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SCANNED DEC 0 9 2015

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

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 Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 20 For the 2014 calendar year, or tax year beginning 2014, and ending D Employer identification number C Name of organization Endure International Inc Check if applicable. Doing business as 20-2299045 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number ■ Name change Initial return 919-616-6153 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Cary, NC 27512-5562 G Gross receipts \$ Amended return H(a) Is this a group return for subordinates? ☐ Yes ☑ No F Name and address of principal officer Application pending H(b) Are all subordinates included? Yes No Hanna Shahin, President, 7016 Spring Ridge Rd, Cary, NC 27518-9020 If "No," attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status H(c) Group exemption number ▶ Website: ▶ www endureinternational.org Form of organization

Corporation

Trust Association

Other ▶ L Year of formation M State of legal domicile Part I Briefly describe the organization's mission or most significant activities: Endure International exists to assist Christian Activities & Governance 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. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 7 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 4 6 Total number of volunteers (estimate if necessary) 12 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) . . . 589.298 559,811 9 Program service revenue (Part VIII, line 2g) 183,636 266,772 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 30 47 11 Other revenue (Part VIII, column (A), lines.5,-6d,-8c,-9c,-10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 772,964 826,630 Grants and similar amounts paid (Part-IX, column (A), lines (1-3) 13 41,055 66,031 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 247,945 255,208 Professional fundraising fees (Part IX, column (A), line-11e) 16a 0 0 Total fundraising expenses (Part IX; column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 457,055 420,907 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 746,055 742,146 Revenue less expenses. Subtract line 18 from line 12 19 26,909 84,484 End of Year **Bealnning of Current Year** 20 Total assets (Part X, line 16) 282,794 218,108 21 Total liabilities (Part X, line 26) . 76,312 56,514 22 Net assets or fund balances. Subtract line 21 from line 20 141,796 226,280 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 11/12/2015 Here ACCOUNTANT Type or print name and title Date Preparer's signature Print/Type preparer's name Check | if **Paid** self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only**

For Paperwork Reduction Act Notice, see the separate instructions.

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

Firm's address ▶

Cat No 11282Y

Phone no

Yes No Form **990** (2014)

| art | Checklist of Required Schedules | | | 1 |
|--------|---|-----|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | Yes | No |
| • | complete Schedule A | 1 | 1 | |
| 2 3 | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> | 2 | ✓ | 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? If "Yes," complete Schedule C, Part II | 3 | | √ |
| 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 | | 1 |
| 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 | | ✓ |
| 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 | | 1 |
| 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, IX, or X as applicable. | | | |
| 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 | ✓ | |
| b | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | 1 |
| | 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 | | 1 |
| | 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 | | 1 |
| e f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. | 11e | | 1 |
| | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | ✓ |
| 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 | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| 14 a | | 14a | ✓ | <u> </u> |
| 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 | ✓ | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 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 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | _ | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20 a | | 20a | | ✓ |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | l |

| rom 9 | 90 (2014) | , | | Page 4 |
|----------|---|------------|-----|----------|
| Part | IV Checklist of Required Schedules (continued) | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 163 | ✓ |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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 |
| c b | 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 24c | | - |
| 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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 "Yes," 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 | 28a 28b | ✓ | 1 |
| c | 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? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ! | 29 30 | ✓ | 1 |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | 1 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | 1 |
| 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 | | 1 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | - |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 : | 36 | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| 38 | Part VI | 37 | | 1 |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | ✓ | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|----------|--|-------------------------------|----------|----------|----------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | <u> </u> | <u> </u> | |
| | | 1.1 | | Yes | No |
| _ | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a 2 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments | to vendors and | - | | |
| С | reportable gaming (gambling) winnings to prize winners? | | 1c | 1 | |
| 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 4 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment | | 2b | ✓ | |
| _ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst | | | | |
| 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 So | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature of over, a financial account in a foreign country (such as a bank account, securities account, account)? | | 4a | | 1 |
| b | if "Yes," enter the name of the foreign country: ▶ | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fi (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax | | 5a | | ✓ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter | r transaction? | 5b | | ✓ |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,0 | | | | 1 |
| b | organization solicit any contributions that were not tax deductible as charitable contributions If "Yes," did the organization include with every solicitation an express statement that such | | 6a | | ✓ |
| _ | gifts were not tax deductible? | | 6ь | | |
| 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 | Did the organization sell, exchange, or otherwise dispose of tangible personal property required to file Form 8282? | | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal to | | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene | | 7f | | ✓ |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form | | 7g 7h | | |
| h 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m | | /11 | | |
| 0 | sponsoring organization have excess business holdings at any time during the year? | antanica by the | 8 | | |
| 9 | Sponsoring organization have excess business holdings at any time during the year: | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor, donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor, or related personal control of the sponsoring organization make a distribution to a donor advisor and the sponsoring organization make a distribution or the sponsoring organization make a distribution or the sponsoring organization or the sponsoring or the sponsoring organization or the sp | son? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| а | 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: | | | | |
| а | Gross income from members or shareholders | 11a | ļ | | |
| 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 b | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu If "Yes," enter the amount of tax-exempt interest received or accrued during the year | of Form 1041? 12b | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | | 13a | | |
| b | Note. See the instructions for additional information the organization must report on Schedul 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 | | | |
| С | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? . | | 14a | | ✓ |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S | schedule O . | 14b |] | |

| Part | Governance, Management, and Disclosure For each "Yes," response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. | | | |
|--------|---|------------|----------|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | . 🗸 |
| Secti | on 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 1a | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | ŀ |
| | if the governing body delegated broad authority to an executive committee or similar | ' | | ŀ |
| _ | committee, explain in Schedule O. | | | 1 |
| þ | Enter the number of voting members included in line 1a, above, who are independent | | | ł |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| 3 | any other officer, director, trustee, or key employee? | 2 | ✓ | <u> </u> |
| 3 | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | 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 | | ✓ |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | 1 |
| _ | stockholders, or persons other than the governing body? | 7b | | , |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | i |
| | the year by the following: | 00 | 1 | |
| a | The governing body? | 8a 8b | V | |
| ь 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 00 | • | |
| | 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 Rever | ue C | ode.) |) |
| | | | 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 filling the form? | 11a | <u>√</u> | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 100 | | H |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a 12b | 1 | <u> </u> |
| b | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 120 | V | |
| С | describe in Schedule O how this was done | 12c | 1 | |
| 13 | Did the organization have a written whistleblower policy? | 13 | - | 1 |
| 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 by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 9 |
| а | The organization's CEO, Executive Director, or top management official | 15a | ✓ | ļ |
| b | Other officers or key employees of the organization | 15b | | |
| 40 | 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? | 10- | | 1 |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 16a | سي | √ |
| O | 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 | | |
| Secti | on C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section | n 501(| c)(3)s | only) |
| | available for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) | | _ | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int | erest | policy | y, and |
| 00 | financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and re | cords: | | |
| | Wesley I Smith, 317 White Oak Dr, Cary, NC 27513 919-741-3859 | | | |

