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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

benefit trust or private foundation) Open to Public Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service Inspection For the 2009 calendar year, or tax year beginning 2009, and ending 20 D Employer identification number C Name of organization Endure International Inc B Check if applicable Please use IRS Doing Business As Address change 2299045 label or print or E Telephone number Number and street (or PO box if mail is not delivered to street address) Room/suite ☐ Name change type. PO Box 5562 919) 388-4460 Initial return See Specific City or town, state or country, and ZIP + 4 ☐ Terminated instruc-Cary, NC 27512-8700 tions. Amended return G Gross receipts \$ 444241 F Name and address of principal officer Hanna Shahin, President Application pending H(a) Is this a group return for affiliates? Yes **V** No Address same as C above H(b) Are all affiliates included? ☐Yes ☐ No Tax-exempt status: **√** 501(c) (**3**)**⊲** (insert no) If "No," attach a list (see instructions) Website: ▶ www.endureinternational.org H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 2005 M State of legal domicile NC Part I Summary Briefly describe the organization's mission or most significant activities: Endure International helps Christians in the Middle East and North Africa to grow in their faith in and love for God. We help them to establish churches for Governance fellowship and worship, and businesses to provide for their needs. We also provide help for listeners to Christian radio and TV in the region, help operate a bookstore, and are translating the Bible into a language of the region. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 8 3 Number of voting members of the governing body (Part VI, line 1a). ٥ŏ 4 7 Activities Number of independent voting members of the governing body (Part VI, line 1b) 2 5 Total number of employees (Part V, line 2a). . . . 8 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Prior Year Contributions and grants (Part VIII-Ine_1h) 385670 378670 36338 58570 Program service, revenue (Part VIII, line 2g) Investment income (Part VIII, Column (A), lines 3, 4, and 7d).

Other revenue (Part VIII, column (A), lines (6d, 8c, 9c, 10c, and 11e) 13 1 10 0 0 Total revenue - add Lines 8 through 11 (must equal Part VIII, column (A), line 12) 415021 444241 13 Grants and similar armounts paids(Part X, column (A), lines 1-3) 27167 26899 0 0 Benefits paid to or for members (Part IX, column (A), line 4) . . . 193466 208118 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 171788 211668 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 392421 446685 Total expenses, Add lines 13–17 (must equal Part IX, column (A), line 25). Revenue less expenses. Subtract line 18 from line 12 22600 -2444 Beginning of Current Year End of Year 116741 113287 20 Total assets (Part X, line 16) . 3804 Total liabilities (Part X, line 26) 2794 Net / 22 Net assets or fund balances. Subtract line 21 from line 112937 110493 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here SHAHIN PRESIDENT Type or print name and title Check if Date Preparer's identifying number Preparer's

Paid Preparer's

Use Only

signature

Firm's name (or yours

if self-employed), address, and ZIP + 4

Phone no ► (

(see instructions)

EIN

employed ▶ __

Yes

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

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Endure International exists to sustain and assist believers in Christ who live in Muslim lands in their life and witness.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 158349 including grants of \$) (Revenue \$ 0) Follow-up Ministry: Endure International is very actively engaged through its local missionaries and staff in providing the necessary follow-up, counseling, and spiritual, emotional, and physical assistance to listeners of Christian radio and television broadcasts across the region.
4b	(Code.) (Expenses \$ 152871 including grants of \$) (Revenue \$) Supporting Local Churches: Endure International is actively involved with helping local churches across the region. The support includes: working with other ministries to fund a Christian bookshop in a North Africa country, importing Christian resource materials for the spiritual growth and benefit of local Christian communities, making the Bible available to the general public, and providing scholastic and other support to needy Christians.
4c	(Code:) (Expenses \$ 40649 including grants of \$) (Revenue \$ 58570) Radio Broadcasting: Endure International works with a radio station in the Middle East to broadcast Christian teaching programs to share the Word of God with people in that area. Other Christian organizations provide the programs and help to pay a portion of the broadcasting costs.
4d	Other program services (Describe in Schedule O) (Expenses \$ 61645 including grants of \$ 6242) (Revenue \$)
4e	Total program service expenses ▶

Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3_		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		✓
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	:		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	 _	✓
14a		14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	✓	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	✓	
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		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a	_	√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	✓	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
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, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	_
				ь

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	✓	
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	√	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
-	this return?	За		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	_		
	account)?	<u>4a</u>		✓
þ	If "Yes," enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		√
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
_	Prohibited Tax Shelter Transaction?	5c		,
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor? ,	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e		1
f	benefit contract?	7f	-	V
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		•
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		l	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
a	Did the organization make any taxable distributions under section 4966?	9a 9b		 -
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	20		
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b				
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		\
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		/
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
14	of the governing body?	7a		✓
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
_	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				
_	the year by the following.	8a	✓	
	The governing body?	8b	<u></u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	<u> </u>		
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-			
	enue Code.)	,,,,,,,		
			Yes	No
100	Dece the exceptation have local chapters, branches, or offiliates?	10a		-
	Does the organization have local chapters, branches, or affiliates?			
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filling the			-
••	form?	11	✓	
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
~	rise to conflicts?	12b	✓	
_				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
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	/	
	Other officers or key employees of the organization NOT APPLICABLE	15b		
D	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a		1
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c			
. •	available for public inspection. Indicate how you make these available. Check all that apply.	,,-,-		
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	arpet	
13	policy, and financial statements available to the public	J. 1111	., 031	
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde o	f the	
20	organization: ► Wesley I Smith, 317 White Oak Dr. Cary, NC 27513 919-481-4991	. 45 0		
				-

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not co	ompensate	any o	curre	<u>ent</u>	Offic	cer, c	lirec	tor, or trustee.		
(A)	(B)		(0	C)			(D)	(E)	(F)	
Name and Title	Average		ion (d		k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Hanna Shahin President and board member	60	1		✓	1			60323	0	47571
David Williams Chairman and board member	2	1		1				0	0	0
Juerg Loeliger Treasurer and board member	1	1		1				0	0	0
Thomas King Secretary and board member	1	1		√				0	0	0
Leigh King Board member	1	1						0	0	0
Milad Massoud Board member	1	1						0	0	0
Ronald Schmidt Board member	1	1						0	0	0
Evelyn Shahin Board member	30	1						0	0	0
			!							
										

Part VII Section A. Officers, Directors, T	usiees, ney	/ Emp	loy	ees,	an	a Higi	hes	t Compensate	d Employees (c	ontinued)
(A)	(B)	ļ.,	,	•	C) 			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		:								
						-				
						Ü				
	-									
			_							
	-									
	-									
	-									
1b Total								60323	(
2 Total number of individuals (including but		to the	ose	liste	ed a	bove) wh	no received mo	ore than \$100,0	000 in
reportable compensation from the organic	ation > 1									No No.
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete							oyee	e, or highest c	ompensated 	3 🗸
4 For any individual listed on line 1a, is the the organization and related organizations individual.										4 1
5 Did any person listed on line 1a receive services rendered to the organization? If	or accrue "Yes." comp	 comp olete S	pens Sch	satio edu	on f le J	on a rom a for si	any <i>uch</i>	•	anization for	5 1
Section B. Independent Contractors	<u>.</u>									<u> </u>
Complete this table for your five highest compensation from the organization.	compensate	d inde	epe	nde	nt c	ontra	cto	s that received	d more than \$1	00,000 of
(A) Name and business ad	Idress		-					(B) Description of s	ervices	(C) Compensation
NONE										
	·							- -		
Total number of independent contractors more than \$100,000 in compensation fro						hose	lıste	ed above) who	received	

