
•		on easements in its revenue and expense state		
		ote to the organization's financial statements	that describes t	the
organization s acco	Unting for conservation easements.	Art Historical Tracewas or Other	Olivelless Acc	ala
		Art, Historical Treasures, or Other	Similar Ass	ets.
	the organization answered "Yes" on Form			· · · · · · · · · · · · · · · · · · ·
-		8, not to report in its revenue statement and b		orks
	•	lic exhibition, education, or research in further	ance of public	
		icial statements that describes these items.		
-		8, to report in its revenue statement and balan		
	•	exhibition, education, or research in furtheran	ce of public ser	vice,
	g amounts relating to these items:			
-		asures, or other similar assets for financial gair	, provide	
	nts required to be reported under FASB A	_		
<b>b</b> Assets included in F	Form 990, Part X		🕨 \$	· · · · · · · · · · · · · · · · · · ·
	duction Act Notice, see the Instructions			lule D (Form 990) 201

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<u>Sch</u>	edule D (Form 990) 2019 HOSANNA			85-	022322	5 Pa	age 2
Pa	Corganizations Maintaining (	Collections of Art, His	torical Treasures,	or Other Similar As	sets <sub>(conti</sub>	nued)	
3	Using the organization's acquisition, access						
	collection items (check all that apply):		-				
a		d	Loan or exchange prog	iram			
b		e	Other				
C	Ų ····						
4	Provide a description of the organization's of				Part XIII.		
5	During the year, did the organization solicit				J	<b>.</b>	
E + ≥	to be sold to raise funds rather than to be m <b>ESCROW and Custodial Arran</b>				Yes		No
in the	reported an amount on Form 990, Pa		e organization answered	"Yession Form 990, Part	t IV, line 9, or		
		••••••••••••••••••••••••••••••••••••••					
18	Is the organization an agent, trustee, custod						
Ь	on Form 990, Part X?				Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the following	table:				
~	Radinning balance				Amoun	t	
с С	• •			<u>1c</u>	······································	·	
u A	Additions during the year						
f	Ending balance	•••••••••••••••••••••••••••••••••••••••					
2a	Ending balance Did the organization include an amount on F	orm 990 Part X line 21 for	extroworkcustodial acco	ount lishility?	Yes		No
	If "Yes," explain the arrangement in Part XIII.					H	IAO
	<b>Endowment Funds.</b> Complete						
				as back (d) Three years b	ack (e) Four	vears h	ack
1a	Beginning of year balance					yourb D.	<u>uon</u>
b	Contributions			<b>&amp;</b>		•	
с	Net investment earnings, gains, and losses		V				,
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses	A & A					
g	End of year balance						
2	Provide the estimated percentage of the curr	ent year end balance (line h	greolumn (a)) held as:				
а	Board designated or quasi-endowment	<u>%</u>					
	Permanent endowment 🕨	%					
C	Term endowment						
	The percentages on lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posses	ssion of the organization tha	it are held and administe	red for the organization	F	<u> </u>	
	by:					Yes M	No
	North Contraction of the second				····		
	(ii) Related organization				<u>3a(ii)</u>		
	If "Yes" on line 3a(ii), are the related organiza	tions listed as required on S	chedule R?		3b		
4 I Par	Describe in Part XII Traintended uses of the	organization's endowment f	unds.				
and the second secon	Complete/the organization answered		/ line 11e, Ree Form 000	Davit V. Bas 10			
	Description of property	(a) Cost or other			( ) )		<u> </u>
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value	
10	<u>v</u>		412,953.		110	,953	2
	Land Buildings		834,160.	672,013.		,953 ,147	
	Leasehold improvements		796,058.	437,221.		, <u>14</u> ,837	
	Equipment		1,465,006.	976,529.		, <u>83</u> , ,477	
	Other	4	231,638.	231,639.		<u>, 477</u> -1	_
	Add lines 1a through 1e. (Column (d) must ed			/ UUU	1,422	_	
		In COULSES FRICA, COUR	ar and all the typich and the		ule D (Form		•

932052 10-02-19

Complete littles successfully success that a			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value		4 - 4
		(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
<u>(B)</u>	· · · · · · · · · · · · · · · · · · ·		
(C)			
<u>(D)</u>			
<u>(E)</u>			
(F) ·			
<u>(G)</u>			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art.VIII Investments - Program Related.			
Complete if the organization answered "Yes"		110 See Form 990, Part X, line 13.	·····
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)		VA	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
art IX Other Assets.			
Complete if the organization answered "Yes	n Form 990 Part IV. line 1	1d, See Form 990, Part X, line 15.	
	Sescription		(b) Book value
(1) RECORDINGS, LITERATURE, &	LICENSES		30,345,350
(2) DEPOSITS			333,260
(3) DONATED STOCK HELD ROR SAL	E		
(3) DONATED STOCK HELD FOR SAL	E		6,797
(4) COMMITTED ORDERS			6,797 671,680
(4) COMMITTED ORDERS (5) PROPERTY HELD FOR FUTURE U			6,797 671,680
(4) COMMITTED ORDERS (5) PROPERTY HELD FOR FUTURE U (6)			6,797 671,680
(4) COMMITTED ORDERS (5) PROPERTY HELD FOR FULLIRE U (6) (7)			6,797 671,680
<ul> <li>(4) COMMITTED ORDERS</li> <li>(5) PROPERTY HELD FOR FUTURE U</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> </ul>			6,797 671,680
(4) COMMITTED ORDERS (5) PROPERTY HELD FOR FUTURE U (6) (7) (8) (9)	SE		6,797 <u>671,680</u> 868,877
<ul> <li>(4) COMMITTED ORDERS</li> <li>(5) PROPERTY HELD FOR FUPURE U</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>(a)</li> <li>(b) must equal Form 990, Part X, col. (B) line</li> </ul>	SE		6,797 <u>671,680</u> 868,877
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FUTURE U         (6)       (6)         (7)       (8)         (9)       (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.	ISE 15.)		6,797 <u>671,680</u> 868,877
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FUTURE U         (6)       (7)         (7)       (8)         (9)       (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete the organization answered "Yes" or	ISE 15.)	● 1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FULLIRE U         (6)       (7)         (7)       (8)         (9)       (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete If the organization answered "Yes" of the complete If the organization of liability	ISE 15.)	▶ 1e or 11f. See Form 990, Part X, line 25.	6,797 <u>671,680</u> 868,877
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FULLIRE U         (6)       (7)         (7)       (8)         (9)       (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete line organization answered "Yes" of the complete line organization of liability         (1)       Federal incomestaxes	ISE 15.)	1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FUTURE U         (6)       (7)         (7)       (8)         (9)       (9)         tal. (Column (b) must equal Form 990. Part X. col. (B) line         art X       Other Liabilities.         Complete It the organization answered "Yes" of (a) Description of liability         (1)       Federal inconversaces         (2)	ISE 15.)	1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FUTURE U         (6)       (7)         (7)       (8)         (9)       (9)         (atl. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete the organization answered "Yes" of the organization of liability         (1)       Federal inconcertaxes         (2)       (3)	ISE 15.)	1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FULLIRE U         (6)       (7)         (8)       (9)         (9)       (9)         (1)       Complete R the organization answered "Yes" of the organization of liability         (1)       Federal inconcetaxes         (2)       (3)	ISE 15.)	1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FULLIRE U         (6)       (7)         (8)       (9)         tal. (Column (b) must equal Form 930, Part X, col. (B) line         art X       Other Liabilities.         Complete line organization answered "Yes" of         (1)       Federal inconcertaxes         (2)       (3)         (4)       (5)	ISE 15.)	1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FULLIRE U         (6)       (7)         (8)       (9)         (9)       (9)         (1)       Complete R the organization answered "Yes" of the organization of liability         (1)       Federal inconcetaxes         (2)       (3)	ISE 15.)	1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FULLIRE U         (6)       (7)         (8)       (9)         tal. (Column (b) must equal Form 930, Part X, col. (B) line         art X       Other Liabilities.         Complete line organization answered "Yes" of         (1)       Federal inconcertaxes         (2)       (3)         (4)       (5)	ISE 15.)	1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FULLIRE U         (6)       (7)         (7)       (8)         (9)       (9)         (11)       Complete It the organization answered "Yes" of the organization answered "Yes" of the organization of liability         (11)       Federal inconcetaxes         (2)       (3)         (4)       (5)	ISE 15.)	1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FULLIRE U         (6)       (7)         (7)       (8)         (9)       (9)         (a)       (1)         (a)       (2)         (b)       (2)         (1)       Form 990, Part X, col. (B) line         (2)       (a)         (b)       (a)         (c)       (a)         (c)       (a)         (c)       (a)         (b)       (c)         (c)       (c)         (c)	ISE 15.)	1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964
(4)       COMMITTED ORDERS         (5)       PROPERTY HELD FOR FULLIRE U         (6)       (7)         (7)       (8)         (9)       (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         art X       Other Liabilities.         Complete It the organization answered "Yes" of (a) Description of liability         (1)       Federal incometaxes         (2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)	ISE 15.) n Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	6,797 671,680 868,877 32,225,964