| _ | |
|------|--|
| Page | |

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| rom | 990 | (2014) | |

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|----------|--|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and |
| | Independent Contractors |
| | Check if Schoolule O contains a response or note to any line in this Part VII |

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

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

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 (list any | (do n box, office | ot ch | Pos neck is pe d a d | c) ition more | e than o | one n an tee) | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated |
|----------------------------------|--|----------------------|-----------------------|-------------------------------|---------------------|------------------------------|---------------------|--|---|--|
| | hours for related organizations below dotted line) | | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) Hanna Shahin | 40 | | | | | | | | | |
| President and board member | 1 | ✓ | | ✓ | | | | 56323 | 0 | 47768 |
| (2) Ronald Schmidt | 2 | | | | | | | | | |
| Chairman and board member | | ✓ | | ✓ | | | | о | 0 | 0 |
| (3) Juerg Loeliger | 2 | | | | | | | | | |
| Treasurer and board member | T | ✓ | | ✓ | | 1 | | о | 0 | o |
| (4) Thomas King | 2 | | | | | | | | | |
| Secretary and board member | | ✓ | | ✓ | | | | o | 0 | 0 |
| (5) Sharon Keasler | 1 | | | | | | | | | |
| Vice chairwoman and board member | | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (6) Milad Massoud | 1 | | | | | | | | | |
| Board member | | ✓ | | | | | | 0 | 0 | 0 |
| (7) Evelyn Shahın | 1 | | | | | | | | | |
| Board member | | ✓ | | | | | | 0 | 0 | 0 |
| (8) Robert Keasler | 1 | | | | | | | | | |
| Board member | | ✓ | | | | | | 0 | 0 | 0 |
| (9) Leigh Kıng | 1 | | | | | | ŀ | | | |
| Board member | | ✓ | | | | | | 0 | 0 | 0 |
| (10) Edward Suffern | 1 | | | | | | | | | |
| Board member | <u> </u> | ✓ | | | | | | 0 | 0 | 0 |
| (11) Cynthia Suffern | 11 | | | | | | | | | |
| Board member | | ✓ | | | | | | .0 | 0 | 0 |
| (12) Nahamia Nathan Abdel Malek | 1 | | | | | | | | | |
| Board member | | ✓ | | | L. | | | 0 | 0 | 0 |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Part | Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
|---------|---|-------------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------------|---------------------------------|-----------------------------|-----------------------|
| | | | | | | C) | | | | | |
| | (A) | (B) | l (do n | ot ch | | ition | than (| one | (D) | (E) | (F) |
| | Name and title | Average | box, | unles | s pe | rson | is both | n an | Reportable | Reportable | Estimated |
| | | hours per week (list any | - | Г | | | or/trus | - | compensation from | compensation fro related | m amount of other |
| | | hours for | Individual trustee or director | Inst | Officer | Key employee | 1 ag | Former | the | organizations | compensation |
| | | related | <u>क</u> ≦ | 훜 | ह | em | Į Š Š | ₫ | organization (W-2/1099-MISC) | (W-2/1099-MISC | from the organization |
| | | organizations below dotted | 호를 | വെ | | 흥 | 88 | | (44-2/1099-14113C) | | and related |
| | | line) |] Ist | 2 | | 8 | l ₽ | | | | organizations |
| | | | 8 | Institutional trustee | | | Highest compensated employee | | | | |
| | | | | Ľ | | - 1 | 8. | L | | | |
| (15) | | | | i | | Ι. | | | | | |
| | | | | | | - 1 | | | | | • . |
| (16) | | | | | | Ι, | | | | | |
| - | | | | | | | | _ | | | |
| (17) | | | | | | | | | | | |
| | | | | Ш | | ! | | _ | | | <u> </u> |
| (18) | | ļ | | | | | | | | | ! |
| | | | | | | | | | | | |
| (19) | | ļ | } | | | ı | | | | | |
| | | | | | | | | | | | |
| (20) | | | | | | ١, | | | | | |
| | | | | | | _ ' | | | | | |
| (21) | | | | | | | | | | | |
| | | | | Ш | | _ ! | | | | | |
| (22) | | | | | | , | | | 1 | | |
| | | | | Ш | | | | | | | |
| (23) | | | | | | | | | | | |
| | | | | | | | | | | | |
| (24) | | | | | | | | | | | |
| | | | | Щ | | | | _ | | | |
| (25) | | | | | | - 1 | | | | | |
| | | | | | | | | <u> </u> | | . — | |
| 1b | Sub-total | | | • | • | | • | | 56323 | | 0 47768 |
| С | Total from continuation sheets to Part | | | | | . . | | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | <u> </u> | 56323 | | 0 47768 |
| 2 | Total number of individuals (including but | | l to th | ose | list | ed a | above | e) w | ho received me | ore than \$100,0 | 000 of |
| | reportable compensation from the organi | zation ► 1 | | | | - 1 | | | | | |
| _ | | | _ | | | 1 | _ | | | | Yes No |
| 3 | Did the organization list any former of | | | | | | | | | | |
| | employee on line 1a? If "Yes," complete 3 | | | | | , | | | | | |
| 4 | For any individual listed on line 1a, is the | | | | | | | | | | |
| | organization and related organizations | | an \$1 | 150, | 000 | ? 11 | "Ye | s," | complete Sch | edule J for s | |
| | individual | | | • | | | • | | | | . 4 ✓ |
| 5 | Did any person listed on line 1a receive of | | | | | | | | | ation or individ | |
| | for services rendered to the organization | ? If "Yes," c | ompl | ete : | Sch | edu | ile J f | or s | such person | | · 5 ✓ |
| Section | n B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest of | | | | | | | | | | |
| | compensation from the organization. Rep | ort compe | nsatio | on fo | or th | e c | alend | ar y | ear ending wit | h or within the | organization's tax |
| | year. | | | | | + | | , | | | |
| | (A) | | | | | | | | (B) | | (C) |
| | Name and business add | ress ————— | | | | | | | Description of s | ervices | Compensation |
| NONE | | | | | | ì | | <u> </u> | | | |
| | | | | | | | | <u> </u> | | | |
| | | | | | | | | <u> </u> | | | |
| | | | | | | 1 | | L | | | |
| | | | | | | | | <u> </u> | | | |
| 2 | Total number of independent contractor | | | | | | | th | ose listed abo | ove) who | |
| | received more than \$100,000 of compens | sation from | the o | rgan | ıizat | ion | | | 0 | | |

