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

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

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

OMB No 1545-0047

2011**Open to Public Inspection**

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **ENDTIME, INC**
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
449 KINGSBRIDGE DRIVE
 City or town, state or country, and ZIP + 4
GARLAND TX 75040

D Employer identification number
35-1694941

E Telephone number
574-294-2853

G Gross receipts \$ **3,329,301**

F Name and address of principal officer
IRVIN BAXTER JR 2842 KINGSWOOD, GARLAND, TX 75040

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☐ No
 If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **endtime.com**

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1991**

M State of legal domicile **IN**

H(c) Group exemption number ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities **TO DISTRIBUTE RELIGIOUS MATERIALS THROUGHOUT THE WORLD BY RADIO & MAIL.**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) **3**

4 Number of independent voting members of the governing body (Part VI, line 1b) **1**

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) **35**

6 Total number of volunteers (estimate if necessary) **20**

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-B, line 34

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,502,435	1,760,233
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97	58
11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10e, and 11e)	354,609	1,092,299
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,857,141	2,852,590
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	699,924	971,699
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,262,280	1,610,735
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,962,204	2,582,434
19 Revenue less expenses Subtract line 18 from line 12	-105,063	270,156
20 Total assets (Part X, line 16)	Beginning of Current Year 613,252	End of Year 691,986
21 Total liabilities (Part X, line 26)	1,012,465	821,043
22 Net assets or fund balances Subtract line 21 from line 20	-399,213	-129,057

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer **DAVID M. ROBBINS** Date **10-10-2012**
 Type or print name and title **SECRETARY (ENDTIME INC.)**

Paid Preparer Use Only
 Print/Type preparer's name **Diana M. Edwards, CPA** Preparer's signature **Diana M. Edwards** Date **8/6/2012** Check ☐ if self-employed PTIN **P00229937**
 Firm's name ▶ **Webb & Associates** Firm's EIN ▶ **35-1838992**
 Firm's address ▶ **66 South 12th Street, Richmond, IN 47374** Phone no **(765) 962-3524**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

(HTA)

SCANNED NOV 06 2012

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission
TO DISTRIBUTE RELIGIOUS MATERIALS THROUGHTOUT THE WORLD BY RADIO AND MAIL

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 2,582,439 including grants of \$ _____) (Revenue \$ 2,832,590)
DISTRIBUTION OF RELIGIOUS MATERIALS TO PRISONERS & OTHERS. CONFERENCES HELD WEEKLY & DAILY RADIO
BROADCASTS HEARD ON 25 STATIONS IN US & ON SHORTWAVE RADIOS AROUND THE WORLD. NOT DETERMINED HOW
MANY PEOPLE HAVE BEEN AFFECTED

- 4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

- 4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

- 4d Other program services. (Describe in Schedule O)
 (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
- 4e Total program service expenses ▶ 2,582,439

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 4		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 35		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," 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)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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. Check if Schedule O contains a response to any question in this Part VI. ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 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 in Schedule O.	7	
1b Enter the number of voting members included in line 1a, above, who are independent.	1	
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	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 VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	X

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

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

Section C. Disclosure

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

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **SUE SEARER** 765-962-6344
 3630 GORDON DRIVE, ELKHART, IN 46516

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

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) IRVIN BAXTER, JR. PRESIDENT	40 00	X		X				36,048		
(2) DAVID ROBBINS SECRETARY	40 00	X		X				57,417		
(3) KARA MCPEAK TREASURER	40 00	X		X				54,637		
(4) JANA ROBBINS BOARD MEMBER	40 00	X						52,254		
(5) GARY MCPEAK BOARD MEMBER	40 00	X						53,000		
(6) KEVIN RITZI BOARD MEMBER	40 00	X						54,712		
(7) JUDY BAXTER VICE PRESIDENT	10 00	X		X				52,000		
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								360,068		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c).								360,068		