Schedule D (Form 990) 2019

932053 10-02-19

Scho	Adule D (Form 990) 2019 HOSANNA	85-	0223225	Page 4
1000		eturn.	I.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		20 110	
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 	30,142,	550.
2 a				
a b		_		
c c		<b>-</b>		
d				
e	Add lines 2a through 2d		692	000
3	Subtract line 2e from line 1	<u>2e</u> 3	29,460,	082.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	29,400,	400.
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
с	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.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements with Expenses per	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
1	Total expenses and losses per audited financial statements	1	20,452,	009.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities 2a 6, 188			
b	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d	2e	682,	
	Subtract line 2e from line 1	3	19,769,	<u>927.</u>
	Amounts included on Form 990, Part IX, line 25, but not on liter			
	Investment expenses not included on Form 990, Part VIII line 7b	-		
	Other (Describe in Part XIII.)			~
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must collaber of 90), Part 1, line 16)	4c 5	19,769,	0.07
Par	XIII Supplemental Information.	5	19,709,	941.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines a new Part IV, lines 1b and 2b; Part V, line	1 · Dort V	line 2: Port VI	·
lines 2	d and 4b; and Part XII, lines 2d and 4b. As complete this part to provide any additional information.	TICALLA	, inte 2, Fart Al,	
PAR	rx, line 2:			
HOS	ANNA ADOPTED FASE ACCOUNTING STANDARDS CODIFICATION (ASC)	740-	10,	
REL	ATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. ASC 740-	<u>10 P</u>	RESCRIBE	IS
ורד ג			_	
<u>A R</u>	ECOGNITION THRESHOLD AND MEASUREMENT PROCESS FOR ACCOUNTIN	G FO	R	
01101	ERTAIN TAX POSITIONS AND ALSO PROVIDES GUIDANCE ON VARIOUS	REL	ATED	
MATT	TERS SUCH AS DERECOGNITION, INTEREST, PENALTIES AND DISCLO	ם מדדס		
<u></u>	THE BOOM WE DERECOMITION, INTEREDI, PENALITES AND DISCLO	SURE	- · · · · · · · · · · · · · · · · · · ·	
REQU	JIRED. HOSANNA HAS NO UNRECOGNIZED TAX BENEFIT WHICH WOUL	ת מ	OTTER AN	r
<u></u>		<u>~ 1(1)</u>	QUARE AR	<u> </u>
ADJU	JSTMENT TO THE BEGINNING BALANCE OF NET ASSETS AND HAD NO	UNRE	COGNIZED	)
TAX	BENEFITS AT YEAR-END. HOSANNA FILES AN EXEMPT ORGANIZATI	<u>ON R</u>	ETURN IN	<u> </u>
THE	U.S. FEDERAL JURISDICTION. HOSANNA IS NO LONGER SUBJECT T	<u>0 IN</u>	COME TAX	
EXAN	TNATIONS BY TAXING AUTOOPTITES FOR VEARS DESCRIPTIONS	T		
TUVUL	INATIONS BY TAXING AUTHORITIES FOR YEARS BEGINNING BEFORE	TTS	DECEMBE	<u>K</u>
31,	2016 FEDERAL FILINGS.			
932054 1		Caleral	l. D. (T	100.00
002004 1		Schedu	le D (Form 990	) 2019

Schedule D (Form 990) 2019 HOSANNA	<u>85-0223225</u> Page
Part XIII Supplemental Information (continued)	
	<u> </u>
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	603,629.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	675,894.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
OST OF GOODS SOLD DEDUCTED FROM REVENUES ON FORM 990	72,265.
DIRECT FUNDRAISING EXPS DEDUCTED FROM REVENUES ON FORM 990	603,629.
OTAL TO SCHEDULE D, PART XII, LINE 2D	675,894.
	<u> </u>
	<u></u>
	Schedule D (Form 990) 201

SCHEDULE F (Form 990)	Complete if	atement of Activities Outside the United States omplete 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.											
Internal Revenue Service Name of the organization	Go to	www.irs.gov/F	orm990 for instructions and the late	st information.		pento Public spection							
·					Employer luer	uncation number							
HOSANNA Parti General In					85-02232	225							
Form 990, Par		Activities Out	tside the United States. Com	plete if the organ	ization answered	"Yes" on							
· · · · · · · · · · · · · · · · · · ·		n maintain recor	ds to substantiate the amount of its g	rants and other	assistance.								
			the selection criteria used to award th			🕻 Yes 🗔 No							
United States. 3 Activities per Region.	(The following Par	<u>t I, line 3 table ca</u>	procedures for monitoring the use of an be duplicated if additional spaces	needed.)	ner assistance ou	itside the							
(a) Region	(b) Number of offices	employees.	(d) Activities conducted in the egid (by type) (such as, fundraising aro-	(e) If activ	vity listed in (d) gram service,	(f) Total expenditures							
	in the region	agents, and independent	gram services, investments grants		specific type	for and							
		in the region	recipients located in the region)	of service(	s) in the region	investments in the region							
AFRICA	0	0	GRANTS TO RECIPCENTS IN REGION & PROGRAM SERVICES	FAITH COMES		477,300.							
AMERICAS (MEXICO, CANADA, & SOUTH			GRANTE TO RECIPIENTS IN	FATTH COMES	BV UFADING								
AMER)	0		REGIONER PROGRAM SERVICES	AUDIO BIBLE		910,170.							
			GRANTS TO RECIPTENTS IN	FAITH COMES	BY HEARING								
EAST ASIA/PACIFIC	0		REGION PROGRAM SERVICES	AUDIO BIBLE	LISTENING	222,573.							
			GRANTS TO RECIPIENTS IN	FAITH COMES	BY HEARING								
EURASIA/MIDDLE EAST			REGION & PROGRAM SERVICES	AUDIO BIBLE	LISTENING	107,345.							
			GRANTS TO RECIPIENTS IN	FAITH COMES	BY HEARING								
SOUTH ASIA		<b>W</b>	REGION & PROGRAM SERVICES	AUDIO BIBLE		245,473.							
			GRANTS TO RECIPIENTS IN	FAITH COMES	BY HEADING								
AFRICA			REGION & PROGRAM SERVICES	AUDIO BIBLE		1,052,958.							
				1									

GRANTS TO RECIPIENTS IN FAITH COMES BY HEARING EAST ASIA/PACIFIC 0 0 REGION & PROGRAM SERVICES AUDIO BIBLE RECORDINGS 0 0 3 a Subtotal b Total from continuation sheets to Part I 0 0 c Totals (add lines 3a 5 0 0 and 3b)

0

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

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Schedule F (Form 990) 2019

FAITH COMES BY HEARING

AUDIO BIBLE RECORDINGS

932071 10-12-19

07260817 132225 37193

AMERICAS (MEXIC CANADA, & SOUTH

AMER)

GRANTS TO RECIPIENTS IN

REGION & PROGRAM SERVICES

229,746.

427,887.

794,219.

4,467,671.

3,673,452.