1

| Par | t VIII | Statement of Revenue | | | | | |
|--|--------|--|---------------------|----------------------|--|---|---|
| | | Check if Schedule O contains a | response or note to | | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512-514 |
| at st | 1a | Federated campaigns | 1a | · | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | | | | |
| A E | С | | 1c | | | | |
| ĕ ≅ | d | | 1d | | | | |
| ns, | е | Government grants (contributions) | 1e | | | | |
| e gi | f | All other contributions, gifts, grants, | _ | | | | |
| 돌 돌 | | and similar amounts not included above | 1f 559,811 | | | | |
| ᅙ | 9 | Noncash contributions included in lines 1a-1 | | | | | |
| | h | Total. Add lines 1a-1f | Business Code | 559,811 | | | |
| Ž | | Dad a sad Dilamatan da sada s | | | | · | |
| leve | 2a | Radio and TV broadcasting | 515100 | 266,772 | 266,772 | | |
| 9 | b | | | | - | | |
| ΞŽ | C | | | | | | |
| ဖွဲ့ | d | | | | | | |
| Jran | e f | All other program service revenue | | | | | 1 |
| Program Service Revenue | g | | `. | 279,772 | <u></u> | | |
| | 3 | Investment income (including of | <u> </u> | 270,772 | | | |
| | | | • | 47 | | | 47 |
| | 4 | Income from investment of tax-exem | pt bond proceeds ▶ | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | | i | - | | |
| | b | Less: rental expenses | | | | | |
| | С | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | Gross amount from sales of (i) Securities | s (ii) Other | | | | |
| | | assets other than inventory | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses . | | | | | |
| | С | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | . <u> </u> | | | | |
| • | _ | | | | | | |
| Š | 8a | Gross income from fundraising | | | | | |
| ě. | | events (not including \$ | | | | | |
| Other Revenue | | of contributions reported on line 1c) | | | | | |
| je l | | See Part IV, line 18 | | | | | |
| ŏ | | Less: direct expenses | | | - | | ļ |
| | | Net income or (loss) from fundrais | | | | | |
| | ya | Gross income from gaming activitie | | | | | |
| | | See Part IV, line 19 | | | | | |
| | | Less: direct expenses Net income or (loss) from gaming | | | | | |
| | | Gross sales of inventory, le | | | *- | | |
| | IVa | returns and allowances | | | | | |
| | _ | Less: cost of goods sold | | İ | - | | |
| | | Net income or (loss) from sales of | | | | | 1 |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | 1 |
| | b | | | | | | |
| | C | | | | | | |
| | q | All other revenue | | | | ·· -·· | |
| | e | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions. | L | 826,630 | 279,772 | | 47 |

| | Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must com- | nplete all columns. A | All other organization | s must complete colu | umn (A). |
|----------|---|-----------------------|------------------------------|---|---------------------------------------|
| | Check if Schedule O contains a respon- | se or note to any li | ne in this Part IX . | | |
| | 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 domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | 1 | | |
| 3 | Grants and other assistance to foreign | | 1 | | |
| | organizations, foreign governments, and foreign | | ı | | |
| | individuals. See Part IV, lines 15 and 16 | 66,031 | 66,031 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 104,091 | 88,478 | 5,204 | 10,409 |
| 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 | 131,294 | 119,717 | 11,577 | 0 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 17,837 | 17,837 | | |
| 10 | Payroll taxes | 1,986 | 1,100 | 886 | 0 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | ; | | |
| C | Accounting | 4,700 | ' | 4,700 | |
| d | Lobbying | | 1 | | |
| 0 | Professional fundraising services. See Part IV, line 17 | | | | <u> </u> |
| f | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| g | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | | | | 740 |
| 13 | Office expenses | 12,690 | | 1,028 | 718 |
| 14 15 | Information technology | 5,619 | 5,164 | 152 | 303 |
| 16 | Royalties | 12,509 | 11,609 | 300 | 600 |
| 17 | Travel | 20,115 | 18,666 | 709 | 740 |
| 18 | Payments of travel or entertainment expenses | 20,113 | 10,000 | 703 | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 7,818 | 2,221 | 5,554 | 43 |
| 20 | Interest | 778 | 778 | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 4,667 | 4,667 | | |
| 23 | Insurance | 1,239 | 1,053 | 62 | 124 |
| 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.) | : | | | |
| а | Radio and TV Broadcasting | 237,079 | 237,079 | | |
| b | Discipling ministry | 33,273 | | | |
| C | Children's ministry | 51,036 | | | |
| d | Bookshop operations | 16,071 | 16,071 | | |
| 9 | All other expenses Total functional expenses. Add lines 1 through 24e | 13,313 | 7 | 503 | 1,715 |
| 25 | Joint costs. Complete this line only if the | 742,146 | 696,819 | 30,675 | 14,652 |
| 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) | | 1 | | |