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,760,233			
	g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		1,760,233			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		58			58
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19.	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a	1,569,010			
	b	Less: cost of goods sold	b	476,711			
c	Net income or (loss) from sales of inventory		1,092,299			1,276,390	
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		2,852,590			1,276,448	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	932,572	932,572		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	39,127	39,127		
11	Fees for services (non-employees).				
a	Management	100,280	100,280		
b	Legal				
c	Accounting	1,185	1,185		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	6,369	6,369		
12	Advertising and promotion	9,376	9,376		
13	Office expenses	177,974	177,974		
14	Information technology	81,045	81,045		
15	Royalties				
16	Occupancy	199,901	199,901		
17	Travel	132,701	132,701		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,715	49,715		
20	Interest	33,284	33,284		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,594	62,594		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	RADIO AND TV EXPENSES	742,837	742,837		
b	MISCELLANEOUS	11,224	11,224		
c	MOVING EXPENSE	2,250	2,250		
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,582,434	2,582,434		
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	18,295	1	20,206
	2 Savings and temporary cash investments	1,839	2	17,864
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	41,223	4	38,366
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions).		6	12,182
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	48,900	8	62,598
	9 Prepaid expenses and deferred charges	2,160	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 1,004,700		
	b Less: accumulated depreciation	10b 467,800	496,965	10c 536,900
	11 Investments—publicly traded securities	3,870	11	3,870
	12 Investments—other securities. See Part IV, line 11.		12	
	13 Investments—program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.		15	
16 Total assets. Add lines 1 through 15 (must equal line 34).	613,252	16	691,986	
Liabilities	17 Accounts payable and accrued expenses	375,326	17	179,904
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.	63,000	22	43,000
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	574,139	24	598,139
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25.	1,012,465	26	821,043
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	-399,213	31	-129,057
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	-399,213	33	-129,057	
34 Total liabilities and net assets/fund balances.	613,252	34	691,986	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,852,590
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,582,434
3	Revenue less expenses Subtract line 2 from line 1	3	270,156
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-399,213
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	-129,057

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐**1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?**b** Were the organization's financial statements audited by an independent accountant?**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

**Open to Public
Inspection**

Name of the organization

ENDTIME, INC.

Employer identification number

35-1694941

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

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

- 1 ☒ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)).	14	
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17.	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions).

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

ENDTIME, INC

35-1694941

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

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 . ▶ \$

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

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

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

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

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

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

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		358,322	35,091	323,231
d Equipment		640,978	529,838	213,669
e Other		5,400	5,400	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 536,900

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

2. FIN 48 (ASC 740) 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
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	

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

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

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

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

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

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Part XIV **Supplemental Information** *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ENDTIME, INC

Transactions With Interested Persons

► Complete if the organization answered

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

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

OMB No 1545-0047

2011

Open To Public
Inspection

Employer identification number

35-1694941

Part I

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

► \$

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

► \$

Part II

Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1) JAMES TWENTIER RENOVATIONS	X		20,000			X	X		X	
(2) PHIL RICHEY RENOVATIONS	X		20,000	20,000		X	X		X	
(3) MIKE ROBINSON RENOVATIONS	X		115,000	115,000		X	X		X	
(4) IRVIN BAXTER RENOVATIONS	X		43,000	43,000		X	X		X	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				\$ 178,000						

Part III

Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

(HTA)

Schedule L (Form 990 or 990-EZ) 2011

Part IV

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V

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

This image shows a full page of a worksheet designed for handwriting practice. It features approximately 20 horizontal dashed lines spaced evenly across the page, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings present.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

ENDTIME, INC.

Employer identification number

35-1694941

Form 990 Part VI Section A Line 2 MARRIED COUPLES ARE - IRVIN AND JUDY BAXTER, DAVID & JANA

ROBBINS, GARY & KARA MCPEAK. JANA ROBBINS AND KARA MCPEAK ARE DAUGHTERS OF IRVIN AND JUDY
BAXTER

Form 990 Part VI Section B Line 11A COPIES OF THE 990 ARE DISTRIBUTED TO OFFICERS AND BOARD

MEMBERS AND REVIEWED IN A MEETING

Form 990 Part VI Section B Line 12C CONFLICT OF INTEREST POLICY IS REGULARLY AND CONSISTENTLY
MONITORED AND ENFORCED THROUGH MANAGEMENT MEETINGS.

