SCANNED DEC 1 3 2016

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public

Inte	mal Reven	ue Service	► Information about Form 990 and its instructions is at www.irs.g	ov/form990.		Inspection	
A	For the	2015 cale	ndar year, or tax year beginning , 2015, and ending			, 20	
В	Check if	applicable	C Name of organization Endure International Inc	D	Employ	er identification number	
	Address	change	Doing business as			20-2299045	
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address) Room/suite	Ε	Telepho	ne number	
	Initial reti	um	PO BOX 5562			919-616-6153	
	Final retur	m/terminated	City or town, state or province, country, and ZIP or foreign postal code			 	
	Amende		Cary, NC 27512-5562	G	Gross re	eceipts \$1,092,137	
$\overline{\Box}$			F Name and address of principal officer			subordinates? Yes No	
_	тфриоди		Hanna Shahin, President, 7016 Spring Ridge Rd, Cary, NC 27518-9020			s included? Yes No	
$\overline{}$	Tay-ever	npt_status	✓ 501(c)(3)			a list (see instructions)	
	Website		v endureinternational org	H(c) Group ex			
K			✓ Corporation Trust Association Other L Year of formatio				
	art I	Summ		2005	m State	of legal domicile NC	
			scribe the organization's mission or most significant activities: Endure I	ntornational	oviete t	o acciet Christian	
•	1						
Activities & Governance	1		and churches throughout the Middle East and North Africa in their life and w	itness, we ac	compu	sn that through	
Ë			hing, leadership training, physical assistance, and Bible translation		F0/ -4		
Š			s box $\blacktriangleright \Box$ if the organization discontinued its operations or disposed of				
Ğ	í		of voting members of the governing body (Part VI, line 1a)		3	10	
90			of independent voting members of the governing body (Part VI, line 1b)		4	6	
ıţi.			nber of individuals employed in calendar year 2015 (Part V, line 2a)		5	4	
读	1		ber of volunteers (estimate if necessary)		6	15	
ď			elated business revenue from Part VIII, column (C), line 12		7a	0	
	b	Net unrel	ated business taxable income from Form 990-T, line 34		7b	0	
	İ			Prior Year		Current Year	
ē		Contribut	5	59,811	752,470		
ĕ			service revenue (Part VIII, line 2g)	2	66 <u>,</u> 772	339,426	
Revenue	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		47	241	
-	11	Other rev	enue (Part VIII, column (A), lines 5, 6a, 8c, 9c, 10c, and 11e)				
	12	Total reve	nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8	26,630	1,092,137	
	13	Grants ar	d similar amounts paid (Part IX, column (A), lines 1-3)		66,031	71,124	
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)		0	0	
S	15	Salaries, d	ther compensation, employee benefits (Part IX, column (A), lines 5-10)		255,208		
ıse			nal fundraising fees (Part IX, column (A), line 11e)		0	282,042	
Expenses	1	_	Iraising expenses (Part, X, column (D), line 25) ► 14,163				
Ñ			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,907	490,588	
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		42,146	843,754	
			ess expenses. Subtract line 18 from line 12		84,484	248,383	
₽ S		1		ginning of Curre		End of Year	
ance		Total-assi	ets (Part X, line 16)		82,794	529,614	
& BB			lities (Part X, line 26)		56,514		
Net Assets Fund Balanc	1		s or fund balances. Subtract line 21 from line 20		26,280	54,951	
	rt II		ure Block		20,200	474,663	
_			y, I declare that I have examined this return, including accompanying schedules and statement	ents and to the	bost of r	my knowledge, and heliof it is	
			te Declaration of preparer (other than officer) is based on all information of which preparer h			ily knowledge and belief, it is	
		1	Da. 4 A. 7/1		1/1./	2016	
Sig	n	Signa	ture of officer	Date	<i>''' </i>	2016	
He) J.		-			
		Type) ESCEY 1. SMITH, CHIEF ACCOUNTANT				
			e preparer's name Preparer's signature Date			PTIN	
Pa			Date Date		Check	#]	
	parer	I -			self-em	Dioyea	
Us	e Only			Firm's	EIN ►		
	. Ala = 150	Firm's ac		Phone	no		
			this return with the preparer shown above? (see instructions)	· · · ·	· · ·	Yes No	
For	Paperw •	ork Reduc	tion Act Notice, see the separate instructions. Cat No	11282Y		Form 990 (2015)	

Form 990 (2015)

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. ai r	Checklist of Required Schedules		T	τ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	2	1	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	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		\ \ \
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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, VIII, 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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
	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 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	1	1
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
6	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	√	-
7	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
8	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	<u> </u>	1
9	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