· 按照管理大规模和基本之子	· · · · · · · · · · · · · · · · ·	s per Regior			r
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	employees or	(by type) (i.e., fundraising,	is a program service,	expenditure
	in the region	agents in region	program services, grants to recipients located in the region)	describe specific type of service(s) in region	for region
			GRANTS TO RECIPIENTS IN	FAITH COMES BY HEARING	
EURASIA/MIDDLE EAST	0	0	REGION & PROGRAM SERVICES	AUDIO BURNE RECORDINGS	117,64
			GRANTS TO RECIPIENTS IN	ATTRICOMES BY HEARING	,
SOUTH ASIA	0		REGION & PROGRAM SERVICES	AUDIC BIBLE RECORDINGS	153,93
				RAVEL TO/FROM REGION	
			GRANTS TO RECIPIENTS	FOR PROGRAM MONITORING,	
AFRICA	0			MEETINGS, ETC.	19,04
AMERICAS (MEXICO,				TRAVEL TO/FROM REGION	
CANADA, & SOUTH				FOR PROGRAM MONITORING,	
AMER)	0			MEETINGS, ETC.	64,34
EURASIA/MIDDLE EAST	0		GRANTS TO RECAPIENTS INTE	FAVEL TO/FROM REGION FOR PROGRAM MONITORING, METTINGS, ETC.	52,28
OUTH ASIA	0	é	SRANDS TO RECIPTENTS IN	TRAVEL TO/FROM REGION FOR PROGRAM MONITORING, MEETINGS, ETC.	19,77
SE ASIA	0			COMES BY HEARING AUDIO BIBLE LISTENING	166,578
			PRANTS TO RECIPIENTS IN	FAITH COMES BY HEARING	
E ASIA		<u> </u>	REGION & PROGRAM SERVICES	AUDIO BIBLE RECORDINGS	130,129
				TRAVEL TO/FROM REGION	
E ASIA				FOR PROGRAM MONITORING, MEETINGS, ETC.	70 499
					70, <b>4</b> 77
4		1			

1 (b) IR (a) Name of organization (b) IR and El								
	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE			¢		-
			-AUDIO BIBLE					
		AFRICA	RECORDING	548,919.6	WIRE TRANSFER	· ·		
		<del></del>	PROGRAM SERVICE					
			-AUDIO BIBLE					
		AFRICA	LISTENING	108,703	WIRE TRANSFER	0.		
		<u></u>	PRUGRAM SERVICE - AUDIO BIBLE		Ø			
		AFRICA	RECORDING	77722.	WAR TRANSFER	.0		
					P			
			-AUDIO BIBLE					
		AFRICA		65000	LE TRANSFER	.0		
			PROGRAM STRATICE					
			-AUDIO MBLE					
		AFRICA	RECORDING	W 49,042.W	WIRE TRANSFER	0.		
			PROGRAM SERVICE					
			-AUDIO BIBLE					
		MARICAN AN	RECORDING	42,246. W	WIRE TRANSFER	0.		
			PROGRAM SERVICE			-		
			-AUDIO BIBLE					
		AFRICA	<b>LISTENING</b>	26,942.W	WIRE TRANSFER	.0		
		<del>K</del>	PROGRAM SERVICE					
			-AUDIO BIBLE					
510 -		AFRICA	RECORDING	24,769.W	WIRE TRANSFER	0.		
2 Enter total number of recipie	ent organization	is listed above that are $\kappa$	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	sreign country, rε	scognized as tax-exe	impt		
	grantee or cour	nsel has provided a secti	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter			<b></b>		
3 Enter total number of other organizations or entities	organizations o	r entities						

932072 10-12-19

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C anad	1	(i) Method of valuation (book, FMV, appraisal, other)																										
	(	(h) Description of non-cash assistance																										
85-023325	90), Part II, line 1	(g) Amount of non-cash assistance			Å.			•			0.			.0		<b>.</b> 0		.0			.0							.0
85-02	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement			WIRE TRANSFER	¢.	S S	VIRESTRANSFER			TRE TRANSFER			VIER TRANSFER		817. WIRE TRANSFER		11,500. WIRE TRANSFER			WIRE TRANSFER		1	WIRE TRANSFER				WIRE TRANSFER
:		(e) Amount of cash grant			23,755.9			1.50,52			Cox Son.			22006.1	Ø	21,817.9		11,500.4			10,970.0			10,888.0				8,290.
	ions or Entities Outside the United States.	<b>(d)</b> Purpose of grant	PROGRAM SERVICE	-AUDIO BIBLE	LISTENING	PROGRAM SERVICE	-AUDIO BIBLE	DATATOT	PROGRAM SERVICE	-AUDIO BIBLE	LISTENING	PROGRAM SERVICE	-AUDIO BIBLE	LISTENTING	PROGRAM GERTAGE	LISTERANG	AUDIO BIBLE	ECORDING	PROGRAM SERVICE	-AUDIO BIBLE	<b>LISTENTNG</b>	PROGRAM SERVICE	-AUDIO BIBLE	JISTENING		PROGRAM SERVICE	-AUDIO BIBLE	LISTENING
ЧА	Continuation of Grants and Other Assistance to Organizations	(c) Region	<u> </u>		AFRICA	<u> </u>			<u> </u>		AFRICA			AFRICA	<u>, <u>1</u></u>	AFRICA		AFRICAN A W		2	LTRUCA	<u>ц</u>		AFRICA	<u> </u>	<u>e</u>	<u> </u>	AFKLUA PULA
HOSANNA	f Grants and Other A	(b) IRS code section and EIN (if applicable)																	Ó									
Щ		r (a) Name of organization																										
Sched	Parte	- <sup>∠</sup> (a)						No. of the second s													THE PERSONNEL							11111-1111-1111-1

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932-182 04-01-19 •
			ions or Entities Outside the United States.	_ <u> </u> _	<u>(Schedule F (Form 990), Part II, line</u>	90), Part II, line 1		
(a) Name of organization a	(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)
			PROGRAM SERVICE					
			-AUDIO BIBLE	<u></u>				
		AFRICA	<b>UISTENING</b>	8,247.	WIRE TRANSFER	Å.		
		P	PROGRAM SERVICE					
		AFRICA	-AUDIO BIBLE LISTENING	2 55 A				
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		<u> </u>	PROGRAM SERVICE		-			
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			PROGRAM CENTRE	Ø				
		AFKICA	TISTENENG	6,060.	WIRE TRANSFER	0.		
		\$	PROGRAM SERVICE					
		AFRICAN ON THE	RUDIO BIBLE RECORDING	6,000.0	6,000. WIRE TRANSFER	0		
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			-AUDIO BIBLE					
		La CA	LISTENING	5,523.0	WIRE TRANSFER	0.		
			PROGRAM . SERVICE					
		<b>L</b> .	-AUDIO BIBLE					
		AFRICA	LISTENING	5,339.	WIRE TRANSFER	•		
		<u></u>	PROGRAM SERVICE					
			-AUDIO BIBLE					
		AFRICA	<b>JISTENING</b>	5,069.4	WIRE TRANSFER			

1 (a) Name of organization and and	ants and Other A:	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	ions or Entities Outside the I	Juited States.	(Schedule F (Enra 000) Part II fine 1)	20) Darf II fine 1)		
· · · · · · · · · · · · · · · · · · ·	(b) IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> 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)
			PROGRAM SERVICE					
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			PROGRAM SERVICE					
		AMERICAS	-AUDIO BIBLE LISTENING	94 441				
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		AMERICAS	-AUDIO BIBLE					
			PROGRAM CERVICE					
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			PROGRAM SERVICE NEW DINE	•				
		AMERICAN AMERICAN	<b>XECORDING</b>	42,662	42,662. WIRE TRANSFER	0.		
		Ċ	PROGRAM SERVICE					
		The second	-AUDIO BIBLE RECORDING	39,576.	WIRE TRANSFER	c		
		<u>4</u>	FRUGRAM SEKVICE -AUDIO BIBLE					
	A	AMERICAS	LISTENING	31,955.	WIRE TRANSFER	.0		
		<u> </u>	PROGRAM SERVICE					
			-AUDIO BIBLE					
	線 副	AMERICAS	<b>DISTENING</b>	31,568	568. WIRE TRANSFER	.0		

Schedule F (Form 990)	HOSANNA	NA			85-0223225	23225		C ana
	f Grants and Other	ssistance to Organiza	continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States.	(Schedule F (Form 990), Part II, line 1)	90), Part II, line 1		4
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)
			PROGRAM SERVICE				-	
			-AUDIO BIBLE					
		SALASA	DUINSTRUING	31,456.	31,456.WIRE TRANSFER			
			PROGRAM SERVICE		Ŷ			
			-AUDIO BIBLE					
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		ANERICAL	LISTENING	17_242_0	17.242. MIRE TRANSFER	c		
			PROGRAM SERVICE	•		;		
		2	-AUDIO BIBLE					
		MENTCAS	RECORDING	14,486.	14,486. WIRE TRANSFER	0.		
		<u> </u>						
		-	PROGRAM SERVICE					
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			PROGRAM SERVICE					
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					NE JONEDI THE			

	<u>arants and Other A</u>	<b>Continuation of Grants and Other Assistance to Organizations</b>	ions or Entities Outside the United States.		(Schedule F (Form 990), Part II, line 1)	F (Form 990), Part IL line 1		Page 2
1 (a) Name of organization ar	(b) IRS code section and EIN (if applicable)	(c) Region			(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(j) Method of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE					
		AMERICAS	-AUDIO BIBLE LISTENING	12 795	WERNER TO SUCCESS	Ç		
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			PROGRAM SERVICE			•		
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		AMERICAS	LISTENING	6,814.	WIRE TRANSFER	0.		