| P | art X | Balance Sheet | | | | |
|-----------------------------|----------|---|---------------------------------------|--------------------------|---------------------------------------|--------------------|
| | | Check if Schedule O contains a response of | r note to any line in this F | Part X | | 🗀 |
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | 135,851 | 1_ | 146,215 |
| | 2 | Savings and temporary cash investments | | 30,103 | 2 | 100,149 |
| | 3 | Pledges and grants receivable, net | | 3 | | |
| | 4 | Accounts receivable, net | | 26,530 | 4 | |
| | 5 | Loans and other receivables from current and | · · · · · · · · · · · · · · · · · · · | | | |
| | | trustees, key employees, and highest co | | | | |
| | | Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified pers | | | | |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), are | | | | |
| | | sponsoring organizations of section 501(c)(9) volum | | | | |
| ets | | organizations (see instructions). Complete Part II of Sche | | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 12,170 | | 10,707 |
| ⋖ | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 5,121 | 9 | 8,724 |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | | | | |
| | ١. | • | 10a23,33 | | | |
| | | Less: accumulated depreciation | 10b 6,33 | 4 8,333 | | 16,999 |
| | 11 | · · · | | | 11 12 | |
| | 12 13 | Investments—other securities. See Part IV, line | | | 13 | |
| | 14 | Investments—program-related. See Part IV, line Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal to the lines 1) | 218,108 | :: <u>-</u> | 282,794 | |
| | 17 | Accounts payable and accrued expenses | | 76,312 | | 52,272 |
| | 18 | Grants payable | | 10,312 | 18 | 32,212 |
| | 19 | Deferred revenue | | | 19 | <u> </u> |
| | 20 | Tax-exempt bond liabilities | | 20 | · · · · · · · · · · · · · · · · · · · | |
| | 21 | Escrow or custodial account liability. Complete | | | 21 | |
| တ္ | 22 | Loans and other payables to current and for | | | | |
| iţie | ~~ | trustees, key employees, highest compen | | | ļ | |
| Liabilities | | disqualified persons. Complete Part II of Schedu | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrela | ated third parties | | 23 | 4,242 |
| | 24 | Unsecured notes and loans payable to unrelated | - | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | 1 | |
| | | parties, and other liabilities not included on lines | | | | |
| | } | of Schedule D | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | <u> </u> | 76,312 | 26 | 56,514 |
| / 0 | | Organizations that follow SFAS 117 (ASC 958) | | d | | |
| ő | | complete lines 27 through 29, and lines 33 and | d 34. | | | |
| a | 27 | Unrestricted net assets | | 84,039 | 27 | 201,092 |
| Ba | 28 | Temporarily restricted net assets | | 57,757 | | 25,188 |
| 덜 | 29 | Permanently restricted net assets | | | 29 | |
| Ī | | Organizations that do not follow SFAS 117 (ASC 95 | 58), check here ► 🔲 and | | | |
| Net Assets or Fund Balances | | complete lines 30 through 34. | | | | |
| ete | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| SS (| 31 | Paid-in or capital surplus, or land, building, or ed | | | 31 | |
| i A | 32 | Retained earnings, endowment, accumulated in | | | 32 | |
| Ž | 33 | Total net assets or fund balances | | 141,796 | | 226,280 |
| | 34 | Total liabilities and net assets/fund balances . | | 218,108 | 34 | 282,794 |

| Form 9 | 90 (2014) | | | Pa | age 12 |
|--------|--|----------|----------|----------|-----------------------|
| Par | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u> </u> | <u></u> | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u>26,630</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 2,146 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 8 | <u>34,484</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 14 | 11,796 |
| 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 | 1 1 | | | |
| | 33, column (B)) | 10 | | 22 | 2 <mark>6,28</mark> 0 |
| Par | XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | plain in | · | | |
| | Schedule O. | | | | |
| 2a | 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 com | piled or | · | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | ✓ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audite | ed on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or | | 1 | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | | 2c | ✓ | - |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plaın in | | | |
| | Schedule O. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | ✓ |
| b | | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits. | 3b | | L |

Form **990** (2014)

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.

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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. OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number Endure International Inc. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations. Provide the following information about the supported organization(s). (I) Name of supported organization (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) 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.)

| <u>Secti</u> | on A. Public Support | | ' | | | | |
|--------------------|--|-------------------------------------|---------------------------------|------------------------------------|---------------------------------------|--|-------------------|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 423,063 | 473,065 | 621,423 | 589,298 | 559,811 | 2,666,660 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | 1 | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 423,063 | 473,065 | 621,423 | 589,298 | 559,811 | 2,666,660 |
| 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) | | | | | | 919,019 |
| 6 | Public support. Subtract line 5 from line 4. | | _ <u></u> _ | | | | 1,747,641 |
| | on B. Total Support dar year (or fiscal year beginning in) ▶ | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 7 | Amounts from line 4 | 423,063 | 473,065 | 621,423 | 589,298 | 559,811 | 2,666,660 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar | 423,003 | 473,003 | 021,423 | 303,230 | 333,011 | 2,000,000 |
| | sources | 17 | 46 | 30 | 30 | 47 | 170 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | - | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 2,666,830 |
| 12 | Gross receipts from related activities, etc. | | • | | | 12 | 632,708 |
| 13 | First five years. If the Form 990 is for th | _ | | | | | |
| <u> </u> | organization, check this box and stop her | | | · · · · · | | | · · P 📋 |
| <u>5ecτι</u> 14 | on C. Computation of Public Suppor Public support percentage for 2014 (line 6 | | | 1 column (fl) | · · · · · · · · · · · · · · · · · · · | 14 | 66 % |
| 15 | Public support percentage from 2013 Sch | | | | | 15 | 67 % |
| 16a | 331/3% support test—2014. If the organiz | | | | | | neck this |
| | box and stop here. The organization qual | | | | | | |
| b | 331/3% support test—2013. If the organicheck this box and stop here. The organic | | | | | 15 is 33 ¹ / ₃ % (| or more, . ► □ |
| 17a | 10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization | ets the "facts-a acts-and-circur | nd-circumstar | nces" test, che | ck this box an | d stop here. E | xplain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part VI how the organization me supported organization | ion meets the eets the facts | "facts-and-cir -and-circumst | cumstances" fances" fances" fances | test, check the organization | is box and ston qualifies as a | publicly . |
| 18 | Private foundation. If the organization did instructions | | • | | | this box and | see . ▶ □ |

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.)