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Part	Checklist of Required Schedules (continued)		· · ·	· · ·
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 -	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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
	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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	1	1
С	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	29		1
31	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
32	Part I	31		1
	complete Schedule N, Part II	32		1
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
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? <i>If "Yes," complete Schedule R,</i>			
38	Part VI	37	1	1

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>		
10	Enter the growth as a rest at all as Day 0 of Farms 4000 Faton 0 of a 4 and a 11.		Yes	No
1a b	· · · · · · · · · · · · · · · · · · ·	3		
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u>D</u>		
_	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	ļ 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		l	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
L	account)?	4a		✓
p	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	1
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 \$100,000, and did the		ļ —	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	ļ	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		_	
_	and services provided to the payor?	7a		/
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		-
·	required to file Form 8282?	7c	[/
d	If "Yes," indicate the number of Forms 8282 filed during the year	76		V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С				
	Enter the amount of reserves on hand	14a		./
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		_

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Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	
Secti	on A. Governing Body and Management		¥	
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		Yes	No
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	√	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		/
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	:		
а	The governing body?	8a	✓	
9 9	Each committee with authority to act on behalf of the governing body?	8b 9	√	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No ✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13 14 15	Did the organization have a written whistleblower policy?	13	✓	107
a b	The organization's CEO, Executive Director, or top management official	15a 15b	√	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	e To ee Sam	
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the statements available to the public during the tax year.	erest (policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec Wesley I Smith, 317 White Oak Dr, Cary, NC 27513 919-741-3859	cords	. .	

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

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

[7]

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	on c	ompe	ensa	ated any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dire	unles er and	Pos neck ss pe	erson Irrect	e than or trus e that sortrus e is or trus employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		, a	stee	-	-	sated				
(1) Hanna Shahin	50				}					
President and board member	ļ	✓	1_	1	 	 		51,092	0	46,842
(2) Ronald Schmidt	3		Í	١,	Ì	1	}	þ		
Chairman and board member	 	1	<u> </u>	1		}		0	0	0
(3) Juerg Loeliger	2	,	ł	,	1	}	}	1		
Treasurer and board member	 	1	<u> </u>	1	ļ	ļ		0	0	0
(4) Thomas King	2		{	,	ļ				_	_
Vice-chairman and board member		✓_	-	✓	₽-		├-	0	0	0
(5) Edward Suffern	2	,	ļ	١,					_	_
Secretary and board member	 	✓_	├	1	├	 	├-	0	0	0
(6) Robert Keasler	2	,				}	1]		
Board member	 		-	├	 	}	⊢	0	0	0
(7) Sharon Keasler	2	1			})	1	_		
Board member		~	├-	├	-	}	-	0	0	0
(8) Leigh Kıng	2	1		1						
Board member			<u> </u>	├		ļ.—.	<u> </u>	0	0	0
(9) Nahamia Malek	2	1					1			
Board member	2		⊢	├-	-	├	-	0	0	0
(10) Milad Massoud	2	1	1							
Board member	 		-	├	-	├─	├-	0	0	0
(11) Robb Provost	2	1								
Board member			├	├	├	} -	├	0	0	0
(12) Evelyn Shahin	22	1			Ì	1]		
Board member			-	-	├-		-	0	0	0
(13) Cynthia Suffern	2	1		1		1		1		_
Board member (14)	-	_	-	-	├		├—	0	0	0
1.7/	ļ							}		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per	box,	Position (do not check more than box, unless person is bo officer and a director/to-				n an	(D) Reportable compensation from	(E) Reportable compensation from related	
		week (list any 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-MIS	
(15)											
(16)					_	-					
(17)					-			-		<u> </u>	
(18)			-								
(19)			-			, <u> </u>					
(20)				_	-	-		-			
(21)					 	-	-				
(22)				_		-		-			
(23)						 					
(24)						-					
(25)			-		-	-				-	
1b c d	Sub-total			•				>	51,092		0 46,842 0 0 0 46,842
2	Total (add lines 1b and 1c)	t not limited					above	e) w	51,092 tho received m		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc					-	emp	ployee, or high	est compens	Yes No sated 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations	sum of re	portal an \$1	ble (150,	con	npei	nsatio				n the
5	Did any person listed on line 1a receive of for services rendered to the organization								_	zation or indiv	ridual
Section	on B. Independent Contractors		<u>:</u>								
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	Iress							(B) Description of s	ervices	(C) Compensation
NONE								ļ			
				-				\vdash			
2	Total number of independent contractor							th	nose listed ab	ove) who	
	received more than \$100,000 of compens	ation from t	the or	gan	ızat	ion l	>		0		