Form 990 Part VI Section B Line 15 AN INDEPENDENT PERSON COMPARES WAGE DATA WITH SIMILAR JOBS
AND ORGANIZATIONS AND DOCUMENTS THE RESULTS, THE BOARD REVIEWS DATA AND HAS AN APPROVAL
PROCEDURE. ONE BOARD MEMBER IS INDEPENDENT

Form 990 Part VI Section C Line 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL
STATEMENTS AND THE 990 ARE ALL AVAILABLE UPON REQUEST

Name of the organization

Employer identification number

ENDTIME, INC

35-1694941

(Sch O (990/990EZ)) - Supplemental Information

	Form	Part	Section	Line	Explanation
	Form 990	Part VI	A	2	MARRIED COUPLES ARE - IRVIN AND JUDY BAXTER, DAVID & JANA ROBBINS, GARY & KARA MCPEAK JANA ROBBINS AND KARA MCPEAK ARE DAUGHTERS OF IRVIN AND JUDY BAXTER
1	Form 990	Part VI	B	11A	COPIES OF THE 990 ARE DISTRIBUTED TO OFFICERS AND BOARD MEMBERS AND REVIEWED IN A MEETING
2	Form 990	Part VI	B	12C	CONFLICT OF INTEREST POLICY IS REGULARLY AND CONSISTENTLY MONITORED AND ENFORCED THROUGH MANAGEMENT MEETINGS
3					

	Form 990	Part VI	B	15	AN INDEPENDENT PERSON COMPARES WAGE DATA WITH SIMILAR JOBS AND ORGANIZATIONS AND DOCUMENTS THE RESULTS, THE BOARD REVIEWS DATA AND HAS AN APPROVAL PROCEDURE ONE BOARD MEMBER IS INDEPENDENT
4	Form 990	Part VI	C	19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND THE 990 ARE ALL AVAILABLE UPON REQUEST
5					
6					

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash	Noncash
1	Federated Campaigns	1	
2	Membership dues	2	
3	Fundraising events	3	
4	Related organizations	4	
5	Government grants (contributions)	5	
6	All other contributions, gifts, grants, and similar amounts not included above:		
	Tour Contributions	147,480	
	Contributions	1,517,168	
	Conference Contributions	95,585	
	Other contributions total	6	1,760,233
7	Total	7	1,760,233

Part VIII, Line 10 (990) - Gross Sales of Inventory

Category		Gross Sales	Cost of Goods Sold	Net
1	PRODUCT SALES	1,561,510	476,711	1,084,799
2	ADVERTISEMENT SALES	7,500		7,500
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

1,569,010 476,711 1,092,299

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Depreciation	1 62,594	62,594		
2	Depletion	2			
3	Amortization	3			
4	Total	4 62,594	62,594		

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1	ACCOUNTS RECEIVABLE	1 41,223		38,366			
2		2					
3		3					
4		4					
5		5					
6		6					
7		7					
8		8					
9		9					
10		10					
11	Total accounts receivable	11 41,223		38,366			

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

[illegible]

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported

☐ Cost☒ End of year market value (FMV)

	Description	Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	GERDAU S A	X					3,270	3,870
2		X					600	
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable

	Lender's name	Check if Unsecured	Balance due beginning of year	Balance due end of year
1	JP MORGAN CHASE BANK	X	59,771	53,771
2	TRACE INVESTMENTS	X	409,368	409,368
3	NOTE PAYABLE - MIKE ROBERTSON	X	105,000	115,000
4	NOTE PAYABLE - PHIL RICHEY	X		20,000
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Depreciation and Amortization
(Including Information on Listed Property)**2011**

Attachment

Sequence No **179**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

ENDTIME, INC.

Business or activity to which this form relates

990

Identifying number

35-1694941

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	890

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	54,385
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property		102,529	7	HY	SL/GDS	7,319
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	62,594
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2011)

12/31/11

2011 FEDERAL SUMMARY DEPRECIATION SCHEDULE

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ENDTIME INC.