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ш.	HOSANNA	NA			85-0223225	23225		Page 2
Part I Continuation o	of Grants and Other A	Continuation of Grants and Other Assistance to Organizations	ions or Entities Outside the United States.	<b>Jnited States.</b>	(Schedule F (Form 990), Part II, line 1)	90), 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)
			PROGRAM SERVICE					
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		AMERICAS	LISTENING	5,917.	5,917. WIRE TRANSFER			
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			PROGRAM SERVICE					
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		EAST OF THE	LISTENING	5,078,	WIRE TRANSFER	0.		
			PROGRAM SERVICE -AUDIO BIBLE					
		AMERICAS	<b>UISTENING</b>	23,000.	WIRE TRANSFER	0.		
		<u>6</u> .	PROGRAM SERVICE					
		BURASIA/MIDDLE East	-AUDIO BIBLE LISTENING	25.278.	WIRE TRANSFER	c		
						;		
		EURASIA/MIDDLE	PROGRAM SERVICE - AUDIO BIBLE					n.,
			5NTNSI.ST	12,292.	WIRE TRANSFER	•		

Part II Continuation o 1 (a) Name of ordanization	of Grants and Other A (b) IRS code section	Continuation of Grants and Other Assistance to Organizations of organizations of organization of organization (b) IRS code section	tions or Entities Outside the United States. (d) Purpose of (e) Amount		(1) Manner of (19) (10) (10) (10) (10) (10) (10) (10) (10	90), Part II, line 1) (g) Amount of	(h) Description	(i) Method of
	and EIN (if applicable)	(c) region	grant	÷	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE					
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				444.4		-		
			PROGRAM SERVICE		<b>V</b>	<b></b>		
		ASIA/PACIFIC	RECORDING	See See	TERANSFER			
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			PROGRAM SERVICE			;		
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		E TA	<b>PIISTENING</b>	18,500.0	WIRE TRANSFER	0.		
		\$	PROGRAM SERVICE					
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	IS STATES	SE ASIA	RECORDING	15,622.M	WIRE TRANSFER	.0		
			ANTITUTE MEDIODO					
			-AUDIO BIBLE					
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Part II Continuation c	of Grants and Other A	Continuation of Grants and Other Assistance to Organizations	ions or Entities Outside the United States.	Jnited States.	(Schedule F (Form 990), Part II, line 1)	30), 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) Metthod of valuation (book, FMV, appraisal, other)
			PROGRAM SERVICE					
		se asia	-AUDIO BIBLE RECORDING	9,885.	9,885. WIRE TRANSFER			
			PROGRAM SERVICE	-	¢			
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			PROGRAM SKRVTCR		8			
		SE ASIA	-AUDIO BIBLE RECORDING		TRANSFER	Ċ		
		ï	PROGRAM SERVICE					
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				• n#4 * 5#	YESONYI AYTM	5		
			PROGRAM SERVICE					
		SOUTH ASLAND	RECORDING	26,334.	WIRE TRANSFER	0.		
			PROGRAM SERVICE -AUDIO BIBLE					
		SOURE ASIA	RECORDING	24,752.	WIRE TRANSFER	0.		
			PROGRAM SERVICE					
			-AUDIO BIBLE					
		SOUTH ASIA	RECORDING	24,155.	WIRE TRANSFER	0.		
			PROGRAM SERVICE	·				
		SOUTH ASIA	RECORDING & LISTENING	10,172,	10,172, WIRE TRANSFER	G		

Pade 2	7 7 7	(i) Method of valuation (book, FMV, appraisal, other)								
		(i) Met valuation (t appraisa								
		<ul> <li>(h) Description</li> <li>of non-cash</li> <li>assistance</li> </ul>								
	, line 1)						} 			
85-0223225	990), Part II	(g) Amount of non-cash assistance								
85-02	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement		WIRE TRANSFER		- Co				
	ľ	(e) Amount of cash grant	:	8,235.0	C		Ø.			
	ions or Entities Outside the United States.	(d) Purpose of grant	PROGRAM SERVICE	-AUDIO BIBLE RECORDING						
IA	Continuation of Grants and Other Assistance to Organizations	(c) Region		SOUTE ASIA					A	···
HOSANNA	Grants and Other A	(b) IRS code section and EIN (if applicable)								
<u>Schedule F (Form 990)</u>	Continuation of	1 (a) Name of organization								
Schedule	Partille	1 (a) Namt		9 (18) 9 (18)						

Page 3		(g) Description of (h) Method of valuation noncash assistance (book, FMV, annaise) of annaise) of the distribution (book, FMV, book, FMV, boo								Schedule F (Form 990) 2019
85-0223225	n 990, Part IV, line 16	(f) Amount of (g) noncash nonc assistance	C.	) .			0	0		
85-02	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of (f) A cash disbursement na as								
		(d) Amount of cash grant	316,255.	232,804.	182,107.	Ĵ.	129, 211	1111 1111 1111 1111 1111 1111 1111 11		
	the United Stat	(c) Number of recipients	œ	7	14	6	The second secon	<b>S</b> °		
HOSANNA	e to Individuals Outside dditional space is needed	(b) Region	AFRICA	AMERICAS (CANADA, MEXICO, SOUTH AMER)	ASIA/PACIFIC	EURASIA/MIDDLE EAST	SE ASIA	A SOUTH AS A		
	Partille Grams and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance								

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# 85-0223225 Page 4

## Schedule F (Form 990) 2019 HOSANNA Part W 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	X 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	XNo
3	Did the organization have an ownership interest in a foreign corporation during the tax year 247 yes		
	the organization may be required to file Form 5471, Information Return of U.S. Person With Respective		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X 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 regulated 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax years if "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Refeors With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X 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 \$713, International Boycont Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (For	m 990) 2019

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Schedule F (Form 990) 2019 HOSANNA	85-0223225
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3 investments vs. expenditures per region); Part II, line 1 (accounting method); Part (estimated number of recipients), as applicable. Also complete this part to provide	III (accounting method); and Part III, column (c)
PART I, LINE 2:	
THE ORGANIZATION HAS EXTENSIVE REPORTING AND APP	
THE FUNDS ARE USED FOR THE PURPOSES GRANTED INCL	UDING VISIOS TO EACH
REGION TO MONITOR THE SUCCESS OF THE PROGRAMS FU	NDED.
	<b>A</b>
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SCHEDULE G	Suppleme	ental information Regard	ing Fund	drais	ing or Gaming A	<b>\ctiv</b>	ities	OMB No. 1545-0047
(Form 990 or 990-E <b>Z</b> )		ne organization answered "Yes' organization entered more that				or 19,	or if the	2019
Department of the Treasury Internal Revenue Service	<b>•</b> 6	Attach to Form to www.irs.gov/Form990 for i				ion		Open to Public
Name of the organization		o to www.iio.gov/i orinooo ioi i	1150 00 001	is and	and latest math mat		Employer ide	entification number
	HOSANNA	L					85-0223	225
		Complete if the organization ar	nswered "Y	'es" o	n Form 990, Part IV,	line 1	7. Form 990-Ez	filers are not
	complete this participation rais	rt. sed funds through any of the follo	owing activ	ities	Check all that and			
a X Mail solicitati b X Internet and c X Phone solicit d X In-person sol 2 a Did the organization	ions email solicitation: ations icitations n have a written o	e X Soli f Soli g X Spe or oral agreement with any individ	icitation of icitation of ocial fundra	non-g gover aising ling o	overnment grants rnment grants events fficers directers, trus	tees,		
	highest paid indi	art VII) or entity in connection wi viduals or entities (fundraisers) pu organization.	•		THE REAL PROPERTY AND A DECK	he fur	X Yes	
(i) Name and address or entity (fund		(ii) Activity	(iii) 100 (12) 100 (12)	aiser iatody iról ói itions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
BERKEY, BRENDEL, SH		CONSULTATIONS ON DIRECT	Yes				tt aac	CD 1 A 1-
130 SPRINGSIDE DR #	200,	APPEALS		x	<b>430</b> 091.		55,146.	674,945.
••••••••••••••••••••••••••••••••••••••					77			
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							· · · · · · · · · · · · · · · · · · ·	
Total					730,091.		55,146.	674,945.
3 List all states in which or licensing.	h the organizatio	n is registered or licensed to solid	cit contribu	itions	or has been notified	it is e	xempt from reg	jistration
		·····				· ··· ·		
· · · ·					· · ·			
		· · · · · · · · · · · · · · · · · · ·						
	Juction Act Notic	ce, see the Instructions for For	m 990 or 9	00-F	7 S	ched	ule 6 (Eorm 00	0 or 990-EZ) 2019