| Secti | on A. Public Support | under the te | Sto hoted ben | orr, prodoc o | ompioto i ait | | |
|------------|---|--|-----------------|-------------------|------------------|-----------------|-------------|
| | dar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | (a) 2010 | (6) 2011 | (0) 2012 | (4) 2010 | (6) 2014 | (i) Total |
| _ | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities | | | | | | ı |
| | furnished in any activity that is related to the | | | | | | |
| 3 | organization's tax-exempt purpose Gross receipts from activities that are not an | - | | | | | |
| 3 | 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 | | | | 1 | | |
| | persons that exceed the greater of \$5,000 | | | | j | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;; | 1 | | | | |
| 8 | Public support (Subtract line 7c from | ļ | | | | i | |
| <u>C4:</u> | line 6.) | L | | <u> </u> | l | <u></u> | |
| | on B. Total Support | (-) 0010 | (h) 0011 | (-) 0010 | (4) 0010 | (0) 0014 | (O Total |
| Calen 9 | dar year (or fiscal year beginning in) Amounts from line 6 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 10a | Amounts from line 6 | | | | | | |
| IVa | payments received on securities loans, rents, royalties and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | - | | | | |
| | loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | _ | | | - | | |
| Conti | organization, check this box and stop he on C. Computation of Public Suppor | | | · · · · · | | | • 🗆 |
| 15 | Public support percentage for 2014 (line 8 | | | 3 column (fl) | | 15 | % |
| 16 | Public support percentage from 2013 Sch | • | • | | | 16 | |
| | on D. Computation of Investment In | | | · · · · · · | <u></u> | | |
| 17 | Investment income percentage for 2014 (| | | v line 13. colu | mn (f)) | 17 | % |
| 18 | Investment income percentage from 2013 | | | | | 18 | <u>%</u> |
| 19a | 331/3% support tests—2014. If the organ | | | | | | |
| | 17 is not more than 331/3%, check this box | | | | | | |
| b | 331/3% support tests-2013. If the organiz | ation did not c | heck a box on | line 14 or line 1 | 19a, and line 16 | is more than 3 | 131/3%, and |
| | line 18 is not more than 33½%, check this I | | _ | | | | _ |
| 20 | Private foundation. If the organization di | u not check a | DUX OR line 14, | , 19a, or 19b, 0 | THECK THIS DOX | ano see instru | ctions 🕨 🗌 |

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

| | Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete F | Part V | <i>'</i> .) | |
|------|--|----------|--------------|--|
| Sect | ion A. All Supporting Organizations | | , | |
| | | ······ | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | |
| _ | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | <u> </u> | ├ |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | | |
| | organization was described in section 509(a)(1) or (2). | 2 | ļ | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) | | | |
| | (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3с | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled as a unparticled by or in connection with its supported expensions. | | | |
| _ | despite being controlled or supervised by or in connection with its supported organizations. | 4b | \vdash | |
| С | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) | | | |
| | purposes. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | |
| _ | designated in the organization's organizing document? | 5b 5c | - | |
| 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | | | |
| _ | | 6_ | ├ | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent | | ļ | |
| | controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). | 7 | <u> </u> | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990). | 8 | | _ |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which | Ja | \vdash | |
| D | the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| C | Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit | <u> </u> | | |
| 46 | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | 9c | <u> </u> | |
| 10a | Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below. | 10a | | |

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

| Part | IV Supporting Organizations (continued) | | | |
|---------|---|--------|--------|--------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | ł | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | لــــــا |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | · | | |
| _ | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | <u> </u> |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | |
| • | | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how |] | i | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | _3_ | | |
| Section | on E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i | nstru | ctions | s): |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | ee ins | tructi | ons). |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| | · | 28 | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| þ | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O | rgan | izations | |
|---|---------|------------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must be | | | structions. All |
| Section A - Adjusted Net Income | опрі | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3 | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | F | P5 | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | - | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | 7 7 7 7 | : |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount see instructions). | , 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | 1 | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | β. | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | [X | |
| emergency temporary reduction (see instructions) | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | ally-in | tegrated Type III supporting | organization (see |
| instructions). | • | | , - |

| Part | Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | zations (continued) | |
|-------------|--|-----------------------------|--------------------------------|---------------------------------------|
| Secti | on D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | rted | |
| | organizations, in excess of income from activity | | | |
| 3_ | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| <u> </u> | Other distributions (describe in Part VI). See instructions. | | | |
| | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | n the organization is res | ponsive | |
| 9 | Distributable amount for 2014 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | - | |
| | Elifo o allibarit dividos by Elifo o allibarit | | (ii) | (iii) |
| Se | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributions Pre-2014 | Distributable Amount for 2014 |
| 1 | Distributable amount for 2014 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2014 | | | |
| | (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2014: | | | |
| <u>a</u> | | | | |
| <u>b</u> | | | | |
| d | | | | |
| <u>u</u> | From 2013 | | - | |
| f | Total of lines 3a through e | | | |
| <u> </u> | Applied to underdistributions of prior years | | | |
| | Applied to 2014 distributable amount | | | · · · · · · · · · · · · · · · · · · · |
| i | Carryover from 2009 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2014 from Section | | | |
| | D, line 7: | | | |
| a_ | Applied to underdistributions of prior years | | . | |
| b | Applied to 2014 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2014, if | | | |
| | any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| | | | | |
| 6 | Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see | | | |
| | instructions). | | | |
| 7 | Excess distributions carryover to 2015. Add lines 3j | | | |
| • | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | | | | |
| С | | | | |
| d | Excess from 2013 | | | |
| е | Excess from 2014 | | | |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Internal Revenue Service Inspection **Employer Identification number** Name of the organization