351-69-4941

7/09/12

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 4562 ONLY										
AUTO / TRANSPORT EQUIPMENT										
68	03 VAN	1/01/04		5,400			5,400	S/L HY	5	0
TOTAL AUTO / TRANSPORT EQUI				5,400		0	5,400			0
FURNITURE AND FIXTURES										
5	DESK & CHAIRS	10/16/96		2,000			2,000	S/L	7	0
14	4 DR FILE CABINET-OFFICE	6/18/98		140			140	S/L	7	0
15	4 DR FILE CABINET -OFFICE	6/23/98		140			140	S/L	7	0
17	2 FIRE PRF FILE CABT-OFFI	9/16/98		212			212	S/L	7	0
34	BOOKCASE AND SHELVES	9/30/99		1,032			1,032	S/L	5	0
35	25 CHAIRS	10/04/99		700			700	S/L	5	0
60	DISPLAY BOOTH-NOW	10/11/02		3,500			3,500	S/L	5	0
66	TABLES	6/23/03		162			162	S/L	5	0
94	AMEX - FURNITURE	1/01/08		7,228			2,969	S/L MQ	7	1,033
95	2 3X18 ALUM BLDG SIGNS	4/10/08		7,703			2,889	S/L MQ	7	1,101
105	WILLIAMS OFFICE-FURNITURE	8/19/08		1,763			598	S/L MQ	7	252
106	BIZCHAIR-OFFICE FURNITURE	9/04/08		2,049			696	S/L MQ	7	293
107	FREEDS-BOOK SHELVES	9/01/08		3,900			1,323	S/L MQ	7	557
142	TABLE & CHAIRS	6/01/11		693				S/L HY	7	49
152	TABLES	12/14/11		1,000				S/L HY	7	71
TOTAL FURNITURE AND FIXTURE				32,222		0	16,361			3,356
IMPROVEMENTS										
92	LEASEHOLD IMPROVEMENTS	12/31/07		229,321			17,885	S/L MM	39	5,880
124	TV STUDIO CONSTRUCTION	7/01/08		120,008			7,566	S/L MM	39	3,077
131	TV STUDIO	1/09/09		7,162			360	S/L MM	39	184
132	REMODEL KITCHEN	1/09/09		1,831			92	S/L MM	39	47
TOTAL IMPROVEMENTS				358,322		0	25,903			9,188
MACHINERY AND EQUIPMENT										
1	HEAT SEALER MACHINE/COPIE	3/22/93		353			353	S/L	7	0
2	FOLDING MACHINE (USED)	1/01/95		800			800	S/L	7	0
3	BINDING MACHINE	7/25/95		400			400	S/L	7	0
4	RADIO EQUIPMENT	2/21/96		5,114			5,114	S/L	7	0

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2011 FEDERAL SUMMARY DEPRECIATION SCHEDULE

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ENDTIME INC.