Par	t VII	Statement of Revenue					
	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
tributions, gifts, grants other similar amounts	b c d	Federated campaigns) :				
Contributions, and other simil	g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	64700	385670			
	2a	Radio broadcasting	Business Code 515100	58570	58570		
Program Service Revenue	b c d e f	All other program service revenue .					
	I	Total. Add lines 2a-2f		58570			
	3 4 5	Investment income (including dividen other similar amounts) Income from investment of tax-exempt be Boyalties	► I	1	1		
	b c d	Royalties					
	c	Less. cost or other basis and sales expenses . Gain or (loss)	•				
Other Revenue		Gross income from fundraising events (not including \$	a				
5		Net income or (loss) from fundraising					
	b	Gross income from gaming activities See Part IV, line 19	b				
	b	Net income or (loss) from sales of inver	ntory ►				
	44 :	Miscellaneous Revenue	Business Code				
	b c	All other revenue					
	е	Total. Add lines 11a-11d		444241	58571	_	

Part IX Statement of Functional Expenses

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

	Section 501(c)(3) and 50 All other organizations must complete col				C), and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the	26900	26800		
	U.S. See Part IV, lines 15 and 16	26899	26899		
4	Benefits paid to or for members			-	
5	Compensation of current officers, directors, trustees, and key employees	107894	91710	5395	10789
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	86797	80113	6684	0
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	401	0	401	0
9	Other employee benefits	12515	12515	0	0
10	Payroll taxes	511	0	511	0
11	Fees for services (non-employees):	o	o	o	0
a	Management	0	0	0	0
b	Legal	3000	0	3000	0
ч С	Accounting	0	0	0	0
d e	Lobbying	0			0
f	Investment management fees	0	0	0	0
g g	Other	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	14024	11924	958	1142
14	Information technology	3771	3377	131	263
15	Royalties	0	0	0	0
16	Occupancy	8380	7480	300	600
17	Travel	20042	19132	423	487
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	1304	0	1063	241
20	Interest	0	0	0	0
21	Payments to affiliates	2000	0	0	0
22	Depreciation, depletion, and amortization .	2000	2000	0	0
23	Insurance	0	-		<u>u</u>
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Radio broadcasting	29900	29900	0	0
b	Follow-up ministry	30830	30830	0	0
c	Children's ministry	73708	73708	0	0
d	Bookshop operations	8500	8500	0	0
e	All of	16209	15426	100	663
f 25	All other expenses Total functional expenses. Add lines 1 through 24f	446685	413514	18966	683 14205
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (B) End of year (A) Beginning of year Cash-non-interest-bearing Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges . Land, buildings, and equipment cost or 10a 10a other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c Investments—publicly traded securities Investments-other securities See Part IV, line 11 Investments-program-related See Part IV, line 11 Other assets, See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities. Complete Part X of Schedule D **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ ✓ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . . Retained earnings, endowment, accumulated income, or other funds Total liabilities and net assets/fund balances

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

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

S. Inspection
Employer identification number

END	UR	E INTERNAT	TIONAL INC						20		2299045	
Pai	τl	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.	
The	orga	inization is no	ot a private four	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box.	.)		
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school des	scribed in <mark>sectio</mark>	on 170(b)(1)(A)(ii). (Att	tach Sch	edule E.)						
3		A hospital or	r a cooperative I	hospital service organ	ization d	escribed	ın sectio	n 170(b)	(1)(A)(iii).			
4			esearch organiza ime, city, and st	ation operated in conj ate:	unction v	with a ho	spital de	scribed i	n section	170(b)(1)(A)(iii). Ent	ter the
5		-	ion operated for (b)(1)(A)(iv). (Co	the benefit of a colle the colle the colle	ge or uni	versity ov	wned or d	perated	by a gov	ernmenta	l unit descr	ibed ir
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v)).		
7	7	-	-	y receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	governm	nental uni	it or from	the general	public
8				d in section 170(b)(1)		Complete	Part II.)					
9			-	receives (1) more that				m contrib	utions, m	nembersh	ip fees, and	gross
		receipts fron	n activities relate	ed to its exempt function	tions—su	bject to	certain ex	ceptions	, and (2)	no more	than 331/3 9/	of its
				ent income and unre						1 511 tax	from busi	nesses
		acquired by	the organization	n after June 30, 1975.	See sec	tion 509((a)(2) . (Co	omplete F	Part III)			
10		An organizat	tion organized a	nd operated exclusive	ely to tes	t for publ	ic safety.	. See sec	tion 509	(a)(4).		
11				and operated exclusiv								
				blicly supported organ								ection
				at describes the type					-		_	
	_	a 🗌 Type		* *		e III-Fun	-	-			Type III-C	
е	Ц			tify that the organizat								
		•		n managers and othe	r than on	e or more	publicly	supporte	d organiz	zations de	escribed in s	section
_			section 509(a)(2)									
f		_		a written determinati	ion from	the IRS	that it is	a Type	, Type II	, or Type	III support	ting _
		~	, check this box									· L
g		following per		the organization acce	epted any	giπ or c	ontributio	on from a	iny of the	9		.
		(i) A persor	who directly o	r indirectly controls, e	either alo	ne or tog	ether wit	th persor	s descrit	bed in (ii)	Yes	No
		and (iii) b	elow, the gover	ning body of the supp	ported or	ganizatio	n? .				11g(i)	<u> </u>
				erson described in (i) a							11g(ii)	
			-	of a person described							11g(iii)	
h				ation about the suppo	T-0		· · · · · · · · · · · · · · · · · · ·					
(i) I		of supported anization	(II) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify		ls the tion in col	(vii) Amou suppoi	
	0.9	a		above or IRC section		document?	col (i)	of your	(i) organı	zed in the	опрре	•
				(see instructions))	Yes	No	Yes	nort?	Yes	S? No		
										110		
												_
											·	
												

