

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury

		iue Service	► Information about Form 990 and its instructions is at www.i	rs.gov/form99	<u>u. </u>	mspec	
<u>A</u> _	For the		ndar year, or tax year beginning , 2013, and end	ling		, 20	
В	Check if	applicable.	C Name of organization Endure International Inc	D Employer identification number			
	Address	change	Doing Business As			20-2299045	
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address) Room/s	E Telepho	ne number		
	Initial ret	turn	PO Box 5562			919-616-6153	
	Terminat		City or town, state or province, country, and ZIP or foreign postal code				
$\overline{\Box}$	Amende		Cary, NC 27512-5562		G Gross r	eceipts \$	772964
\exists		ion pending	F Name and address of principal officer	Way to the o		subordinates? Yes	
ш	Applicati	ion perioring		1 ''	•	_	
			Hanna Shahin, President, 7016 Spring Ridge Rd, Cary, NC 27518-9020			es included? L. Yes a list. (see instruction	
<u>!</u> _		mpt status	✓ 501(c)(3)			-	1115)
<u>1</u>	Website		v.endureinternational org		1	number ►	
_	_		✓ Corporation Trust Association Other ► L Year of form	ation: 2005	M State	of legal domicile	NC_
Р	art I	Summ	ary				
	1	Briefly de	scribe the organization's mission or most significant activities: Endu	ire Internation	al exists t	o assist Christia	an
8		believers	and churches throughout the Middle East and North Africa in their life an	d witness. We	accompli	ish that through	
БE		Bible tead	hing, leadership training, physical assistance, and Bible translation;		¬		
Governance	2	Check th	is box ▶☐ if the organization discontinued its operations of disposed	of more than	25% of	its net assets.	
ő	3	Number of	of voting members of the governing body (Part VI, line 1a)) 3		11
<u>مح</u>	4	Number of	of independent voting members of the governing body (Part,)/h,t)ne 1t	0) 00000 . 0	3 4		6
Activities &			nber of individuals employed in calendar year 2013 (Part V, line 2a)	2014: 5			3
₹	l .		nber of volunteers (estimate if necessary)	فْ لــــــــــــــــــــــــــــــــــــ			11
Ş			elated business revenue from Part VIII, column (C), line 12 OGDE		7a		
•			ated business taxable income from Form 990-T, line 34	1-0, -0-1	7b		0
	-	THE UTILE	ated business taxable income from 1 orn 350-1, line 04	Prior Ye		Current Ye	
	8	Contribut	ions and grants (Part VIII, line 1h)	-			
ne				621423		589298	
Revenue	l .	-	service revenue (Part VIII, line 2g)			183636	
æ	1		nt income (Part VIII, column (A), lines 3, 4, and 7d)		30		30
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		666333		772964
	I		nd similar amounts paid (Part IX, column (A), lines 1–3)		19111		41055
			paid to or for members (Part IX, column (A), line 4)		0		0
es	t .		other compensation, employee benefits (Part IX, column (A), lines 5–10)		252474		247945
Expenses	i .		nal fundraising fees (Part IX, column (A), line 11e)		0		0
×	1		draising expenses (Part IX, column (D), line 25) ► 12950				
ш	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		392602		<u>457055</u>
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		664187		746055
	19	Revenue	less expenses. Subtract line 18 from line 12		2146	_	26909
Net Assets or Fund Balances				Beginning of Cu	rrent Year	End of Ye	ar
発養	20	Total ass	ets (Part X, line 16)		130778		218108
₹ 8	21	Total liab	ilities (Part X, line 26)		15891		76312
충분	22	Net asset	s or fund balances. Subtract line 21 from line 20	·	114887		141796
Pa	art II	Signat	ure Block				
Un	der penal	Ities of perjui	y, I declare that I have examined this return, including accompanying schedules and stat	tements, and to ti	ne best of r	ny knowledge and	belief, it is
true	e, correct	, and comple	ete. Declaration of preparer (other than officer) is based on all information of which prepar	er has any knowl	edge		
			-0 -				
Sig	ın	Signa	sture of officer HANNA S SHAHI	مل Da	te	1 1	
He	re		PRESIDENT		1	1/13/14	
		Туре	or print name and title			+	
D-			_ 	Date		PTIN	
Pa					Check [self-emp	_] "	
	epare						·
US	e Onl				's EIN ▶	_	
Mar	v the IR		this return with the preparer shown above? (see instructions)	Pho	ne no	Tyes	No
	,		retain the property chown above; (acc instructions)				