| <u>En</u> dur | e International Inc | | 20-2299045 |
|---------------|---|---|---|
| Par | | rised Funds or Other Similar Fun | ds or Accounts. |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) . | - | |
| _ | | | |
| 4 | Aggregate value at end of year | advisors in writing that the assets b | uold in donor advisad |
| 5 | funds are the organization's property, subject to the | ne organization's exclusive legal contro | ol? 🗌 Yes 🗌 No |
| 6 | Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit? | fit of the donor or donor advisor, or f | or any other purpose |
| Par | t II Conservation Easements. | | |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the | organization (check all that apply). | |
| | ☐ Preservation of land for public use (e.g., recrea | tion or education) Preservation or | f a historically important land area |
| | ☐ Protection of natural habitat | | f a certified historic structure |
| | Preservation of open space | <u>—</u> | |
| 2 | Complete lines 2a through 2d if the organization he | eld a qualified conservation contribution | on in the form of a conservation |
| _ | easement on the last day of the tax year. | | Held at the End of the Tax Year |
| а | | | 2a |
| - | Total acreage restricted by conservation easement | | |
| b | Number of conservation easements on a certified | | |
| C | | | |
| d | Number of conservation easements included in | | |
| | | | |
| 3 | Number of conservation easements modified, tran tax year ▶ | sterred, released, extinguished, or terr | minated by the organization during the |
| 4 | Number of states where property subject to conse | rvation easement is located ► | |
| 5 | Does the organization have a written policy re | garding the periodic monitoring, ins | pection, handling of |
| | violations, and enforcement of the conservation ea | sements it holds? | · · · · · · · · · · · · · · · · · · · |
| 6 | Staff and volunteer hours devoted to monitoring, inspec | ting, handling of violations, and enforcing | conservation easements during the year |
| | • | | |
| 7 | Amount of expenses incurred in monitoring, inspectir | ng, handling of violations, and enforcing | conservation easements during the year |
| 8 | Does each conservation easement reported on line | 2(d) above satisfy the requirements of | section 170(h)(4)(B)(i) |
| 0 | and section 170(h)(4)(B)(ii)? | • | |
| _ | | | |
| 9 | In Part XIII, describe how the organization reports | | |
| | balance sheet, and include, if applicable, the text of | | ianciai statements that describes the |
| | organization's accounting for conservation easement | | Other Circles Assets |
| Par | | | |
| | Complete if the organization answered | | |
| 1a | If the organization elected, as permitted under SF | | |
| | works of art, historical treasures, or other similar | | |
| | public service, provide, in Part XIII, the text of the f | footnote to its financial statements tha | it describes these items. |
| b | If the organization elected, as permitted under S | | |
| | works of art, historical treasures, or other similar public service, provide the following amounts relat | | ducation, or research in furtherance of |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | | > \$ |
| 2 | If the organization received or held works of art | , historical treasures, or other similar | assets for financial gain, provide the |
| _ | following amounts required to be reported under S | | |
| а | Revenue included on Form 990, Part VIII, line 1 . | | |
| b | Assets included in Form 990, Part X | | > \$ |

| Part 3 | Using the organization's acquisition, | | | | | | | | |
|-----------|---|---------------------|---------------|-----------|--------------------------|-----------|------------------------|----------------|--------------|
| · · | collection items (check all that apply): | | 1101 100010 | | on any or an | 0 101101 | ving that are a | oigiiiioani ad | C 01 113 |
| а | ☐ Public exhibition | | dГ | ່ ໄoan | or exchang | e progi | rams | | |
| b | ☐ Scholarly research | | | | | | | | |
| C | ☐ Preservation for future generation | s | _ | | | | | | |
| 4 | Provide a description of the organiza XIII. | | and explain | n how t | they further | the org | anization's exe | mpt purpose | in Part |
| 5 | During the year, did the organization | solicit or receive | donations | of art. | historical tre | easures | s, or other simil | lar | |
| | assets to be sold to raise funds rather | | | | | | | _ | ☐ No |
| Part | IV Escrow and Custodial Arra | angements. | | | | | | | |
| | Complete if the organization 990, Part X, line 21. | answered "Yes" | | 1 | | | - | | orm |
| 1a | Is the organization an agent, trustee | | | | | | | ot | |
| | included on Form 990, Part X? | | | | | | · · · · · | ☐ Yes | ☐ No |
| b | If "Yes," explain the arrangement in P | art XIII and comple | ete the follo | owing t | able: | | | ····· | |
| | | | | 1 | | | ļ <i>F</i> | Amount | |
| C | Beginning balance | | | | | <u>1c</u> | | | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | V | |
| 2a h | If "Yes," explain the arrangement in P | | | | | | | | |
| Par | | art Am. Oneck new | e ii tile exp | Jianatio | ii iias beeii | provide | Sa Offi are Affi . | | <u> </u> |
| | Complete if the organization | answered "Yes' | on Form | n 990. I | Part IV. line | 10. | | | |
| | | (a) Current year | (b) Prior | | (c) Two years | | (d) Three years bac | k (e) Four yea | rs back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | Í | | | | | |
| d | Grants or scholarships | | | ļ | | | | | |
| е | Other expenditures for facilities and | | | 1 | | | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | 1 | <u> </u> | | | | |
| 2 | Provide the estimated percentage of t | | | (line 1g | j, column (a) |) held a | as: | | |
| а | Board designated or quasi-endowme | | % | 1 | | | | | |
| D | Permanent endowment | % | | 1 | | | | | |
| С | Temporarily restricted endowment ► The percentages on lines 2a, 2b, and | | 0004 | 1 | | | | | |
| 3a | Are there endowment funds not in the | | | ation th | at are held a | and adi | ministered for the | he | |
| Ou | organization by: | o possossion or an | o organiza | | at are note t | 2110 00 | Time to Too Too To | Ye | s No |
| | (i) unrelated organizations | | | | | | | 3a(i) | 5 |
| | (ii) related organizations | | | | | | | 3a(ii) | +- |
| b | If "Yes" on line 3a(ii), are the related o | | | | | | | 3b | \top |
| 4 | Describe in Part XIII the intended uses | | | | | | | • | |
| Part | | | | 1 | _ | | | | |
| | Complete if the organization | answered "Yes' | on Form | 1990, I | Part IV, line | 11a. S | See Form 990 | , Part X, line | : 10. |
| | Description of property | (a) Cost or oth | | | or other basis other) | | Accumulated preciation | (d) Book va | iue |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| c | Leasehold improvements | | | | | | | | |
| d | Equipment | | | | 23,333 | | 6,334 | | 16,999 |
| <u>e</u> | Other | · | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) r. | nust equal Form 99 | 90, Part X. | column | n (B), line 10 | c.) | ▶ | | 16,999 |