Par	t VIII	Statement of Reve							
		Check if Schedule C	contains	a res	ponse or note to	any line in this	Part VIII	<u> </u>	. <u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	 5	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .		1b		j	j		
ξš, C	С	Fundraising events .		1c					
E E	d	Related organizations	s	1d					
Si ji	е	Government grants (con	tributions)	1e			ļ		
i Si	f	All other contributions, g				ļ	ļ		
å ₹		and similar amounts not inc		1f	752,470	[
d d	g	Noncash contributions include			18,050				
<u>2</u> <u>2</u>	h	Total. Add lines 1a-1	<u>f</u>	<u> </u>	<i>.</i> ▶	752,470			
Program Service Revenue					Business Code				
e e	2a	Radio and TV broadcas	sting		515100	339,426	339,426		<u> </u>
ě	b								ļ
ξ	С								
တ္တ	d				<u> </u>				<u> </u>
Ē	е				l				<u> </u>
ğ	f	All other program sen			L				J
	g	Total. Add lines 2a-2				339,426			
	3	Investment income and other similar amo							
				L	241			241	
	4	Income from investmen							
	5	Royalties	(i) Real	: :	(ii) Personal				
	60	Cross ranto	(1) Tieal	' -	(ii) i ersonar	}	}		1
	6a	Gross rents	<u> </u>			}			
	b	Less: rental expenses Rental income or (loss)				1			
	ď	Net rental income or (ioss)	l						
(7a	Gross amount from sales of	(i) Securit	· ·	(ii) Other				
ĺ	•	assets other than inventory			 				
	b	Less cost or other basis							
[and sales expenses			 		ļ		
	C	Gain or (loss)	<u> </u>		L				ļ
1	d	Net gain or (loss) .			·····	+			
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18	ed on line 1						
Ě	b	Less: direct expenses			<u> </u>		Ì		
١		Net income or (loss) fr			events . ►		Ì		
}		Gross income from ga See Part IV, line 19	ming activi	ties.					
1	b	Less direct expenses							
Į		Net income or (loss) fr			vities ►				
}	10a	Gross sales of invreturns and allowance	ventory, I	ess					
}				-	<u> </u>				
		Less: cost of goods so Net income or (loss) fr			entory . ▶				
+		Miscellaneous Re) IIIVE	Business Code				
ł	11a	TVIIGCEIIAI IECUS I III			Busiliess Code				
	_								
Į	þ				 +				
	c d	All other revenue .							
}		Total. Add lines 11a-		- ,					
1		Total revenue. See in			L.	1,092,137	339,426		7
				_ - -	 	1,032,137	339,4261		Form 990 (2015)

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete colu	umn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .	_, , , , , , , ,	
	ot include amounts reported on lines 6b, 7b, b, 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				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	71,124	71,124		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	97,934	83,244	4,897	9,793
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	37,001	33,214	4,007	
7 8	Other salaries and wages	149,853	132,216	17 637	0
9	Other employee benefits	31,621	31,621	0	0
10	Payroll taxes	2,634	1,122	1,512	0
11	Fees for services (non-employees):				
a	Management				
b	Legal	4.004		4.004	
c d	Lobbying	4,864	0	4,864	0
e	Professional fundraising services. See Part IV, line 17			-	
f	Investment management fees	<u> </u>			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	15,301	13,266	933	1,102
14	Information technology	4,529	4,080	150	299
15	Royalties				
16	Occupancy	12,613	11,713	300	600
17	Travel	29,165	28,667	75	423
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	5,138	5	5,047	86
20	Interest	1,715	1,715	0	0
21 22	Payments to affiliates				
23	Depreciation, depletion, and amortization . Insurance	4,771	4,771	59	0
24	Other expenses. Itemize expenses not covered	1,183	1,006		118
	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	Padio and TV broadcasting	267,131	267,131	0	0
b	Discipling ministry	77,975	77,975	0	0
C	Children's ministry	16,511	16,511	0	0
d	Theological training	35,592	33,838	12	1,742
е	All other expenses	14,100	14,100	0	0
25	Total functional expenses. Add lines 1 through 24e	843,754	794,105	35,486	14,163
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page **11** Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year Cash-non-interest-bearing 146,215 58,397