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Cat No 11282Y

Form 90	NO (2013)	ge 2
Part		ye z
	Check if Schedule O contains a response or note to any line in this Part III	₹
1	Briefly describe the organization's mission:	
	Endure International exists to assist Christian believers and churches throughout the Middle East and North Africa in their life and	
	witness. We accomplish that through Bible teaching, leadership training, physical assistance, and Bible translation. We have been	
	working with other organizations to produce and distribute Bible teaching programs by radio and internet. We also operate	
	a book store in a North Africa country.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	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?	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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other contents.	
	the total expenses, and revenue, if any, for each program service reported.	e 5,
	the total expenses, and revenue, if any, for each program convice reported.	
4a	(Code:) (Expenses \$ 189248 including grants of \$) (Revenue \$)	
74	Discipling Ministry Endure International is very actively engaged across the region through its local missionaries and	
	staff to provide follow-up, counseling, and spiritual, emotional, and physical assistance to listeners	
	of Christian radio and television broadcasts and others interested in learning what the Bible teaches.	
	Of Chilatelli Tadio and Cicy sion of Gadesse and Garets interested in Carring What the Dible Cadeles.	
4b	(Code:) (Expenses \$212766 including grants of \$41,055) (Revenue \$)	
	Supporting Local Churches: Endure International is actively involved with helping local churches across the region.	
	The support includes: working with other ministries to fund a Christian bookshop in a North Africa country, importing	
	Christian resource materials for the spiritual growth and benefit of local Christian communities, making the Bible	
	available to the general public, and providing scholastic and other support to needy Christians	
4c	(Code:) (Expenses \$259576 including grants of \$) (Revenue \$183636)	
70	Radio and TV Broadcasting Endure International works with radio stations and Internet TV in the Middle East	
	to broadcast Christian teaching programs to share the Word of God with people in that area. Other Christian organizations provide	
	programs and help to pay a portion of the production and broadcasting costs.	
	programs and neith to pay a portion of the production and producesting costs.	
	•	
	······································	
	······································	
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ 51896 including grants of \$) (Revenue \$)	

713486

4e Total program service expenses ▶

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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	<u> </u>
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		√
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		1
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.	10		•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
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		✓
С	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		✓
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	·	✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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 and XII is optional.	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
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			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b	✓	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	1	
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		✓
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		✓
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		<u>·</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		`
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			-3-
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
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? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	✓	
С	Schedule L, Part IV	28b 28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	✓	
31	conservation contributions? If "Yes," complete Schedule M	30		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b		√
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,</i>	36		
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule O Contains a response of note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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)?	ا .		1
ь	If "Yes," enter the name of the foreign country:	4a		_
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		▼
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	_	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7.		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		`
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: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		ı	
11	Section 501(c)(12) organizations. Enter:		İ	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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.			<u>.</u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a]	
•.	Note. See the instructions for additional information the organization must report on Schedule O.		l	
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	. 1	ĺ	
_		<u>-</u>	4	
с 14а	Enter the amount of reserves on hand	145		
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		<u>√</u>

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Check if Schedule O contains a response or note to any line in this Part VI	D. See ii	nstruc	tions.
Sect	on A. Governing Body and Management		1	
4	Fater the number of visting members of the gaverning back, at the and of the tourism.		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.	11		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship will any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customanly performed by or under the dire supervision of officers, directors, or trustees, or key employees to a management company or other person?	ct 2 3	V	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		/
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		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) member stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			:
a b	The governing body?	8a 8b		+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a		+	+
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rev	enue (ode.	<u>, </u>
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1	✓
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		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		┼
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this was done	,"		
13	Did the organization have a written whistleblower policy?	12c		+-
14	Did the organization have a written document retention and destruction policy?	14		+
15	Did the process for determining compensation of the following persons include a review and approval be independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b)	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt		
	with a taxable entity during the year?	16a	<u> </u>	1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	е		
C+	organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u></u>
Secti	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	ion 501	(c)(3)s	s only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of	ınteresi	polic	y, and
	financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and recororganization: Wesley I Smith, 317 White Oak Dr., Cary, NC 27513 919-741-3859	ds of th	е	

000	(2013)	

Page 7

			3
Part VII	Compensation of Officers, Directors,	, Trustees, Key Employees, Highest Compensation	ted Employees, and
	Independent Contractors		

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 no	or any relate	d org	aniz	zatio	on c	ompe	ensa	ated any currer	nt officer, directo	r, or trustee.
					C)					
(A)	(B)	 			stion	. 46		(D)	(E)	(F)
Name and Title	Average		not check more than , unless person is bot					Reportable	Reportable	Estimated
	hours per week (list any	s per officer and a director/truster		tee)	compensation from	compensation from related				
	hours for	유전	l Ing	Officer	<u>\$</u>	활동	Former	the	organizations	other compensation
	related organizations	Individual trustee or director	Institutional trustee	ğ	Key employee	hest	l a	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	호를	l a		탕	88		(W-2/1099-MISC)		organization and related
	line)	l st	<u>इ</u>		8	n per	Ì			organizations
		8	štee			Highest compensated employee				
(1) Hanna Shahin	40	,	ł							
President and board member		✓		✓				49323	0	52331
(2) Ronald Schmidt	2	_		١.						
Chairman and board member	ļ	-	_	✓				0	0	0
(3) Juerg Loeliger	2	_								
Treasurer and board member		✓		✓	ļ			0	0	0
(4) Thomas King	2									
Secretary and board member		✓	L_	✓				0	0	0
(5) Sharon Keasler	11									
Vice chairwoman and board member	1	✓_		✓				0	0	. 0
(6) Milad Massoud	11	i								
Board member	1	✓_						0	0	0
(7) Evelyn Shahin	11									
Board member		✓_						0	0	0
(8) Robert Keasler	11									-
Board member		✓						0	0	0
(9) Leigh Kıng	11									
Board member		✓						0	0	0
(10) Edward Suffern	11									
Board member	.	✓						0		0
(11) Cynthia Suffern	11							-		_
Board member	ļ <u> </u>	✓						0		0
(12)	 									
(13)										·
	 									