SEE PART IV FOR CONTINUATIONS
932081 09-11-19

,

00051AH       CHOSEN EVENT       NONE       (add col. (a) thr         FUNDRAISER       FUNDRAISER       (total number)       (col. (c))         1       Gross receipts       386,559.       6,621,752.       7,008,3         2       Less: Contributions       386,559.       6,621,752.       7,008,3         3       Gross income (line 1 minus line 2)       7,008,3       7,008,3         4       Cash prizes       1       1       1         5       Noncash prizes       1       1       1			le G (Form 990 or 990 EZ) 2019 HOSANN			85	-0223225 Page
get       (a) Event #1 CHOSEN BYUENT       (b) Event #2 CHOSEN BYUENT       (c) Other events NONE       (c) Other events (c) (c) (c) (c) (c) (c) (c) (c) (c	3 <i>5</i> 2.		of fundraising event contributions and g	the organization answered pross income on Form 990	d "Yes" on Form 990, Par ) EZ, lines 1 and 6b. List e	t IV, line 18, or reported events with gross receip	l more than \$15,000 ots greater than \$5.000
2       Less: Contributions       386, 559.       6, 621, 752.       7,008, 3         3       Gross income (line 1 minus line 2)       4       4       Cash prizes       5         4       Cash prizes       5       Noncash prizes       5       603, 6         5       Noncash prizes       100, 461.       034, 68.       603, 6         6       Entertainment       5       603, 6       -603, 6         9       Other direct expenses       5       603, 6       -603, 6         10       Direct expense summary. Add lines 4 through 9 in column (c)       603, 6       -603, 6         11       Notice expenses       60       -603, 6       -603, 6         12       Cash prizes       60       -603, 6       -603, 6         13       Gross revenue       60       -603, 6       -603, 6         14       Gaming. Complete the organization narweed the minute of the organization narweed	e			(a) Event #1 JOSIAH FUNDRAISER	(b) Event #2 CHOSEN EVENT FUNDRAISER	(c) Other events NONE	(d) Total events (add col. (a) throug
3       Gross income (line 1 minus line 2)         4       Cash prizes         5       Noncash prizes         6       Rent/facility costs         10       0,461.         03       68.         6       603,6         7       Food and beverages         9       Other direct expenses         10       Direct expenses unmary. Add line 4 through 9 in column (d)         11       Gross inverve         12       Gross reverve         13       Gross reverve         14       Cash prizes         15       Colo Form 960-EZ, line 6a.         16       Direct expenses         11       Gross reverve         12       Cash prizes         13       Noncash prizes         14       Cash prizes         15       Colo Form 960-EZ, line 6a.         14       Gross reverve         15       Colo Form 960-EZ, line 6a.         16       Prizes         2       Cash prizes         3       Noncash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6	Revenu	1	Gross receipts	386,559.	6,621,752.	A THE	7,008,311
Cash prizes     Noncash prizes     Nocash prizes	3	2	Less: Contributions	386,559.	6,621,752.		7,008,311
6       Noncash prizes         9       Rent/facility costs         1       100,461.         0       100,461.         1       100,461.         1       1		3	Gross income (line 1 minus line 2)				
8       Rent/facility costs       100,461.       03,68.       603,6         7       Food and beverages		4	Cash prizes			J	
8       Entertainment         9       Other direct expenses         10       Direct expenses summary. Add lines 4 through 9 in column (d)         11       Net income summary. Subtract line 10 from line 3, column (d)         12       Caming. Complete if the organization answered "Knoin") om 980, PartQuina (g), or reported more than         \$15,000 on Form 980-EZ, line 6a.       9 Pull tes/instant         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         4       Rent/facility costs         5       Other direct expenses         7       Direct expenses         8       No         9       Ves         9       No         10       No         11       Gross revenue         12       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         15       Other direct expenses         16       No         17       Direct expenses         18       Net gaminguneame summary. Subtract line 7 from line 1, column (d)     <		5	Noncash prizes			>	
8       Entertainment         9       Other direct expenses         10       Direct expenses summary. Add lines 4 through 9 in column (d)         11       Net income summary. Subtract line 10 from line 3, column (d)         12       Caming. Complete if the organization answered "Knoin") om 980, PartQuina (g), or reported more than         \$15,000 on Form 980-EZ, line 6a.       9 Pull tes/instant         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         4       Rent/facility costs         5       Other direct expenses         7       Direct expenses         8       No         9       Ves         9       No         10       No         11       Gross revenue         12       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         15       Other direct expenses         16       No         17       Direct expenses         18       Net gaminguneame summary. Subtract line 7 from line 1, column (d)     <	xpenses	6	Rent/facility costs	100,461.	503 168.		603,629
8       Entertainment         9       Other direct expenses summary. Add lines 4 through 9 in column (d)         10       Direct expense summary. Add lines 4 through 9 in column (d)         11       Carming. Complete if the organization answered "Keatin's an 980, Part Suppold, or reported more than         \$15,000 on Form 990-EZ, line 6a.       (a) Bings         (a) Bings       (b) Pull bis/instant         (c) Other gaming       (c) Other gaming         (c) A through oc       (c) A through oc         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         7       Direct expenses         8       No         8       No         9       Yes         9	ect H	7	Food and beverages				
10       Direct expense summary. Add lines 4 through 9 in column (d)       603,6         11       Net income summary. Subtract line 10 from line 3, column(d)       603,6         31       Gaming. Complete if the organization answered "loss on point 900, Part Valipa 8, or reported more than         \$15,000 on Form 990-EZ, line 6a.       (d) Total gaming col. (a) through column (d)         (e)       Other gaming col. (a) through column (d)         (f)       Form second column (d)         (g)       Pull Alls/instant         (e)       Other gaming col. (a) through column (d)         (f)       Total gaming col. (a) through column (d)         (g)       Pull Alls/instant         (e)       Other gaming         (c)       Column (d)         (g)       Pull Alls/instant         (g)       No         (g)       No         (g)							
11 Net income summary. Subtract line 10 from line 3, columnal?       -603, 6         antill       Gaming. Complete if the organization answered "search prime 930, Part vilue 48, or reported more than \$15,000 on Form 990-EZ, line 6a.       (a) Binge       (b) Pull bas/nstant       (c) Other gaming       (d) Total gaming col. (a) through column (c)         1       Gross revenue       (a) Binge       (b) Pull bas/nstant       (c) Other gaming       (d) Total gaming col. (a) through column (c)         2       Cash prizes       (a) Binge       (b) Pull bas/nstant       (c) Other gaming       (d) Total gaming col. (a) through column (c)         2       Cash prizes       (a) Binge       (b) Pull bas/nstant       (c) Other gaming       (d) Total gaming col. (a) through column (c)         2       Cash prizes       (a) Prizes       (b) Pull bas/nstant       (c) Other gaming       (d) Total gaming col. (a) through column (c)         3       Noncash prizes       (a) Prizes       (b) Pull bas/nstant       (c) Other gaming       (c) A gaming column (c)         4       Rent/facility costs       (c) Other direct expenses       (c) No       No       No       No         5       Other direct expenses       (c) No       No       No       No       No         7       Direct expense       (c) No       No       No       No       No	1						600 606
artilling       Gaming. Complete if the organization answered "Generity in m 980, Part Minge 8, or reported more than \$15,000 on Form 990-EZ, line 6a.       (d) Total gaming col. (a) through col. (b) Pull Misrinstänt         1       Gross revenue       Image: Col. (a) through coll (b) Pull Misrinstänt       (c) Other gaming       (d) Total gaming col. (a) through coll (c) through coll							603,625
3 Noncash prizes   4 Rent/facility costs   5 Other direct expenses   6 Volunteer labor   7 Direct expense   8 Net gaming income summary. Subtract line 7 from line 1, column (d)   8 Net gaming income summary. Subtract line 7 from line 1, column (d)   9 Inter the state(s) in which the organization conducts gaming activities:   1 Is the organization licensed to conduct gaming activities in each of these states?	┥	1	Gross revenue				
4       Rent/facility costs		2	Cash prizes	4			
4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor         7       Direct expenses         8       Net gaming income summary. Subtract line 7 from line 1, column (d)         8       Net gaming income summary. Subtract line 7 from line 1, column (d)         Is the organization licensed to conduct gaming activities:         Is the organization licensed to conduct gaming activities in each of these states?         If "No," explain:		3	Noncash prizes	¥ Y			
6       Volunteer labor       Yes%       Yes%       Yes%         7       Direct expanse ummary. Add lines 2 through 5 in column (d)       No       No         8       Net gaming income summary. Subtract line 7 from line 1, column (d)       Image: Column (d)         Enter the state(s) in which the organization conducts gaming activities:       Image: Column (d)       Image: Column (d)         Is the organization licensed to conduct gaming activities in each of these states?       Image: Column (d)       Yes         If "No," explain:       Image: Column (d)       Image: Column (d)       Image: Column (d)         Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Image: Yes		4 !	Rent/facility costs				
6       Volunteer labor       No       No         7       Direct expanse unmary: Add lines 2 through 5 in column (d)       No         8       Net gaming uncerne summary. Subtract line 7 from line 1, column (d)       Image: Column (d)         8       Net gaming uncerne summary. Subtract line 7 from line 1, column (d)       Image: Column (d)         9       Enter the state(s) in which the organization conducts gaming activities:       Image: Column (d)         1       Is the organization licensed to conduct gaming activities in each of these states?       Image: Column (d)         If "No," explain:       Image: Column (d)       Image: Column (d)         Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?       Image: Yes		5 (	Other direct expenses				The Real December of the December of the
8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: If "No," explain: Yes Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		6 \	Volunteer labor				
Enter the state(s) in which the organization conducts gaming activities:          Is the organization licensed to conduct gaming activities in each of these states?       Yes         If "No," explain:	-	7 [	Direct expense ummary? Add lines 2 through	5 in column (d)		►	
Is the organization licensed to conduct gaming activities in each of these states?		3 1	Net gaming income summary. Subtract line 7	from line 1, column (d)			
If "No," explain:	E	inter s the	r the state(s) in which the organization conduct organization licensed to conduct gaming act	cts gaming activities: tivities in each of these st	ates?		Yes
Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	• If 	"No	a li anna la tan				
	V If	Vere "Y∈	any of the organization's gaming licenses revealed any of the organization's gaming licenses reveale	voked, suspended, or tern	ninated during the tax yea	ar?	Yes N
32 09-11-19 Schedule G (Form 990 or 900 E7) (	1						