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (f) Total (e) 2009 Gifts, grants, contributions, and membership fees received. (Do not 199146 232793 306026 378670 385670 1502305 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 n organization without charge 199146 232793 306026 378670 385670 1502305 Total. Add lines 1 through 3 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 82728 shown on line 11, column (f) Public support. Subtract line 5 from line 4 1419577 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 199146 232793 306026 378670 385670 1502305 7 Amounts from line 4 . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 0 0 6 13 20 Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 0 0 O (Explain in Part IV.) 0 0 0 1502325 11 Total support. Add lines 7 through 10 . 132333 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 1 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 14 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33%% support test-2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33% % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33% % or more, check this box and stop here. The organization qualifies as a publicly supported organization . _ **.** □ 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Organ (Complete only if you checked				1)(2)		
	tion A. Public Support	(-) 000F	(h) 0006	(a) 0007	(4) 0000	(-) 0000	(0 Tatal
Ca	illendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				, ·		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	(u) 2000	(8) 2000	(0) 2007	(a) 2000	(6) 2000	(i) rotar
_	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						
с 11	Add lines 10a and 10b						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he form 990 is for the organization.	ere	<u> </u>	nd, third, fourth	n, or fifth tax y	year as a se	ction 501(c)(3) ▶ □
Sec 15	tion C. Computation of Public Sup Public support percentage for 2009 (line			no 12 notime	(1)	15	%
16	Public support percentage for 2009 (line Public support percentage from 2008 S tion D. Computation of Investmen	chedule A, Pa	art III, line 15	· · · · ·		16	% %
7	Investment income percentage for 2009	_		h by line 13 co	olumn (fl)	17	%
18	Investment income percentage from 200	•		•		18	%
	331/3 % support tests - 2009. If the orga					mara than 2	MA 04 and line

331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 33½ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ightharpoonup

Part IV	Supplemental Information Complete this part to provide the explanations required by Part II line	age •
- al Civ	Supplemental Information. Complete this part to provide the explanations required by Part II, line Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instruction	S.
		-
•	·································	

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Inspection Employer identification number