(14)										

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title	(B) Average hours per	officer and a director/trustee) compensation compensatio				Position (do not check more to box, unless person is officer and a director.					Reportable compensation from	on from		ated nt of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizati (W-2/1099-	ions	oth compen from organiz and re organiz:	sation the ation lated		
(15)					-										
(16)															
(17)					-					_		,			
(18)															
(19)															
(20)															
(21)	-														
(22)															
(23)													•		
(24)															
(25)									-				_		
1b c	Sub-total	VII, Section		•			•	>	49323				52331		
d 2	Total (add lines 1b and 1c)	not limited) wl	49323 no received mo	ore than \$1	00,000	O of	52331		
3	Did the organization list any former off employee on line 1a? If "Yes," complete \$	ficer, direct											es No		
4	For any individual listed on line 1a, is the organization and related organizations individual	greater tha	an \$1	50,0	000	? If	"Yes	s," (complete Sch	edule J fo	r sucl	е	1		
5	Did any person listed on line 1a receive o for services rendered to the organization?	r accrue co	mper	sati	ion	fron	n any	unr	elated organiz	ation or inc	dividua		V		
Section	on B. Independent Contractors														
1	Complete this table for your five highest of compensation from the organization. Rep year.												's tax		
	(A) Name and business addr	ess							(B) Description of se	ervices		(C) Compensation	on		
None															
												<u> </u>			
2	Total number of independent contractor	rs (includin	a but	ne	nt li	mita	of be	the	nse listed abo	we) who					
-	received more than \$100,000 of compens							un	n n	/ve/ WIIU			-		

Part	t VIII	Statement of Revenue			<u> </u>		
		Check if Schedule O contains a response	or note to				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
gra To	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c					
Giff ilar	d	Related organizations 1d					
ng,	е	Government grants (contributions) 1e					
er S	f	All other contributions, gifts, grants,					
현		and similar amounts not included above 1f	589298				
on d	9	Noncash contributions included in lines 1a-1f. \$	89300			•	
<u>5</u>	h	Total. Add lines 1a-1f	ness Code	589298			ļ
Program Service Revenue	0-						
leve	2a	Radio & TV broadcasting 5	15100	183636	183636		
9	Ь						
Ž	d						
ઝ	e				<u> </u>		
Jrar	f	All other program service revenue .					
P. jo	g	Total. Add lines 2a–2f	•	183636			
	3	Investment income (including dividends,		103030			T
		and other similar amounts)		30			30
	4	Income from investment of tax-exempt bond pro	oceeds▶				30
	5	Royalties	<u> </u>				
			Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	▶				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					i
		and sales expenses .					
	C	Gain or (loss)					
	d	Net gain or (loss)	<u> ▶ </u>				
venue	8a	Gross income from fundraising events (not including \$					
Other Reve		of contributions reported on line 1c). See Part IV, line 18 a					
8		Less: direct expenses b					
		Net income or (loss) from fundraising events	3 . ▶				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
ĺ		Less: direct expenses b					
		Net income or (loss) from garning activities	· · •		· · · · · · · · · · · · · · · · · · ·	 	
	10a	Gross sales of inventory, less returns and allowances a					
ŀ		Less: cost of goods sold b					
}	С	Net income or (loss) from sales of inventory Miscellaneous Revenue Busin	ness Code				· · · · · · · · · · · · · · · · · · ·
}	44-	iviscellarieous nevertue busir	less Code				
	11a						<u> </u>
	b						
ļ	G	All other revenue					
	d	All other revenue					
		Total. Add lines 11a–11d		772064	102626		

Par	IX Statement of Functional Expenses				<u> </u>
Section	on 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, o, 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	41055	41055		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	101654	86406	5083	10165
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 8	Other salaries and wages	125271	117937	7334	0
9	Other employee benefits	19124	19124		
10	Payroll taxes	1896	1335	561	
11 a	Fees for services (non-employees): Management				
b	Legal				
C	Accounting	3000		3000	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				<u>. </u>
13	Office expenses	13990	12767	583	640
14	Information technology	6029	5577	151	301
15	Royalties				
16	Occupancy	12836	11936	300	600
17 18	Travel	25509	25133	120	256
19	Conferences, conventions, and meetings	4616	2197	2419	
20	Interest	4070		2413	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	2167	2167		
23	Insurance	1181	1004	59	118
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 & TV broadcasting	208230	208230		
b	Discipling ministry	41643	41643		
C	Children's ministry	110165	110165		
d	Theological training ministry	14087	14087		
е	All other expenses	13602	12723	9	870
25	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	746055	713486	19619	12950
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2013) Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Savings and temporary cash investments Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other 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 Assets Inventories for sale or use Prepaid expenses and deferred charges . . . Q 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b Investments—publicly traded securities Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) . . . Accounts payable and accrued expenses Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D . Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Total liabilities and net assets/fund balances .