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 HOSANNA	85-0223225 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for to administer charitable gaming?	ormed
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books ar	
Name	
Address	*
15a Does the organization have a contract with a third party from whom the organization receives gaming reven	ue? Yes 🗌 No
	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	
17 Mandatory distributions:	
a Is the organization required under state law o-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	
organization's own exempt activities during the tax year <b>s</b> <b>Supplemental information.</b> Provide the explanations required by Part I, line 2b, columns (iii)	and fals and Dart III Brees O. Ob. 105
15b, 15c, 16, and 176 as applicable. Also provide any additional information. See instructions.	and (v); and Part III, lines 9, 90, 100,
CHEDULE C. PARTY, LINE 2B, LIST OF TEN HIGHEST PAID FUN	DRAISERS:
	·····
I) NAME OF FUNDRAISER: BERKEY, BRENDEL, SHELINE	
I) ADDRESS OF FUNDRAISER: 130 SPRINGSIDE DR #200, AKRON,	OH 44333
32083 09-11-19 Sc	hedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ)

07260817 132225 37193

OMB No. 1545-0047		Employer identification number	G222220-C8 1	ad the selection		Yes" on Form 900 Part IV line 21 for any		(g) Description of (h) Purpose of grant noncash assistance or assistance	TO PROVIDE FUNDING AS	EXPLAINED ON FORM 990,	PAGE 2, LINE 4C AND IN	FORM 990 SCHEDULE O.		,						Schedule I (Form 990) (2019)
Grants and Other Assistance to Organizations, Gowernments, and Individuals in the United States	<ul> <li>Contraction and the second s</li> </ul>			Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, the grants or assistance and the grants or assistance?	s in the United States.	if the organizationarismered	ded.	(d) Amount of (e) Amount at Will Method of (g) Des cash grant non-case FFW', appraisal, noncast assistance (FW', appraisal, noncast				10/1945. 1 / 10				· · · · · · · · · · · · · · · · · · ·		1 table		
Grants and Other Governments, and I Complete if the organization and	Go to www.irs.go		d Assistance	substantiate the amount of the grants or as	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Grants and Other Assistance to Domestic Organizations and Domestic Governments.	5,000. Part II can be duplicated if additional	(b) EIN (c) IRC section (d) (ff applicable) (d)				47-4285852 501(C)(3)						d government organizations listed in the line 1 table	isted in the line 1 table	see the instructions for Form 990.
SCHEDULE I (Form 990)	Department of the Treasury Internal Revenue Service	Name of the organization HOSANNA	Part General Information on Grants and Assistance	<ol> <li>Does the organization maintain records to subst criteria used to award the marks or assistance?</li> </ol>	2. Describe in Part IV the organization's proc	Partill Grants and Other Assistance to D	recipient that received more than \$5,000. Part II can be duplicated if	1 (a) Name and address of organization or government		JEAN BIBLE SUCLETY, INC.								2 Enter total number of section 501(c)(3) and government organizations listed	-	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

932101 10-26-19

2 Part Month Information. 2. Part Month Information.	Columbration of the second sec
olumbrillo: and any other additional information of the second seco	S PROVIDED TO THEM.
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OF FUNDS PROVIDED	OF FUNDS PROVIDED

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orm 990 or 990-EZ)		Fransactic he organization						26 27	28-		MB No.		
	Complete in t				s" on Form 9 )-EZ, Part V,			20, 21,	208,		20	19	J
partment of the Treasury		► A	ttach to	Form	990 or Form	990-EZ.					) Den i		olic
rnal Revenue Service	► Go	o to www.irs.gov	/Form99	0 for i	nstructions a	and the la	test information			20031221	Ispec		
me of the organization										r ident		ion nu	imi
anti Excess Be	HOSANNA	ictions (section	E04/-3/6	<u></u>			501(-\/00)			232	25		
Complete if tr		answered "Yes" o (b) Relationship b							•••••		(4)	Corre	
(a) Name of disqualifie	d person	person and				(c)	Description of tra	<b>S</b> actio	m			es	N
				٠									
,													
										•••			
Enter the amount of ta		o oroonization m	anagora	or diar	walified nami						1		
							rine year under		<b>\$</b>				
Enter the amount of ta		2. above. reimbu						•••••	► \$				
	or, it wrigt with its						•••••••••••••••••••••••••						_
ant IL Loans to a	nd/or From	Interested Pe	ersons.	ı		)	A						
Complete if th	e organization a	answered "Yes" of	n Form 9	90-EZ	Part	8a or For	m 990, Part IV, lir	ie 26; d	or if th	e orga	nizatio	n	
reported an ar		990, Part X, line 5	, 6, or 22	2.						10			
(a) Name of	(b) Relations		) ( <b>(d)</b> Lo fron	an lõõç nahe	(e) <sup>7</sup> Origi		(f) Balance due	(g)	) In ault?	(h) Ap by bo	provec ard or	(i) W agree	/rit
interested person	with organiza	tion of loan			orincipal an					comm	nittee?	ayree	1
				from			¥	Yes	No	Yes	No	Yes	╨
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Intille Grants or A		enefiting Inte				▶ \$							
Grants or A Complete if the	e organization	enefiting Intension	n Form 9	90, Pa	rt IV, line 27.						Dura		
Intille Grants or A	e organization	enefiting Intension of the second sec	n Form 9 p betwe	90, Pa en		unt of	(d) Type assistan				) Purp		F
Grants or A Complete if the	e organization	enefiting Intension	n Form 9 p betwee erson and	90, Pa en	rt IV, line 27. (c) Amo	unt of							F
Grants or A Complete if the	e organization	Enefiting Inte iswered "Yes" or (b) Relationshi interested pe	n Form 9 p betwee erson and	90, Pa en	rt IV, line 27. (c) Amo	unt of							f
Grants or A Complete if the	e organization	Enefiting Inte iswered "Yes" or (b) Relationshi interested pe	n Form 9 p betwee erson and	90, Pa en	rt IV, line 27. (c) Amo	unt of							f
Grants or A Complete if the	e organization	Enefiting Inte iswered "Yes" or (b) Relationshi interested pe	n Form 9 p betwee erson and	90, Pa en	rt IV, line 27. (c) Amo	unt of							f 
Grants or A Complete if the	e organization	Enefiting Inte iswered "Yes" or (b) Relationshi interested pe	n Form 9 p betwee erson and	90, Pa en	rt IV, line 27. (c) Amo	unt of							F
Grants or A Complete if the	e organization	Enefiting Inte iswered "Yes" or (b) Relationshi interested pe	n Form 9 p betwee erson and	90, Pa en	rt IV, line 27. (c) Amo	unt of							F
Grants or A Complete if the	e organization	Enefiting Inte iswered "Yes" or (b) Relationshi interested pe	n Form 9 p betwee erson and	90, Pa en	rt IV, line 27. (c) Amo	unt of							F
Grants or A Complete if the	e organization	Enefiting Inte iswered "Yes" or (b) Relationshi interested pe	n Form 9 p betwee erson and	90, Pa en	rt IV, line 27. (c) Amo	unt of							F
Grants or A Complete if the	e organization	Enefiting Inte iswered "Yes" or (b) Relationshi interested pe	n Form 9 p betwee erson and	90, Pa en	rt IV, line 27. (c) Amo	unt of							F