351-69-4941

7/09/12

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
6	COMPUTER OTHER	11/08/96		2,576			2,576	S/L	7	0
7	DYNATECK CD WRITER - NOW	8/01/97		823			823	S/L	7	0
8	DYNATECK CD WRITER-NOW	6/01/97		760			760	S/L	7	0
9	MICRON MELLINIA 266	6/15/98		1,107			1,107	S/L	7	0
10	MAC POWER BOOK 2400	4/14/98		2,470			2,470	S/L	7	0
11	INTERNAL TAPE DRIVE	5/14/98		225			225	S/L	7	0
12	RADIO BROADCAST EQUIP	6/15/98		12,528			12,528	S/L	7	0
13	UMAX SUPERMAC S900	6/13/98		3,043			3,043	S/L	7	0
16	TAPE BACK UP-NOW	9/13/98		381			381	S/L	7	0
18	TAPE BACK UP-NOW	10/14/98		203			203	S/L	7	0
19	2 TRACK RECORDER-NOW	10/21/98		1,013			1,013	S/L	7	0
20	IMAC COMPUTER-MARYBETH	12/14/98		1,623			1,623	S/L	7	0
21	SAMPSON VH-2/58 RADIO EQ	12/14/98		276			276	S/L	7	0
22	GTE DIG PHONE SYSTEM-NOW	10/04/99		3,500			3,500	S/L	5	0
23	EXEC ELEC MAIL SYSTEM-NOW	10/04/99		1,350			1,350	S/L	5	0
24	SONY 1300 TAPE DUPLICATOR	3/15/99		6,046			6,046	S/L	5	0
25	GTE PHONE SYSTEM-NOW	8/02/99		22,051			22,051	S/L	5	0
26	2100 LASER PRINTER-UPFRON	8/13/99		1,011			1,011	S/L	5	0
27	REFRIGERATOR-NOW	8/16/99		939			939	S/L	5	0
28	RADIO EQUIPMENT	8/20/99		8,064			8,064	S/L	5	0
29	RADIO EQUIPMENT	8/20/99		4,022			4,022	S/L	5	0
30	RADIO EQUIPMENT	8/26/99		1,074			1,074	S/L	5	0
31	RADIO EQUIPMENT	9/03/99		665			665	S/L	5	0
32	TIME CLOCK-SHIPING	9/13/99		875			875	S/L	5	0
33	COMPUTER NETWORK EQUIP	9/27/99		2,677			2,677	S/L	5	0
36	RADIO EQUIPMENT	10/11/99		886			886	S/L	5	0
37	DIAGNOSTIC TOOL KIT	11/13/99		714			714	S/L	5	0
38	COMPUTER UPGRADE	11/24/99		551			551	S/L	5	0
39	COMPUTER UPGRADE	11/24/99		971			971	S/L	5	0
40	GTE PHONE EQUIPMENT	12/01/99		1,110			1,110	S/L	5	0
41	6 NEW PHONES-NOW	9/25/00		2,137			2,137	S/L	5	0
42	REBUILT COMPUTER-NOW	9/27/00		556			556	S/L	5	0
43	COMPUTER UPGRADE	10/26/00		543			543	S/L	5	0
44	SOFTWARE	3/13/01		921			921	S/L	5	0
45	COMPUTER UPGRADE	3/27/01		422			422	S/L	5	0
46	CLIENT PACK	9/01/01		999			999	S/L	5	0
47	TAPE DRIVE AND TAPES	9/13/01		377			377	S/L	5	0
48	SOFTWARE	10/14/01		605			605	S/L	5	0
49	COMPUTER UPGRADE	10/14/01		938			938	S/L	5	0

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2011 FEDERAL SUMMARY DEPRECIATION SCHEDULE

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ENDTIME INC.

351-69-4941

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
50	2 MOTHER BOARDS	10/26/01		991			991	S/L	5	0
51	VACUUM CLEANER	10/30/01		619			619	S/L	5	0
52	UPGRADES	11/27/01		729			729	S/L	5	0
53	COMPUTER SOFTWARE LICENSE	1/14/02		1,145			1,145	S/L	5	0
54	RADIO EQUIPMENT	3/20/02		7,887			7,887	S/L	5	0
55	COMPUTER UPGRADE	4/24/02		440			440	S/L	5	0
56	DVD/CD MACHINE	8/14/02		435			435	S/L	5	0
57	PRINTER-KEVIN'S	9/23/02		341			341	S/L	5	0
58	SERVER UPGRADE	10/25/02		320			320	S/L	5	0
59	HOUSING ASSEMBLY-FOLDER	11/01/02		351			351	S/L	5	0
61	LAPTOP COMPUTER-KEVIN	12/06/02		2,726			2,726	S/L	5	0
62	COMPUTERS	12/15/03		19,481			19,481	S/L	5	0
63	CD RECORDER	5/15/03		641			641	S/L	5	0
64	CD BURNER - DAN	4/10/03		425			425	S/L	5	0
65	VCR/DVD RECORDER	10/06/03		2,000			2,000	S/L	5	0
67	SHIPP-UPGRADE	5/05/03		902			902	S/L	5	0
69	DELL INSPIRON 8600 S#9P8W	2/06/05		1,690			1,690	S/L	5	0
70	TOSHIBA PROJECTOR	4/06/05		1,359			1,359	S/L	5	0
71	VIDEO PRODUCTION	5/11/05		2,500			2,500	S/L	5	0
72	COMPUTER EQUIPMENT	5/14/05		7,753			7,753	S/L	5	0
73	DELL INSPIRON 700M INTEL	9/04/05		1,287			1,287	S/L	5	0
74	VIDEO COLLECTION PRO-V2	9/16/05		1,490			1,490	S/L	5	0
75	DELL PC'S (2)	3/01/06		5,486			5,302	S/L	5	184
76	DELL PC'S (3)	5/01/06		1,491			1,391	S/L	5	100
77	DELL PC'S (5)	5/01/06		2,587			2,413	S/L	5	174
78	DELL PC	9/01/06		829			719	S/L	5	110
79	DELL PC'S (5)	9/01/06		2,415			2,093	S/L	5	322
80	WEB INTEGRATION SOFTWARE	9/04/07		6,499			6,499	S/L MQ	3	0
81	MIP SOFTWARE	2/20/07		8,262			8,262	S/L MQ	3	0
82	MPX SOFTWARE	3/01/07		30,160			30,160	S/L MQ	3	0
83	BROADCAST SOFTWARE	3/21/07		1,499			1,499	S/L MQ	3	0
84	DELL DIM 9200 COMPUTER	3/12/07		2,154			1,670	S/L MQ	5	431
85	DELL DIM 9200 COMPUTER	4/05/07		1,859			1,348	S/L MQ	5	372
86	LASERJET 4250 ENV PRINTER	2/18/07		1,261			977	S/L MQ	5	252
87	LASERJET 4250 ENV FEEDER	2/18/07		243			190	S/L MQ	5	49
88	CANON CAMCORDER KIT	2/02/07		2,702			2,093	S/L MQ	5	540
89	JVC BR-DV 3000U TAPEDECK	2/01/07		1,515			1,174	S/L MQ	5	303
90	5 DELL POWEREDGE SERVERS	6/21/07		13,730			9,954	S/L MQ	5	2,746
91	VIDEO STUDIO EQUIPMENT	11/26/07		79,561			35,526	S/L MQ	7	11,361