Form 990 (2013)

ronn a	90 (2013)			Page	14
Par	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			[
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7729	64
2	Total expenses (must equal Part IX, column (A), line 25)	2		7460	
3	Revenue less expenses. Subtract line 2 from line 1	3		269	09
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		1148	87
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			-	
	33, column (B))	10		1417	96
Part	XII Financial Statements and Reporting	,			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	[<u> </u>
				Yes No	>
1	Accounting method used to prepare the Form 990: Cash Accrual Other			- 3.5	
	If the organization changed its method of accounting from a prior year or checked "Other," exp	plain in	3.		S.
	Schedule O.		****	President in the	_
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	✓	_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	olled or			
	reviewed on a separate basis, consolidated basis, or both:		100 A		
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				4
þ	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	1		<u>.</u>
	separate basis, consolidated basis, or both:			44.00	
	Separate basis Consolidated basis Both consolidated and separate basis		1 June 1 55		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the sudit review or committee of the financial statements and selection of an independent account.				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts the audit and the audi		2c	✓	- 1
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain in	75		
٥.		famile :-	-	Carrier Section	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iorth in		,	
L	· · · · · · · · · · · · · · · · · · ·		3a	1	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such as required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such as		36		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization							Employer i	dentification	on number		
<u>End</u>	ire International Inc									299045		
Pa	rt I Reason 1	for Public Cha	rity Status (All orga	nization	s must o	complete	e this pa	rt.) See	<u>instructi</u>	ons.		
The (1) 2 3 4 5 6	organization is not A church, con A school desc A hospital or a A medical res hospital's nan An organizatio section 170(b	a private foundativention of church cribed in section a cooperative ho earch organization, city, and state on operated for b)(1)(A)(iv). (Com	ation because it is: (For hes, or association of 170(b)(1)(A)(ii). (Attacks spital service organization operated in conjunct the benefit of a colleplete Part II.)	or lines 1 februarche ch Sched ation des ction with ge or united	through s describ lule E.) cribed in h a hospi	11, checked in section tal descri	conly one ction 170 170(b)(1) ibed in se	e box.) (b)(1)(A)((A)(iii). ection 17	i). 'O(b)(1)(A	.)(iii). Ente		ped in
7	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 i	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)						
9	An organization receipts from support from	on that normally activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre	an 331/₃9 :ions—su lated bu:	6 of its so bject to siness ta	upport fr certain e xable in	xceptions	s, and (2 ss section) no mor	e than 33	3¹/3%	of its
10 11												
e	other than for or section 509	ındation manage (a)(2).	II c Type II that the organization ers and other than one a written determination	is not co e or more	ntrolled on publicly	directly of support	r indirectl ed organ	y by one izations	or more described	d in section	ed pe on 509	ersons 9(a)(1)
g	organization,	check this box .									٠	
9	following pers		no organization dood	prod dily	9 0. 0.)	, 0	•			
	(i) A person	who directly or i	ndirectly controls, eithody of the supported o					describe	dın (ii) a	ind 11g()	Yes	No
	• • • • • •	-	on described in (i) abo	-						11g(ii)	 	\vdash
		•	a person described in							. 11g(iii)	-	\vdash
h			on about the support							. [8()		
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	you notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S.?	(vii) Amour su	nt of mo	netary
				Yes	No	Yes	No	Yes	No	ļ		
(A)												
(B)												_
(C)												
(D)			-								_	
(E)				-								
			्रम् स्टब्स्ट्रेस्ट्र क	्राच्या वि कास	च् <u>र</u> च् <u>र</u> हंड			Lance Michie	· Alleria	1		