| Part VII | Investments – Other Securitie Complete if the organization an | | orm 990, Part IV, line | e 11b. See Form 99 | 0, Part X, line 12. |
|---|---|---------------------|--|----------------------------------|---------------------|
| | (a) Description of security or catego (including name of security) | nry | (b) Book value | (c) Method (Cost or end-of-y | |
| (1) Financial | derivatives | | | | |
| (2) Closely-h | neld equity interests | | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | | | |
| (D) | | | | | |
| (E) | | | - | | |
| (F) | | | - | | |
| (G) (H) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | | |
| Part VIII | Investments—Program Relate | | <u> </u> | | |
| raitviii | Complete if the organization an | | rm 990 Part IV line | e 11c. See Form 99 | 0 Part X line 13 |
| | (a) Description of investment | Swered 163 On 16 | (b) Book value | (c) Method Cost or end-of-y | of valuation. |
| (1) | | | | Cost of elid-ol-y | ear market value |
| (2) | | | | | |
| (3) | · | | | | := :: |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (I | b) must equal Form 990, Part X, col. (B) line 13.) 🕨 | | | | |
| Part IX | Other Assets. | | | | |
| | Complete if the organization an | | orm 990, Part IV, line | e 11d. See Form 99 | |
| | | (a) Description | | | (b) Book value |
| (1) | | | | | |
| (2) | | | ······································ | | |
| (3) | | | | | |
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| (7) | | | | | |
| (8) | | | | | |
| (9) | mn (b) must equal Form 990, Part X, | col (R) line 15.) | | | |
| Part X | Other Liabilities. | COI. (B) IIIIC 10.) | <u> </u> | | <u> </u> |
| Tartx | Complete if the organization and | swered "Yes" on Fo | rm 990, Part IV, line | e 11e or 11f. See Fo | orm 990, Part X, |
| | line 25. | | , | | |
| 1. | (a) Description of liability | (b) Book value | | | |
| (1) Federal in | come taxes | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
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| (5) | | | | | |
| (5) (6) | | <u> </u> | | | |
| (5) (6) (7) | | | | | |
| (5) (6) | | | | | |
| (5) (6) (7) | | | | | |
| (5) (6) (7) (8) (9) Fotal. (Column (L | b) must equal Form 990, Part X, col. (B) line 25.) • | | | | |

| Part | XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, | | Return. |
|-----------|--|-----------------------------|-------------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 11 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| C | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| е | 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: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| С | | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | | 5 |
| Part | | • | er Return. |
| | Complete if the organization answered "Yes" on Form 990, | Part IV, line 12a. | |
| 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: | 1 | |
| а | Donated services and use of facilities | 2a | _1 |
| b | Prior year adjustments | 2b | |
| C | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| ө | 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 XIII.) | 4b | 4.0 |
| C | Add lines 4a and 4b | | 4c 5 |
| 5 Dort | XIII Supplemental Information. | e 10.) |] 3 |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an | d 4: Part IV lines 1h and 2 | o: Part V line 4: Part X line |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | |
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| Schedule D (For | m 990) 2015 | Page 5 |
|-----------------|--------------------------------------|---------|
| Part XIII | Supplemental Information (continued) | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

20-2299045 Ebdure International Inc General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ✓ Yes □ No. For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (a) Region (f) Total a program service, describe specific type of region (by type) (e.g., fundraising, program services, investments, employees, agents, and expenditures for and investments region independent service(s) in region in region grants to recipients located in the region) contractors in region (1) Middle East and North Africa 6 20 Program Services Discipling Ministry 153,222 (2) Middle East and North Africa 6 20 Program Services Supporting Local Churches 164,736 (3) Middle East and North Africa 6 20 **Program Services** Radio and TV Broadcasting 239,943 (4) Middle East and North Africa 6 20 Program Services Puppet Ministry 3,612 (5) Middle East and North Africa Church Planting 6 20 **Program Services** 7,372 (6) Middle East and North Africa 6 20 **Program Services Bible Translation** 7,499 (7) Middle East and North Africa 4,400 6 20 **Program Services** Orphanage Ministry (8)(9) (10)(11)(12)(13)(14)(15) (16)(17)Sub-total За 580,784 6 20 Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

580,784

Page 2

Schedule F (Form 990) 2014

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 needed. Part II

| - | (a) Name of | | , | Ib Of American of | | (A Manage of | (a) Amount of | | M Mothod of |
|------|--------------|-----------------|------------|---|--------------------------|--------------------------------------|------------------------|---|--|
| | organization | (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (l) mainer of cash cash disbursement | non-cash assistance | (h) Description of non-cash assistance | (when too or valuation (book, FMV, appraisal, other) |
| Ξ | | | | | | | | | |
| (2) | | | | | | | | | |
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| (10) | | | - | | | - | 1 | | |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | i | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
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Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities ო

N

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

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. Schedule F (Form 990) 2014 (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 66,031 Cash (d) Amount of cash grant (c) Number of recipients က္သ Middle East & N Africa (b) Region (a) Type of grant or assistance (1) Assist needy Christians Part III E (12) ₹ 4 (15) (1) (00 (13) (16) (18) <u>8</u> ල € 9 Ε <u>®</u> <u>6</u>

| art l | V | Foreign Forms | | |
|-------|-----------------------|---|-------|--------------|
| | | | | |
| 1 | the c | the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926) | ☐ Yes | ✓ No |
| 2 | may Rece | the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | ☐ Yes | ✓ No |
| 3 | the c | the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to an Foreign Corporations (see Instructions for Form 5471) | ☐ Yes | ✓ No |
| 4 | qualı <i>Infon</i> | the organization a direct or indirect shareholder of a passive foreign investment company or a field electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, mation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing (see Instructions for Form 8621) | ☐ Yes | √ No |
| 5 | the c | the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain ign Partnerships (see Instructions for Form 8865) | ☐ Yes | ☑ No |
| 6 | "Yes, | the organization have any operations in or related to any boycotting countries during the tax year? If ," the organization may be required to file Form 5713, International Boycott Report (see Instructions form 5713; do not file with Form 990) | ☐ Yes | √ No |

Schedule F (Form 990) 2014

| 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). |
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SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ 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.