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2011 FEDERAL SUMMARY DEPRECIATION SCHEDULE

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CLIENT ET13

ENDTIME INC.

351-69-4941

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR	METHOD	LIFE	CURRENT DEPR
93	MPX VERSION 8 SOFTWARE	1/01/08		36,864			35,327	S/L MQ	3	1,537
96	AMEX-PC EQUIP TV STUDIO	4/01/08		8,082			4,242	S/L MQ	5	1,616
97	TV LIGHTING GRID	4/25/08		14,719			5,519	S/L MQ	7	2,103
98	2 DELL PRECISION T3400N	4/28/08		2,641			1,386	S/L MQ	5	528
99	12 DELL ULTRA MONITORS	4/28/08		2,808			1,475	S/L MQ	5	562
100	DELL D/PORT	4/28/08		130			68	S/L MQ	5	26
101	7 DELL OPTIPLEX 755N	4/29/08		4,804			2,523	S/L MQ	5	961
102	2 DELL LATITUDE D630	4/30/08		2,958			1,554	S/L MQ	5	592
103	NFP IMPORT/EXPORT SOFTWARE	7/21/08		1,444			1,143	S/L MQ	3	301
104	DELL INSPIRON 1525 PENT	8/10/08		994			473	S/L MQ	5	199
108	ENGINEERING - TV SYSTEM	10/09/08		5,450			1,655	S/L MQ	7	779
109	NV-5500 UNI SYN GENERATOR	11/01/08		4,617			1,402	S/L MQ	7	660
110	OMNITEC WAVEFORM ANALYZER	11/01/08		9,850			2,991	S/L MQ	7	1,408
111	VIDEO TAPE PRODUCTION EQU	11/11/08		10,111			3,070	S/L MQ	7	1,445
112	APPLE COMPUTERS	11/13/08		6,790			2,886	S/L MQ	5	1,358
113	APPLE FINAL CUT SERVER	11/12/08		899			382	S/L MQ	5	180
114	ZONES-TV STUDIO EQUIPMENT	11/12/08		5,093			1,546	S/L MQ	7	728
115	OMEGA-TV STUDIO EQUIPMENT	11/24/08		1,873			569	S/L MQ	7	268
116	2 CAMERA BAGS	12/04/08		664			202	S/L MQ	7	95
117	KD LADDER	12/02/08		1,379			419	S/L MQ	7	197
118	ADOBE COLLECTION SOFTWARE	12/04/08		1,198			848	S/L MQ	3	350
119	2 SCSI HOT PLUG HARD DRIV	12/07/08		1,087			461	S/L MQ	5	217
120	RACK MOUNT EARS	12/24/08		131			40	S/L MQ	7	19
121	OMEGA-TV STUDIO EQUIPMENT	12/27/08		6,060			1,839	S/L MQ	7	866
122	TIME CODE GENERATOR & AMP	12/23/08		1,121			340	S/L MQ	7	160
123	KAYE LITES-TV STUDIO EQUI	12/23/08		18,959			5,755	S/L MQ	7	2,709
125	KONA LHE - SC/HD ANALOG	1/09/09		1,550			332	S/L HY	7	221
126	DELL COMPUTER-GARY MCPEAK	1/09/09		909			273	S/L HY	5	182
127	ECI VIDEO EQUIPMENT	1/09/09		6,263			1,342	S/L HY	7	895
128	DELL DUPLICATION COMPUTER	1/09/09		509			153	S/L HY	5	102
129	CAM AUDIO EQUIPMENT	1/09/09		283			60	S/L HY	7	40
130	TV BROADCAST SET - STUDIO	2/09/09		6,878			1,474	S/L HY	7	983
133	DVCPRO HD CMPT RCRDR/PLYR	11/26/07		18,240			8,143	S/L HY	7	2,606
134	MACPRO COMPUTER	11/26/07		7,099			3,169	S/L HY	7	1,014
135	JVC MONITOR W/CLOSED CAPT	1/14/11		2,927				S/L HY	7	209
136	CS5 DESIGN SFTW/HARDDRIVE	1/31/11		1,941				S/L HY	7	139
137	ULTEGRA SCALES 14X14 FT	2/11/11		449				S/L HY	7	32
138	MITEL TELEPHONE SYSTEM	2/16/11		33,540				S/L HY	7	2,395
139	REFRIGERATOR	3/18/11		1,291				S/L HY	7	92