Total

Par							
	(Complete only if you checked the						ality under
Cook	Part III. If the organization fails to	quality unde	er the tests lis	stea below, p	lease comple	ete Part III.)	
	ion A. Public Support Indar year (or fiscal year beginning in) ▶	(=) 0000	(h) 0010	(-) 0011	(-1) 0010	(0) 0012	(6) T-4-1
Caler 1		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
•	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	205670	422062	472005	621.422	500000	2402510
2	Tax revenues levied for the	385670	423063	473065	621423	589298	2492519
_	organization's benefit and either paid						
	to or expended on its behalf	o	0	0	0	ا	o
3	The value of services or facilities	•				 	
	furnished by a governmental unit to the						
	organization without charge	o	0	0	0	اه	•
4	Total. Add lines 1 through 3	385670	423063	473065	621423		2492519
_	_	303070	423003	473003	021423	303230	2432313
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)					i	829377
6	Public support. Subtract line 5 from line 4.						1663142
Secti	on B. Total Support					<u> </u>	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	385670	423063	473065	621423	589298	2492519
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	. 1	17	46	30	30	124
9	Net income from unrelated business				-		
	activities, whether or not the business	1	Ì				
	is regularly carried on	0	0	0	0	. 0	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	o	0	0	0
11	Total support. Add lines 7 through 10						2492643
12	Gross receipts from related activities, etc.					12	411506
13	First five years. If the Form 990 is for the						
Cooti	organization, check this box and stop her on C. Computation of Public Suppor				· · · · ·	· · · · ·	<u> </u>
<u> </u>	Public support percentage for 2013 (line 6			1		44	0/
15	Public support percentage from 2012 Sch		•			15	67 %
16a	331/3% support test—2013. If the organiz			 on line 13 and			73 %
IVa	box and stop here. The organization qual			•		•	
ь	331/3% support test—2012. If the organ			-			
_	check this box and stop here. The organiz					10 13 00 /3/0	. ▶ □
17a	10%-facts-and-circumstances test – 20	·	•			a or 16b and I	
174	10% or more, and if the organization mee	ets the "facts-a	ınd-circumstar	nces" test che	ck this how an	d stop here F	ine 14 is Volain in
	Part IV how the organization meets the "fa	acts-and-circu	mstances" tes	t. The organiza	tion qualifies	as a publicly si	ipported
	organization						. • 🗆
b	10%-facts-and-circumstances test—20			nt check a how	on line 12 16	a 16h or 17o	
	15 is 10% or more, and if the organization	ion meets the	facts-and-cir	rcimstances" :	test check th	a, 100,011/d, is how and eta	anu ilie nn here
	Explain in Part IV how the organization me	eets the "facts	-and-circumst	ances" test. Th	ne organization	n qualifies as a	publicly
	supported organization						· ► □
18	Private foundation. If the organization did	d not check a b	oox on line 13.	16a, 16b. 17a	or 17b. checl	k this box and	
	in atmosphisms		-,	,,	,		·

oşa icad	16 A (1 01111 330 G1 330 LZ/ 2010						Pag			
Part	III Support Schedule for Organiza	Support Schedule for Organizations Described in Section 509(a)(2)								
	(Complete only if you checked the	ne box on line	e 9 of Part I o	r if the organ	ization failed	to qualify und	der Part II.			
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	II.)				
Secti	on A. Public Support									
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and membership fees		1							

Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 7a	Total. Add lines 1 through 5 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						
8 8	Add lines 7a and 7b	A STATE OF THE STATE OF					·
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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, check this box and stop he	re			_		
	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8					15	%
16	Public support percentage from 2012 Sch			<u></u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (17	%
18	Investment income percentage from 2012					18	<u>%</u>
19a	331/3% support tests—2013. If the organi						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organiz						
20	line 18 is not more than 33½%, check this to Private foundation. If the organization di		_		•		
-u		UIIUUN A	227 OH HID 14.		ハロロス ロロコ ロロス	요 오므로 대한대대	JUULIO 🚩 📗

	Page 4						
Part IV	Supplemental Information. 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)

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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Endure	International Inc		20-2299045_
Par		or Advised Funds or Other Similar Fu	
	Complete if the organization answ	vered "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	daga adua an in umain a Abad Aba an ada	teld to describe the
5	Did the organization inform all donors and funds are the organization's property, subje		
•			
6	Did the organization inform all grantees, do		
	only for charitable purposes and not for the conferring impermissible private benefit?		
Pari		· · · · · · · · · · · · · · · · · · ·	· · · · · · · L Yes L No
rai		vered "Yes" to Form 990, Part IV, line 7	•
			•
1	Purpose(s) of conservation easements held	recreation or education) Preservation	of an historically unmortant land area
	Protection of natural habitat	_	of a certified historic structure
		Freservation	of a certified historic structure
2	 Preservation of open space Complete lines 2a through 2d if the organiza 	ation hold a gualified consensation contribut	tion in the form of a consequation
_	easement on the last day of the tax year.	ation field a qualified conservation contribu	Held at the End of the Tax Year
_			
a	Total number of conservation easements Total acreage restricted by conservation easements		
b	Number of conservation easements on a ce		
d d	Number of conservation easements included the conservation of the		
u	historic structure listed in the National Regis		
3	Number of conservation easements modifie		
•	tax year ►	d, transferred, released, extinguished, or te	initiated by the organization during the
4	Number of states where property subject to	conservation easement is located ▶	
5	Does the organization have a written po		nspection, handling of
	violations, and enforcement of the conserva		
6	Staff and volunteer hours devoted to monitor		
	>	,g,g,	case of the second second
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation eas	sements 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)?		· · · · · ·
9	In Part XIII, describe how the organization re	eports conservation easements in its revenu	ue and expense statement, and
	balance sheet, and include, if applicable, the	e text of the footnote to the organization's f	inancial statements that describes the
	organization's accounting for conservation e	easements.	
Part	Organizations Maintaining College	ections of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted un-		
	works of art, historical treasures, or other		
	public service, provide, in Part XIII, the text of		
b	If the organization elected, as permitted u		
	works of art, historical treasures, or other		education, or research in furtherance of
	public service, provide the following amount		
	(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		
	following amounts required to be reported u	· · · · · · · · · · · · · · · · · · ·	
	Revenues included in Form 990, Part VIII, lin		
b	Assets included in Form 990, Part X		▶ \$