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

Open To Public Inspection

Name of the organization

| | e International Inc | | | | | | | Папрю | yei ide | | 22990 | | | |
|---------------|---------------------------|---|--|--|-----------------------------|----------------------------|--|---|--|--------------|--|------------------------------|----------|----------------|
| Par | Excess Bene | fit Transaction | ns (section 501 | I(c)(3), | , section | 501(c)(4), a | and 50 |)1(c)(29) organiz 5a or 25b, or Fo | ations | only) |). | | 40h | |
| | - | T T | (b) Relationship be | | | | 1110 2 | | | | | | , | rected? |
| 1 | (a) Name of disqualified | person | | organiz | | personana | | (c) Descriptio | n of tra | nsactio | n | | Yes | No |
| (1) | ·- · | | | | | | | | | | | | 163 | -10 |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | 1 | | | | | | | |
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| (5)_ | | | | | | | 1 | | | | | | | |
| (6) | | | | | | | | | | | | | <u> </u> | |
| 2 | Enter the amount | of tax incurred | by the organ | nizatio | n manad | pers or dis | gualit | ied persons du | rına t | he ve | ar | | <u> </u> | |
| _ | under section 4958 | | | | - | - | • | | _ | | | : | | |
| 3 | Enter the amount of | | | | | | | | | | → 9 | <u></u> | | |
| • | Litter the amount o | i tax, ii ariy, ori | inic 2, above, | TOITTE | Jui Scu Dy | , the organ | Lano | ., | • • | • • • | • | | | |
| Part | Complete if th | l/or From Interne organization eported an amo | answered "Ye | s" on | | | | e 38a or Form 9 | 90, Pa | art IV, | line 2 | 6; or | f the | |
| (a) N | ame of interested person | (b) Relationship with organization | (c) Purpose of loan | fro | oan to or om the inization? | (e) Origii principal an | | (f) Balance due | (g) in (| default? | by bo | proved pard or nittee? | | ntten ment? |
| | | | | То | From | - | | | Yes | No | Yes | No | Yes | No |
| <u>/4\</u> | | | | 10 | 110111 | | | | 163 | 140 | 163 | 140 | 163 | 140 |
| (1) | | | | - | | | | | | <u> </u> | \vdash | | | |
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| <u>(5)</u> | | | | | | | | | | | | | | |
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| (9) | | | | - | | | | | | | ! | - | | |
| (10) Total | | | | L | | | _ | <u> </u> | | | | | | |
| Part | Grants or Ass | sistance Benerale organization | fiting Interest | ed Pe | rsons. | | | | | | | | | |
| (a) | Name of interested person | | ship between inter and the organization | | (c) Amount | of assistance | | (d) Type of assistance | :e | (e) | Purpo | se of a | ssistan | ce |
| (1) | | | | | | | | | | | | | | |
| (2) | | | <u></u> | | | | <u> </u> | | | | | | | |
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| (9) | | | | | | | L | | | | | | | |
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| | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sh organi reve |
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| | | .1 | | Yes |
| nna Shahin | President | 6,000 | Annual office rent | + |
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| Supplemental Information Provide additional information | on for responses to questions | on Schedule L (see | instructions). | |
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SCHEDULE, M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public

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.

v/form990. Inspection

Employer identification number

20-2299045 Endure International Inc Part I Types of Property (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 Art - Historical treasures . . . 2 3 Art - Fractional interests . . . 4 Books and publications . . . 4,750 Estimated cost 5 Clothing and household goods 6 Cars and other vehicles . . Boats and planes 7 8 Intellectual property 9 Securities-Publicly traded . . 10 Securities - Closely held stock . Securities—Partnership, LLC, 11 or trust interests . . . 12 Securities - Miscellaneous . . Qualified conservation 13 contribution-Historic structures 14 Qualified conservation contribution - Other . . Real estate-Residential . . . 15 Real estate - Commercial . . 16 17 Real estate-Other 18 Collectibles Food inventory 19 Drugs and medical supplies . . 20 21 Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . 24 Archeological artifacts . . . 25 Other ► (Children's gift boxes) 1,000 15,000 Estimated cost 26 Other ► (Office & supplies) 6.300 Estimated cost 27 Other ► (28 Other ▶ (Number of Forms 8283 received by the organization during the tax year for contributions for 29 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 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 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 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. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

| 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 of the n | on cash donations were received in our Middle East offices from d | onors outside the USA. All of the donated items were used | | | | |
| | directly in the ministry; none were sold. | | | | | |
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SCHEDULE Q (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

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

Employer identification number

20-2299045 Endure International Inc 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 non Christian areas to teach local teams how to use puppets to teach children about God and His word. We also provided the materials that the local teams need for their ongoing puppet ministry. We are continuing to use that training and those tools to teach children. In 2014 the cost of this ministry was \$4,227` 2. Church Planting. Endure International actively supports church planting efforts in a number of Middle Eastern and North African countries through local missionaries and staff. A good number of house churches and Bible study cell groups have been formed as a result of these efforts. In 2014 the cost of this ministry was \$8,628. 3. Bible Translation: In cooperation with other Christian ministries, Endure International has adopted a people group in a North African country and has actively supported and continues to regularly support the translation of the Bible into their indigenous language. The cost of this ministry in 2014 was \$8,777. 4. Orphanage Ministry. Endure International has assumed partial sponsorship of a worker at an orphanage in Morocco. The cost of this ministry in 2014 was \$12,990. 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 relationship Part VI, Line 2 Robert Keasler, director, and Sharon Keasler, officer and director, have a family relationship Part VI, Line 2 Edward Suffern, director, and Cynthia Suffern, officer and director, have a family relationship Part VI, Line 11b The accountant prepares the Form 990. 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 conflicts of interest policy. Each member discloses any possible conflicts so the board as a whole may be aware of them and determine how to deal with them Each member signs the conflicts of interest policy annually. Part VI, Line 15a The president's salary is set by the full Board of Directors (excluding the president and his wife), primarily based on comparisons with a large non profit organization in the same community. The decision is made by the full board and is documented in the board's meeting minutes.

| Schedule O (Form 990 or 990-EZ) (2014) | Page 2 |
|---|---|
| Name of the organization | Employer identification number |
| Endure International Inc | 20-2299045 |
| Part VI, Line 19, Copies of the organization's governing documents, conflict of | interest policy, and financial statements are |
| available to anyone who requests them. Requests may be mailed to the orga | anization or made through our Web site, |
| www.endureinternational.org. As an ECFA member, summary financial state | |
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