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2011 FEDERAL SUMMARY DEPRECIATION SCHEDULE

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CLIENT ETI3

ENDTIME INC.

351-69-4941

7/09/12

09 09AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
140	2 17" MACBOOK PRO	4/05/11		6,364				S/L HY	7	454
141	TELEPHONE UPGRADE	4/29/11		10,770				S/L HY	7	769
143	MOUNT KITS FOR HARDDRIVES	6/10/11		3,494				S/L HY	7	249
144	EDITING CARD-BLACKMAGIC	6/10/11		660				S/L HY	7	47
145	COMPUTER	6/29/11		2,314				S/L HY	7	165
146	APPLE COMPUTER	6/30/11		1,469				S/L HY	7	105
147	APPLE COMPUTER	8/11/11		2,024				S/L HY	7	145
148	COMPUTER	8/30/11		4,832				S/L HY	7	345
149	COMPUTERS	9/09/11		7,322				S/L HY	7	523
150	COMPUTER-MARTY	12/27/11		11,027				S/L HY	7	787
151	UPGRADE TO MPX SOFTWARE	11/09/11		8,000				S/L HY	7	571
153	VIDEO EDITING	12/30/11		2,412				S/L HY	7	172
TOTAL MACHINERY AND EQUIPME				608,757		0	357,542			50,050
TOTAL DEPRECIATION				1,004,701		0	405,206			62,594
GRAND TOTAL DEPRECIATION				1,004,701		0	405,206			62,594

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

INDIANA EO# 0005275377 000

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions ENDTIME, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 35-1694941
	Number, street, and room or suite no. If a P O box, see instructions 449 KINGSBRIDGE DRIVE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions GARLAND TX 75040	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► SUE SEARER

Telephone No ► 765-962-6344

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year 2011 or

► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number (EIN) or
	ENDTIME, INC	<input checked="" type="checkbox"/> 35-1694941
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	449 KINGSBRIDGE DRIVE	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	GARLAND TX	75040

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **SUE SEARER**
Telephone No **765-962-6344** FAX No
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15/2012**
- 5 For calendar year **2011**, or other tax year beginning , and ending
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS REQUESTED IN ORDER TO GATHER NECESSARY INFORMATION TO FILE AN ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Joseph W. Hudson, CPA** Title Date **8/7/12**

Form **8868** (Rev. 1-2012)