Par	Organizations Maintaining	Collections of	Art, His	torical	Treasures	i, or O	ther S <u>imilar As</u>	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		her reco	rds, che	ck any of th	ne follo	wing that are a s	ignificant use of its
а	☐ Public exhibition		d	☐ Loar	or exchan	ge prog	rams	
b	Scholarly research						·	
С	Preservation for future generations	S		_				
4	Provide a description of the organiza XIII.		and expl	ain how	they further	the or	ganization's exen	npt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather							
Par	Complete if the organization 990, Part X, line 21.		" to For	m 990, f	Part IV, line	9, or	reported an am	
1a	Is the organization an agent, trustee included on Form 990, Part X?							t Yes No
b	If "Yes," explain the arrangement in P							nount
•	Paginaing halance					140		
C	Beginning balance					10		
d	Additions during the year					10		
e	Distributions during the year					16		
f	Ending balance							
2a	Did the organization include an amoun							
Dor	If "Yes," explain the arrangement in Part V Endowment Funds.	art XIII. Check nere	e if the e	xpianatio	n nas been	provia	ed in Part XIII .	· · · <u>L</u>
Par		annual (Van)	" t a Fam	000 F	2 mark 18 / 15 m m	. 40		
	Complete if the organization	(a) Current year		or year	(c) Two yea		(d) Three warm had	(e) Four years back
_		(a) Current year	(D) FI	or year	(c) Iwo yea	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				_			
c	Contributions							
	losses				ļ			
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							<u> </u>
2	Provide the estimated percentage of t	he current year en	d balanc	e (line 1g	g, column (a)) held	as:	_
а	Board designated or quasi-endowmer	nt ▶	%					
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2	c should equal 10	0%.					
3a	Are there endowment funds not in the	e possession of th	e organi	zation th	at are held	and ad	ministered for the	e
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi	zations listed as re	equired o	on Sched	ule R? .			3b
4	Describe in Part XIII the intended uses	of the organization	n's endo	owment f	unds.			<u> </u>
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes'	' to For	n 990, F	art IV, line	11a. S	See Form 990, F	Part X, line 10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost	or other basis other)	(c)	Accumulated epreciation	(d) Book value
1a	Land					4.55		
b	Buildings				_			
c	Leasehold improvements			 				
d	Equipment				20000		11667	8333
e	Other				20000		11007	
	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90. Part 2	X. columi	n (B), line 10)(c).)		8333

Part VII	Investments - Other Securities		000 5 . 11/		000 B 4 V II 40
	Complete if the organization ans		n 990, Part IV,		
	(a) Description of security or category (including name of security)	,	(b) Book value		ethod of valuation d-of-year market value
(1) Financial	derivatives				
(2) Closely-h	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)			·····		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.) investments—Program Related	4			
Part VIII	Complete if the organization ans		n 900 Part IV	lina 11a Saa Farm	000 Port V line 12
	(a) Description of investment	wered res to roll	(b) Book value		ethod of valuation
	(a) Description of investment		(b) Book value		d-of-year market value
(4)					
<u>(1)</u> (2)					
(3)					
(4)					
(5)		-			
(6)		-			
(7)					
(8)					
(9)					
	o) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization ans		n 990, Part IV, I	line 11d. See Form	
	(8	i) Description		·	(b) Book value
(1)					
(2)				· · · · · ·	
(3)					
(4)					
(5) (6)					-
(7)				:	···-
(8)	·				
(9)					
Total. (Colui	nn (b) must equal Form 990, Part X, co	ol. (B) line 15.)			
Part X	Other Liabilities.				<u> </u>
	Complete if the organization answ	wered "Yes" to Forn	n 990, Part IV, I	ine 11e or 11f. See	Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal in	come taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)			 	=	
(9)	n) must equal Form 990, Part X, col. (B) line 25.)			=	
	uncertain tax positions In Part XIII, provi	de the text of the footing	te to the organiza	tion's financial stateme	ents that reports the
	promite promote and distring provi				

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statem		er Return.
	Complete if the organization answered "Yes" to Form 990,		
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:	ا ما	
a	Net unrealized gains on investments	2a	
b			
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		20
e	Add lines 2a through 2d		. 2e
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i . i	. 3
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
a b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		. 4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			1
	Complete if the organization answered "Yes" to Form 990, I		F
1			. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	·
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
Ь	Other (Describe in Part XIII.)	1 46	
	· ·		
C	Add lines 4a and 4b		
5	Add lines 4a and 4b		
c 5 Part	Add lines 4a and 4b	e 18.)	5
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and	2b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	d 4; Part IV, lines 1b and	2b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and	2b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and	2b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 11.	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and to provide any additional	2b; Part V, line 4; Part X, line information.