ENI	DURE INTERNATIONAL INC			20	2299045
Pa	organizations Maintaining Do the organization answered "Yes			nds or	Accounts. Complete if
		(a) Donor advised for		(b) F	unds and other accounts
1	Total number at end of year	-			
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year) .				
4	Aggregate value at end of year				**
5	Did the organization inform all donors and	donor advisors in writing t	hat the assets held	in done	or advised
Ū	funds are the organization's property, subj	ect to the organization's ex	clusive legal contro	ol?	🗌 Yes 🗌 No
6	Did the organization inform all grantees, dused only for charitable purposes and not	for the benefit of the dono	r or donor advisor,	or for a	ny other
Do	purpose conferring impermissible private to	plote if the eventian of	navored "Vee" to	<u></u>	· · · Yes No
Pa	t II Conservation Easements. Com	•		Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g Protection of natural habitat Preservation of open space		Preservation o		orically important land area lified historic structure
2	Complete lines 2a through 2d if the organiz easement on the last day of the tax year.	ration held a qualified conse	ervation contribution	n in the	form of a conservation
					Held at the End of the Tax Year
а	Total number of conservation easements .				
b	Total acreage restricted by conservation e	asements			
С	Number of conservation easements on a conservation	certified historic structure in	icluded in (a)		
d	Number of conservation easements includ	ed in (c) acquired after 8/1	7/06	. 20	1
3	Number of conservation easements modified the tax year ▶	ed, transferred, released, e	extinguished, or terr	nınated	by the organization during
4	Number of states where property subject to	to conservation easement i	s located ▶		
5	Does the organization have a written polic violations, and enforcement of the conservations		onitoring, inspection		· []
6	Staff and volunteer hours devoted to moni		-		•
7	Amount of expenses incurred in monitoring ▶\$	g, inspecting, and enforcing	g conservation ease	ements	during the year
8	Does each conservation easement reporte $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)$?				📙 Yes 📙 No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, t the organization's accounting for conserva	he text of the footnote to t			
Pai	Complete if the organization answ	ections of Art, Historical		ther Sir	nilar Assets.
1a	If the organization elected, as permitted ur art, historical treasures, or other similar asso provide, in Part XIV, the text of the footnot	ets held for public exhibition	, education, or rese	arch in f	furtherance of public service,
b	If the organization elected, as permitted ur historical treasures, or other similar assets provide the following amounts relating to t	held for public exhibition, hese items.	education, or resea	ırch ın fı	urtherance of public service,
	(i) Revenues included in Form 990, Part V				
	(ii) Assets included in Form 990, Part X .				\$
2	If the organization received or held works following amounts required to be reported	of art, historical treasures under SFAS 116 relating to	, or other similar a o these items	ssets fo	r financial gain, provide the
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X				

Page	2

Par	t III Organizations Maintair	ning Collections	of Art, H	<u>istoric</u>	cal Treasure	s, or (Other Similar	Asse	ets (conti	inued)
3	Using the organization's acquisition collection items (check all that app		other reco	ords, cl	neck any of th	ne follo	wing that are a	ı sign	ificant us	e of its
а	Public exhibition		d		Loan or exch	nange p	orograms			
b	Scholarly research		e		Other					
C	Preservation for future genera	ations								
4	Provide a description of the organi Part XIV.	zation's collection	s and exp	olain ho	ow they furthe	er the c	rganization's	exem	pt purpos	e in
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive de er than to be maint	onations o	of art, hoart of t	istorical treasi he organizatio	ures, or on's coll	other similar ection?		Yes [☐ No
Par	Escrow and Custodial IV, line 9, or reported an					answe	red "Yes" to	Form	990, Par	t
	Is the organization an agent, truste included on Form 990, Part X?					tions o	r other assets	not	Yes	□ No
b	If "Yes," explain the arrangement II	n Part XIV and cor	nplete the	e follow	ving table:			Amo	unt.	
						1	_	AITIO	unt	
C	Beginning balance						-			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					. <u>1</u> f	l			
b	Did the organization include an am If "Yes," explain the arrangement in	n Part XIV		<u> </u>	<u> </u>				∐ Yes ∣	∐ No
Par	t V Endowment Funds. Co	T	T .		•					
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years b	ack	(e) Four yea	rs back
1a	Beginning of year balance							\perp		
b	Contributions							\perp		
C	Net investment earnings, gains, and losses								· · · · · · · · · · · · · · · · · · ·	
d	Grants or scholarships									
е	Other expenditures for facilities and programs					<u></u>				
f g	Administrative expenses End of year balance							\perp		
2	Provide the estimated percentage	of the year end ba	lance hel	d as.						
а	Board designated or quasi-endowr	-								
b	Permanent endowment ▶									
С	Term endowment ▶	%								
За	Are there endowment funds not in the	he possession of th	ne organiz	ation t	hat are held a	nd adn	ninistered for th	ne .		
	organization by:	•	- J					-	Yes	s No
									3a(i)	
	•								3a(ii)	
b	If "Yes" to 3a(ii), are the related org	anizations listed a	s require	d on S	chedule R?				3b	
4	Describe in Part XIV the intended u	ises of the organiz	ation's er	ndowm	ent funds.					
Par	t VI Investments—Land, B	uildings, and Eq	uipmen	t. See	Form 990, F	art X,	line 10.			
	Description of investment	(a) Cost or of (investment)	her basis	(b) C	Cost or other isis (other)	(c)	Accumulated apreciation	((d) Book val	ue
1a	Land								-, -,	
	Buildings					_				
C	Leasehold improvements									
d	Equipment				10000		3500			6500
	Other						3300			
otal	. Add lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X	, colum	n (B), line 10(c).)				6500