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

Schedule L (Form 990 or 990-EZ) 2019

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Schedule L (Form 990 or 990 EZ) 2019 HOSAND	A				85-0223	225	Page 2
<b>Business Transactions Involv</b>	ing Interes	sted Persor	ns.				
Complete if the organization answered				8b, or 28c.	I	1 (-) 01-	auton of
(a) Name of interested person		ship between and the organ		(c) Amount of transaction	(d) Description of transaction	organiz rever	aring of zation's 1ues?
JUAN (JOHN) MORENO	FAMTI.Y	MEMBER	OF MU	38 248.	EMPLOYEE- D	Yes	No X
			01 110	50,240.			
		÷					
					<b>V</b>		
					2		
			•				
<b>Part V</b> Supplemental Information.		Barra an Oalaa	• •				
Provide additional information for respo	nses to ques	tions on Sche			· · · · · · · · · · · · · · · · · · ·		
SCH L, PART IV, BUSINESS T	RANSACT	IONS IN	VOLVIN	GINTERESTE	D PERSONS:		
						· · · ·	
(A) NAME OF PERSON: JUAN (	JOHN) M	ORENO		<b>&amp;</b>			
		ED PERS			A11.		
(B) RELATIONSHIP BETWEEN I	NTEREST	ED PERS	ON AND	ORGANIZATI			
FAMILY MEMBER OF MURRAY CR	AWFORD,	BOARD	CHAIR				
	•		V Q				
(C) AMOUNT OF TRANSACTION :	\$ 38,24	8.4					
(D) DESCRIPTION OF TRANSACT							
(D) DESCRIPTION OF TRANSAC			- tobler	TAL MEDIA 5.	PECIALIST.		
SALARY IS DETERMINED UNDER	THE BO	ARDAPP	ROVED	NONDISCRIMI	NATORY GRADI	ΞD	
	9 			· · · · · · · · · · · · · · · · · · ·			
PAY SCALE SYSTEM AS ADJUST	DA FOR	MERIT A	ÑD TEN	URE THAT AP	PLIES TO ALI	J OF	
THE ORGANIZATION'S EMPLOYED	Те пц			RTED INCLUD	GG DAMU W. 2		
THE ORGANIZATION 5 AMPROTIN			I KEFU	KIED INCHOD	$\frac{1}{2} \frac{1}{2} \frac{1}$		
WAGES AND THE EMPLOYER CON	RIBUTI	ON TO T	HE GRO	UP HEALTH P	LAN.		
	· · · · ·						
(E) SHARING OF ORGANIZATION	REVEN	JES? = 1	NO				
							,
						··· ·	
				· · · · · · · · · · · · · · · · · · ·			
					·····		
	<u></u> i	<u></u>		Sci	nedule L (Form 990 or	· 990-EZ	() 2019

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### SCHEDULE M (Form 990)

## **Noncash Contributions**

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047
2019
OpenstorPublics

Intern	al Revenue Service Go to www.irs.gov/	Form990 fo	r instructions and	I the latest information.		Alinspection
Nan	ne of the organization				Employer ide	entification number
	HOSANNA				85-	0223225
E.	Types of Property					
Tacro an		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, lineag	( Method of poncash contri	<b>d)</b> determining bution amounts
1	Art - Works of art				æ	
2	Art - Historical treasures				r	
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.F	'MV	
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		V V			
15	Real estate - Residential			a va		
16	Real estate - Commercial					
17	Real estate · Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies	*		Ø		
21	Taxidermy					
<u>22</u>	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other  ( <u>PROPERTY</u> HEID )	<u>X</u>	1	69,000.		
26	Other ( <u>RECORDING</u> SUP )	X	1	5,000.		
27	Other  ()					
28	Other 🕨 ( 🖉 👔 )					
29	Number of Forms 8283 received by the organiz					
	for which the organization completed Form 828	3, Part IV, D	onee Acknowledg	əment 29		Yes No
30a	During the year, and the organization receive by must hold for an east three years from the date			+		
	exempt purposes for the entire holding period?					30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance p	olicy that red	quires the review o	f any nonstandard contributio	ns?	OI X
	Does the organization hire or use third parties o				***********	
		-				32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is check	эd,	
	describe in Part II.			••		

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

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Schedule M (Form 990) 2019

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.	
	AA
······	
32142 09-27-19	Schedule M (Form 990) 2019

07260817 132225 37193

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury internal Revenue Service Schedule of the Treasury Schedule of the Treasury Sc	-EZ 0MB No. 1545-0047 2019 Oben to Public Mispection
Name of the organization HOSANNA	Employer identification number 85-0223225
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMEN	IS:
THE ORGANIZATION WAS INSTRUMENTAL IN ESTABLISHING THIS MOR	K WITH THE
DEAF COMMUNITY AND IN THE FORMATION OF THE DEAF BIBLE SOCI	ŠTY, A
SEPARATE 501(C)(3) ORGANIZATION. HOSANNA NOW PARTNERS WITH	H DEAF BIBLE
SOCIETY IN BRINGING THE WORD OF GOD TO DEAF PROPLE WORLDWIN	DE.
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 REI	ATIONSHIP WITH
MORGAN JACKSON, SENIOR VICE PRESIDENT	
FORM 990, PART VI, SECTION B, THE 11B	ESIDENT. 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. NOF	MALLY THE CFO
ALSO PRESENTS THE FORM 990 TO THE BOARD AT A REGULARLY SCHE	DULED BOARD
MEETING AND IS AVAILABLE TO ANSWER ANY QUESTIONS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANNUAL DISCLOSURE STATEMENTS OF FINANCIAL INTERESTS OF INTE	RESTED PERSONS
IN OTHER ENTITIES THAT HAVE TRANSACTIONS WITH HOSANNA ARE R	EVIEWED BY THE
GOVERNING BODY. ANY MAJOR NEW ENTITY'S POTENTIAL TRANSACTI	ONS ARE
SCRUTINIZED REGARDING ANY POTENTIAL FINANCIAL INTERESTS WIT	H 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. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization En	ployer identification 85-0223225
ALL EXECUTIVE COMPENSATION IS REVIEWED BY AN EXECUTIVE SALARY	COMMITTEE
APPOINTED BY THE BOARD OF DIRECTORS. THE EXECUTIVE SALARY CO	MMITTEE IS
COMPOSED OF THREE INDEPENDENT BOARD MEMBERS. THEY COMPARE EX	ECUTIVE
SALARIES WITH OTHER NON-PROFIT ORGANIZATIONS SIMILAR AN SIZE,	ACTIVITY,
GEOGRAPHIC LOCATION. IN ADDITION THEY USE VARIOUS SALARY COM	PARISON
REPORTS AND SURVEYS FROM VARIOUS ORGANIZATIONS AS WELL AS COM	IPENSATION
STUDIES. ALL EXECUTIVE SALARIES ARE BOARD APPROVED WITH MINU	TES KEPT OF
THE DILIBERATION AND DECISION. THIS PROCESS WAS LAST COMPLET	ED 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, M	S, MN, ND, NC,
NJ, SC, RI, PA, OR, OK, OH, WI, WV, WA, VA, UT TN	
FORM 990, PART VI, SECTION & LINE 10.	
COPIES OF THE ARTICLES OF INCORPORATION BYLAWS, TAX RETURNS,	IRS LETTER
DETERMINATION, ANNUAL CONFLICTS OF INTEREST STATEMENTS, ANNUA	L AUDITED
FINANCIAL STATEMENTS AND OTHER APPROPRIATE GOVERNING DOCUMENT	S ARE KEPT
FILE AT THE ORGANIZATION'S OFFICE FOR PUBLIC INEPECTION. AN	UPDATED LOG
BOOK OF INDIVIDUAL VIEWINGS OF THIS INFORMATION IS ALSO MAINT	AINED.
ALL DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
SUPPLIES & ARTWORK EXPS:	
SUPPLIES & ARTWORK EXPS: PROGRAM SERVICE EXPENSES	46,0
· ·	
PROGRAM SERVICE EXPENSES	4,2
PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES	46,00 4,2 16,3 66,6