Schedule D (Fo	m 990) 2013	Page 5
Part XIII	Supplemental Information (continued)	
		•••
•••		
		•••
		·····
•••••		
••		
••		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047 2013

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number

	re International Inc					20-2299045
Pa	Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization a	inswered "Yes" on
1	For grantmakers. Does the assistance, the grantees' el grants or assistance?					
2	For grantmakers. Describe assistance outside the Unite Activities per Region. (The for	ed States.	-			ants and other
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Middle East and North Africa	6	20	Program Services	Discipling Ministry	161303
(2)	Middle East and North Africa	6	20	Program Services	Supporting Local Church	es 180741
(3)	Middle East and North Africa	6	20	Program Services	Radio and TV Broadcasti	ng 214691
(4)	Middle East and North Africa	6	20	Program Services	Puppet Ministry	5835
(5)	Middle East and North Africa	6	20	Program Services	Church Planting	17161
(6)	Middle East and North Africa	6	20	Program Services	Bible Translation	10469
(7)	Middle East and North Africa	6	20	Program Services	Orphanage Ministry	9697
(8)						
(9)						
(10)						
(11)						
(12)						
(13) (14)						
(15)						
(16)			•			
(17)						
3a b		6	20		:	599897

c Totals (add lines 3a and 3b)

599897

Page 2

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is peopled. Part II

	יאווא,	1115 13, 101 al	יא יפכוטופווני שווט ו		SO, DOO. Part II Car	raitiv, illie ib, for any recipient who received inore than \$5,000. Fart in can be duplicated it additional space is needed.	Joinonal space is	needed.	
-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Ξ									
(2)									
(9)									
3									
(2)									
9									
3			:						
<u>©</u>									
6									
(10)									
(11)				-					
(12)									
(13)									
(4)									
(15)									
(16)									
,									

~

3

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement 41055 Cash (d) Amount of cash grant (c) Number of recipients \$ Middle East & N Africa (b) Region (a) Type of grant or assistance (1) Assist needy Christians Part III Ê 8 (3) 3 ϵ **®** 6 (10) (12) (13) (14) (15)(16) (17) 3 <u>0</u> 9

Schedule F (Form 990) 2013

Schedul	ertror	m yyui	2013

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreig Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With U.S. Owner (see Instructions for Forms 3520 and 3520-A)	d	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes, the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)		☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	1,	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes, the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)		☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)		☑ No

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

SCHEDULE L (Form 990 or 990-EZ)

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.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Open To Public Inspection Employer identification number

Endure	International Inc									20-	22990)45		
Part		efit Transaction he organization								0-EZ,	Part	V, line	40b	
1	(a) Name of disqualified	Lnerson	(b) Relationship b			person and		(c) Description of transaction			-	(d) Corrected		
	(a) Name of disquamoc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		organiza	ation			(c) bescript					Yes	No
(1)														
(2)														
_(3)														
(4)									_					
_(5)	<u> </u>									_				
(6)							<u> </u>						_	<u></u>
2	Enter the amount under section 4958							fied persons o	luring t	he ye	ear ► ş	.		
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	ursed by	the organ	izatio	n			▶ \$	<u> </u>		
Part (a) Na	Complete if the	d/or From Interne organization reported an amount (b) Relationship with organization	answered "Ye	es" on I 990, Pa (d) La	Form 996 art X, line	0-EZ, Part e 5, 6, or 2	2. nal	e 38a or Form		art IV,	(h) Ap	proved	(i) W	ritten
		With Organization	loa.	organization?		principal a	nount				by board or committee?			
				То	From				Yes	No	Yes	No	Yes	No
(1)				<u> </u>	-	ļ				ļ		<u> </u>		
(2)		 			-					├		├		<u> </u>
(3)				 	+			 	-	├ ─		 		<u> </u>
(4)		 		 	-			ļ.						
(5)	 	 		 	 			-		<u> </u>		<u> </u>	-	
<u>(6)</u>				ļ	 				_		-			
(7)									-	├	 	<u> </u>		
<u>(8)</u> (9)					<u> </u>				-	-	-	 		
(10)					+				-	 		 		
Total					J	<u> </u>	_	\$	from C. p		727.23	A CONTRACT		TO THE PARTY
Part	III Grants or As	sistance Benefaction	fiting Interest	ed Per	rsons.							2. P. 1 .	30.3. 3 .	1000
(a) f	Name of interested person		ship between inter and the organization		(c) Amount	of assistance		(d) Type of assista	nce	(e)) Purpo	ose of a	ssistan	ce
(1)														
(2)		-				-				<u> </u>				
(3)		<u> </u>						•				-		
(4)					•			·						
(5)									_					
(6)														
(7)							T -							
(8)								<u>-</u>						
(9)									-					
(10)														

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	anng of zation's nues?
				Yes	No
1) Hanna Shahin	President	6000	Annual office rent		✓
2)					
3)					
4) 5)				 	
6)					
7)					
8)					
9)					<u> </u>
0) art V Supplemental Information			<u></u>		
Provide additional informati	on for responses to questions of	on Schedule L (see	instructions).		
					