Part VII	Investments—Other Securities	See Form 990, Part X	line 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial d	erivatives			
Closely-hel	d equity interests			
=				
	•••••			
		<u> </u>		
				· · · · · · · · · · · · · · · · · ·
	••••••			
	•••••			
				<u> </u>
Total, (Column	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII		d See Form 990 Part X	line 13	
	a) Description of investment type	(b) Book value		untun
	a) Description of investment type	(b) book value	(c) Method of valu	
				
				
_				
			-	
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
		(a) Description		(b) Book value
-				
			 	
		 .		
				
		· · · · · · · · · · · · · · · · · · ·		
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		-
Part X	Other Liabilities. See Form 990,			<u> </u>
1.	(a) Description of liability	(b) Amount		
Federal inc	ome taxes			
			_	
			_	
			_	
			_	
Total (Column)	(h) must squal Form 000. Part V act (D) (ac 05)		-	
TOTAL (COMMIN)	(b) must equal Form 990, Part X, col (B) line 25) 🕨			

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

Page	4

Par	T XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial S	tater	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	444241
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	446685
3	Excess or (deficit) for the year. Subtract line 2 from line 1	_3_	- 2444
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	- 2244
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu		
1	Total revenue, gains, and other support per audited financial statements	1	444241
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
а	Net unrealized gains on investments		
þ	Donated services and use of facilities	-	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV.)	-	
е	Add lines 2a through 2d	26	
3	Subtract line 2e from line 1	3	444241
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b	\dashv	
b	Other (Describe in Fait XIV.)	40	
5	Add lines 4a and 4b	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		7.7.7
		1	446685
1 2	Total expenses and losses per audited financial statements	_	
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated Services and use of racinges	\dashv	
b	Prior year adjustments	7	
d	Other (Describe in Part XIV.)		
e	Add lines 2a through 2d	26	-
3	Subtract line 2e from line 1	3	446685
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
т а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	40	;
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	446685
Par	t XIV Supplemental Information		
and	iplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ai 2b; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ai part to provide any additional information.	nd 4b	. Also complete

Schedule D (For	rm 990) 2009	Page 5
Part XIV	Supplemental Information (continued)	
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		**
		••••

Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization
ENDURE INTERNATIONAL INC

Inspection
Employer identification number
20 2299045

Pa	rt I General Informa "Yes" to Form 990,			e the United States	Complete if the organize	zation answered
1	For grantmakers. Does to assistance, the grants or assistance?	eligibility for th	e grants or as	sistance, and the selec	tion criteria used to aw	
2	For grantmakers. Describ United States	oe in Part IV th	e organization	's procedures for monit	oring the use of grant for	unds outside the
3	Activities per Region (Use	Schedule F-1	(Form 990) if	additional space is nee	ded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Mid	Idle East and North Africa	5		program services	follow-up ministry	118663
Mid	Idle East and North Africa	5		program services	spprt local churches	114577
Mic	Idle East and North Africa	5		program services	radio broadcasting	29900
Mic	Idle East and North Africa	5		program services	puppet ministry	21332
Mic	Idle East and North Africa	5		program services	church planting	11230
Mic	Idle East and North Africa	5		program services	Bible translation	12782
						