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization	Page
HOSANNA	Employer identification number 85-0223225
ORM 990, PART XII, LINE 2C:	·
THERE WAS NO CHANGE TO EITHER THE AUDIT OVERSIGHT	PROCESS OR THE
SELECTION PROCESS DURING THE TAX YEAR.	
**************************************	
A B	7
	· · · · · · · · · · · · · · · · · · ·
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	······································
212 09-06-19	Schedule Q (Form 990 or 990-EZ) (2019)

(Form 990 or 990-EZ) (2019)

	Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.	anizations and Unrelated Partnerships tion answered "Yes" on Form 990, Part IV, line 33, 34, 35b, P Attach to Form 990. dov/Form990 for instructions and the latest information	<b>tnerships</b> ne 33, 34, 35b, 3 t information.	ß, or 37.		OMB No. 1545-0047 2019 Open Kor Public
Name of the organization HOSANNA					Employer identificatio 85-0223225	Employer identification number 85-0223225
Part I Identification of Disregarded Entities. Complete	Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	n Form 990, Part IV, line 33				
(a) Name, address, and EIN (ff applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Total	End-of-year assets		( <b>1)</b> Direct controlling entity
<b>Partile</b> Identification of Related Tax-Exempt Organizations. Complete Marcelle	organization	answerth "Yes" on Form 990	Part IV, line 34, b	ecause it had one	$^{\star}$ on Form 990, Part IV, line 34, because it had one or more related tax-exempt	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (ff section 501(c)(3))	(f) Direct controlling entity	
MATIONAL A	SOLICIT, MANAGE, DISBURSE FUNDS, AND OTHERWISE PROVIDE SUPPORT TO HOSANNA N	NEW MEXICO	501(C)(3)		HOSANNA	X No
For Paperwork Reduction Act Notice, see the instructions for Form 990.	s for Form 990.				Schedule I	Schedule R (Form 990) 2019

932161 09-10-19 LHA

Page 2		(K)	OWT			ore related	Section Section 512(b)(13) controlled entity?	·····				Schedule R (Form 990) 2019
85-0223225	hore relate	e	9688	2 2		 i one or m	(h) Percentage ownership					ule R (For
85-02	e it had one or $\pi$	6	Code 20 of 3			benication answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(g) Share of end-of-year assets					Sched
	34, becaus	£	Disproportionate allecations?			 rt IV, line 3						
	Part IV, line	(6)	Share of end-of-year assets			orm 990, Pa	(f) Share of total income		}			
	-orm 990, I					Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)		-			
	"Yes" on F	£	Share of total income			answered "						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	(e)	Predominant income S (related, unrelated, excluded from tax under sections 512-514)				Direct controlling entity			-		
	f the organ					omplete if	Legal dominite (state or foreign country)			<u>.</u>		61
		(a)	Direct controlling entity			or trost	(b)					
	s a Partne x year.	3	Legal domicile (state or foreign country)			s a Corpoi g the tax y		<b>\$</b>				
NA	nizations Taxable a Tership during the ta	(q)	Primary activity			nizations Taxable a oration or trust durin						
Schedule R (Form 990) 2019 HOSANNA	Parting Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	(a)	Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	<ul> <li>(a)</li> <li>Name, address, and EIN</li> <li>of related organization</li> </ul>					832162 09-10-19

Schedule R (Form 990) 2019 HOSANNA

85-0223225 Page 3

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

						1
nte: complete line 1 if any entity is listed in Parts II, III, or IV of this schedul				×	Yes No	
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	Parts II-IV?	の言語	20	1.000
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1.0	×	5
b Gift, grant, or capital contribution to related organization(s)				<u>a</u> 4	4	τ.
Ø		*******************************		2 .	40	1
l name or inan minarantees to or for related ormanization(e)	*****			<u>မ</u>		1
				1d	×	1
e Loans or loan guarantees by related organization(s)				1e	×	
						10 <sup>-612</sup>
f Dividends from related organization(s)				¥	×	2
g Sale of assets to related organization(s)				-		
h Purchase of assets from related organization(s)				2 4 7 7	<b>1</b> ►	t.
				= ;	4 Þ	1
j Lease of facilities, equipment, or other assets to related organization(s)				= ;	4 Þ	
					4	14.00
k Lease of facilities, equipment, or other assets from related organization(s)	(					el.
I Performance of services or membership or fundraising solicitations for related organization	nization(s) A			<b>≤</b> <del>,</del>	4 4	1
m Performance of services or membership or fundraising solicitations by related consistent	iroticale)			=		ı.
				Ē	×	1
				1n X		
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				<b>0</b>	M	r
						1000
				ę	×	1
q Reimbursement paid by related organization(s) for expenses				÷	×	F
						CLX107
				Ļ	X	3
<ul> <li>Other transfer of cash or property from related organ</li> </ul>		*****		1s	X	
2 If the answer to any of the above is "Yes," see the the above is "Yes," see the the answer to any of the above is "Yes," see the the the the the above is "Yes," see the the the the the the the the the t	ho must complete thi	s line, including covered rel	nation on who must complete this line, including covered relationships and transaction thresholds.			
	(q)	(C)	(P)			1
Name of related by a first the second s	Transaction tyme (a-s)	Amount involved	Method of determining amount involved	volved		
	type (as)					
(3)						
(4)						
(6)						
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5 Page 4	svenue)	(k) or Percentage ownership	0					Schadride D. Room 0001 0040
322	SSO RE	() General or managing partner?	No No				 	
85-0223255	r total assets or gr	(i) Code V-UBI amount in box 20 of Schedule K-1		, , , , , , , , , , , , , , , , , , , ,				
	ed by	(h) Dispropor- tionate allocations?				 		
a 37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(G) Statistics of V						
n 990, Part IV, lin	e than five percer	(f) Share of total income		5	6			
n For	d mor	(e) Are all 501 (c) (3) orgs.?	2				 	
Yes" o	oducte Ss.					1 	 	
ization answered "	the organization col	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)			J.			
implete if the organ	nip through which t sion for certain inve	(c) Legal domicile (state or foreign country)						
NA ble as a Partnership. Co	entity taxed as a partnersh structions regarding exclu	(b) Primary activity						
Schedule R (Form 990) 2019 HOSANNA Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity						

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Part VIII 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 ORGANIZATIO	N CREATED FAITH	
COMES BY HEALING HONG KONG LTD (AKA FCBH-ASIA), WHICH I	S A REGISTERED	- · · · ·
CHARITY IN CHINA. IT IS A FOREIGN LEGAL ENTITY - IT	S CLASSIFIED AS	
A RELATED ENTITY BECAUSE THE ORGANIZATIONS PREVIOUSLY	HARED BOARD OF	
DIRECTORS. DURING THE FISCAL YEAR ENDED 03/31/2017 TH	E ORGANIZATIONS	
STOPPED SHARING BOARD MEMBERS, SO FCBH-ASIA IS NO LONGE	R A RELATED	
ORGANIZATION AND IS NO LONGER BEING REPORTED ON SCHEDUL	ER.	
		<u> </u>
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