	·····				
······································					
	·				
,	·				
•				- 	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2013

Open To Public Inspection

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

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization **Endure International Inc** 20-2299045 Types of Property Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art-Works of art 1 Art - Historical treasures . . . 2 Art-Fractional interests . . . 3 Books and publications . . . 7000 Estimated cost 5 Clothing and household goods 6 Cars and other vehicles . . Boats and planes 7 8 Intellectual property 9 Securities—Publicly traded . . . Securities-Closely held stock . 10 Securities - Partnership, LLC. 11 or trust interests 12 Securities - Miscellaneous . 13 Qualified conservation contribution-Historic structures 14 Qualified conservation contribution - Other . . Real estate - Residential . . 15 16 Real estate—Commercial . . 17 Real estate—Other Collectibles 18 19 Food inventory 20 Drugs and medical supplies . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens . . . 24 Archeological artifacts . . . 25 Other ► (Children's gift boxes) 3600 72000 Estimated cost Other ▶ (Office & supplies) 26 6550 Estimated cost 27 Other ► (Use of car) 1 850 Estimated cost 28 Other ► (Refugee aid supply) 2900 Estimated cost Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II.

Schedule M	Form 990) (2013) Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
All the mat	erials that were donated to Endure International in 2013 were used in the ministry in the Middle East and North Africa.
None of th	e donated materials were sold.
	•••••••••••••••••••••••••••••••••••••••
	······································
	······································
	·

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Endure International Inc	20-2299045
Part III, Line 4d - Other Program Services - Endure International has four program services in addition	to the three
listed in Part III, lines 4a, 4b, and 4c They are	
1. Puppet Ministry for Children: In prior years we sent volunteers from the USA to predominantly Mu	uslim areas to teach local teams how
to use puppets to teach children about God and His word. We also provided the materials that th	e local teams
need for their ongoing puppet ministry. We are continuing to use that training and those tools to	teach children.
In 2013 the cost of this ministry was \$8,101.`	
2. Church Planting Endure International actively supports church planting efforts in a number of Mi	ddle Eastern
and North African countries through local missionaries and staff. A good number of house church	thes and Bible
study cell groups have been formed as a result of these efforts. In 2013 the cost of this ministry v	was \$20,135.
3. Bible Translation. In cooperation with other Christian ministries, Endure International has adopted	d a people group
ın a North African country and has actively supported and continues to regularly support the tran	nslation
of the Bible into their indigenous language. The cost of this ministry in 2013 was \$12,283	······
4. Orphanage Ministry Endure International has assumed partial sponsorship of a worker at an orph	nanage in Morocco.
The cost of this ministry in 2013 was \$11,377	
Part VI, Line 2 Thomas King, officer and director, and Leigh King, director, have a family relationship	
Part VI, Line 2 Hanna Shahin, officer and director, and Evelyn Shahin, director, have a family relationsh	ıp
Part VI, Line 2 Robert Keasler, director, and Sharon Keasler, officer and director, have a family relation	ship
Part VI, Line 11b The accountant prepares the Form 990. The President reviews and signs it. A copy is	emailed to each
board member before filing with the IRS.	
Part VI, Line 12c Upon joining the board, each board member is required to read and sign the conflicts	of interest policy
Starting with the November 2009 meeting, as a group the board members annually review the conflic	cts of
interest policy. Each member discloses any possible conflicts so the board as a whole may be award	e of
them and determine how to deal with them. Each member signs the conflicts of interest policy annu-	ally
Part VI, Line 15a The president's salary is set by the full Board of Directors (excluding the president and	d his wife),
primarily based on comparisons with a large non profit organization in the same community	

Schedule O (Form 990 or 990-EZ) (2013)		Page 2
Name of the organization	Employer identification number	
Endure International Inc	20-2299045	
Errodi o monacional mo		_
Part VI. Line 10. Copies of the organization's governing documents, conflict of interest policy, and financia	al statements are	
Part VI, Line 19, Copies of the organization's governing documents, conflict of interest policy, and financia	il statements are	
	uur lätab auta	
available to anyone who requests them. Requests may be mailed to the organization or made through o	our web site,	
	_	
www endureinternational org. As an ECFA member, summary financial statements are available at www	v.ecfa.org	
	•	
		•