Tota	als ▶	5				309910

Schedule F (Schedule F (Form 990) 2009
Part II	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990.
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ □
	Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)									
(h) Description of non-cash assistance									
(g) Amount of non-cash assistance									
(f) Manner of cash disbursement									
(e) Amount of cash grant						:			
(d) Purpose of grant									
(c) Region									
(b) IRS code section and EIN (if applicable)									
(a) Name of organization									

Schedule F (Form 990) 2009

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

Enter total number of other organizations or entities

က

N

Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Use Schedule F-1 (Form 990) if additional space is needed.

	(a) Type of grant or assistance		(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Middle East and North Africa 4047 Middle East and North Africa 16611		Middle East and North Africa	2000			50000	Supplies	FMV
Middle East and North Africa 16611	Scholastic assistance	Middle East and North Africa		4047	Cash			
	Assistance to needy Christians	Middle East and North Africa		16611	Cash			
							•	
							<u>.</u>	
		-						
					:			

ichedule F (Fo	m 990) 2009	Page 4
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.	
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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons ▶ Complete if the organization answered

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Open To Public Inspection

Name of the organization Employer identification number 2299056 **ENDURE INTERNATIONAL INC** 20 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (b) Loan to or from (a) Name of interested person and purpose (c) Original (d) Balance due (e) In default? (f) Approved (g) Written the organization? principal amount by board or agreement? committee? То From Yes No Yes Yes No No Total ▶ \$ Part III **Grants or Assistance Benefiting Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (a) Name of interested person (c) Amount and type of assistance organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (b) Relationship between (e) Sharing of (c) Amount of (d) Description of transaction interested person and the transaction organization's organization revenues? Yes No **HANNA SHAHIN PRESIDENT** 6000 ANNUAL OFFICE RENT

SCHEDULE M (Form 990)

Noncash Contributions

20**0**

Open To Public Inspection

OMB No 1545-0047

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.

Employer identification number Name of the organization **ENDURE INTERNATIONAL INC** 2299045 Part I Types of Property (d) (b) (c) (a) Method of determining Check if Number of contributions Revenues reported on revenues applicable Form 990, Part VIII, line 1q Art-Works of art 2 Art—Historical treasures 3 Art—Fractional interests 12500 **Estimated cost** 4 Books and publications 5 Clothing and household goods Cars and other vehicles . . 6 7 Boats and planes 8 Intellectual property . . . 9 Securities - Publicly traded 10 Securities—Closely held stock. Securities - Partnership, LLC. or trust interests 12 Securities - Miscellaneous Qualified conservation 13 contribution - Historic structures 14 Qualified conservation contribution—Other . . . 15 Real estate - Residential Real estate-Commercial . 16 Real estate-Other . . . 17 Collectibles . . . 18 19 Food inventory 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts . 50000 **Estimated cost** Other ▶ (school supplies) 25 26 Other ▶ (.....) 27 Other ▶ (.....) Other ▶ (.....) 28 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II

Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.					
The gifts in kind consisted of New Testaments and other publications for our outreach ministry in Lebanon and of gifts						
(primarily	school supplies) to give to children in Lebanon. The gifts were from another ministry organization in Lebanon.					
•••						

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Endure International Inc

Employer identification number 20 2299045

Name of the organization		Employer identification number			
Endure International Inc	20	2299045			
Part VI, line 15a and 15b - Only one officer, the president and CEO, is compensated financially. When the mission was					
established in 2005, the board of directors, without the president's presence, established his salary. They relied					
primarily on comparability with the compensation that another 501(c)(3) Christian organization in the same town paid					
its employees with similar levels of responsibility. Since then, the board has reviewed the president's salary and					
benefits each year. The review is always done without the president's presence. Each year they have provided no					
change, or a small increase for increases in the cost of living. The deliberations are documented in the minutes					
of the board meetings.					
Part VI, Line 19 - Our governing documents, conflict of interest policy, and financial statements are available					
to anyone who requests them by contacting our office.					
		27			