	Cash—non-interest-bearing	140,215		
2	Savings and temporary cash investments	_100,149	2	350,391
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	71,176
5	Loans and other receivables from current and former officers, directors,			
ì	trustees, key employees, and highest compensated employees.)	
1	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
ì	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary) [
တ ်	organizations (see instructions). Complete Part II of Schedule L		6	
Assets 2	Notes and loans receivable, net	10,707	7	0.531
8 ¥	Inventories for sale or use	10,707	8	8,531
9	•			
10		8,724	9	23,891
	other happe Complete Book VII of Calcadylla D	i		
│	20,000		40	
	11,100	16,999		17,228
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11	 	13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	282,794	$\overline{}$	529,614
17	Accounts payable and accrued expenses	52,272		54,951
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities 53	Loans and other payables to current and former officers, directors,			
≝	trustees, key employees, highest compensated employees, and			
ap	disqualified persons. Complete Part II of Schedule L		22	
□ 23	Secured mortgages and notes payable to unrelated third parties	4,242	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X		,	
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	56,514	26	54,951
	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗸 and			
Sec 27	complete lines 27 through 29, and lines 33 and 34.		} }	
E 27	Unrestricted net assets	201,092	27	327,106
g 28	Temporarily restricted net assets	25,188	$\overline{}$	147,557
g 29	Permanently restricted net assets	0		
.등 \	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and			
<u> </u>	complete lines 30 through 34.			
Net Assets or Fund Bala 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Capital stock or trust principal, or current funds		30	
9 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds .		32	
5 33	Total net assets or fund balances	226,280	33	474,663
34	Total liabilities and net assets/fund balances	282,794	_	529,614
				Form 990 (2015)

Form 9	90 (2015)		,	, b	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗖
1	Total revenue (must equal Part VIII, column (A), line 12)	1			92,137
2	Total expenses (must equal Part IX, column (A), line 25)	2		8	43,754
3	Revenue less expenses. Subtract line 2 from line 1	3			48,383
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	26,280
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4	74,663
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>	<u></u>	. 🗅
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 Schedule O.	plaın ıı	- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:			a ✓	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	 ed on a		b	√
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account the organization changed either its oversight process or selection process during the tax year, expenses the selection process during the tax year.	ntant?	2	c 🗸	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	Torth II	1	a	1

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form **990** (2015)

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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ◆44/(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name	ame of the organization Employer identification number										
	re International, Inc						99045				
Pa							ons.				
	organization is not a private found										
1 2	A church, convention of church										
3	A school described in section										
4	=										
7	hospital's name, city, and state:										
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned c	or operate	ed by a government	al unit described in				
6 7	= = · · · · · · · · · · · · · · · · · ·										
8	☐ A community trust described	n section 170(b)(1)(A)(vi). (Complete	Part II.)							
9	An organization that normally				from con	tributions, members	ship fees, and gross				
	receipts from activities relate	d to its exempt	functions-subject to	certain	exceptio	ns, and (2) no more	than 331/3% of its				
	support from gross investme						x) from businesses				
	acquired by the organization a					•					
10	An organization organized and										
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.										
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
	the supported organization(s	s) the power to re	egularly appoint or ele								
I	organization. You must con	-									
ь											
	control or management of the organization(s). You must constant the control of th	ne supporting org	Sections A and C	ie same p	ersons u	iai control or manaç	je trie supporteu				
С	Type III functionally integra	ated. A supportir	ng organization opera				y integrated with,				
d	☐ Type III non-functionally in		· ·		-		ed organization(s)				
	that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and					
е	Check this box if the organize						I, Type III				
	functionally integrated, or Ty		onally integrated supp	orting or	ganizatio	Π.					
t g	Enter the number of supported or Provide the following information		orted organization(s)								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of				
		,,,_	(described on lines 1-9	listed in you	ur governing ment?	support (see	other support (see				
			above (see instructions))	1	inent:	instructions)	instructions)				
				Yes	No						
(A)											
(B)					 						
											
(C)				ļ							
(D)											
E)	- 										
				I							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 473,065 621,423 589,298 559,811 752.470 2,996,067 revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . n 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3. . . . 473,065 621,423 589,298 2,996,067 559,811 752,470 5 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1,068,101 Public support. Subtract line 5 from line 4. 1,927,966 Section B. Total Support (a) 2011 (e) 2015 Calendar year (or fiscal year beginning in) **(b)** 2012 (c) 2013 (d) 2014 (f) Total Amounts from line 4 473,065 621,423 589,298 559,811 752,470 2,996,067 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 46 30 47 394 Net income from unrelated business activities, whether or not the business is regularly carried on 0 O 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 11 Total support. Add lines 7 through 10 2 996 461 Gross receipts from related activities, etc. (see instructions) 12 12 896,194 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 64 % 14 Public support percentage from 2014 Schedule A, Part II, line 14 15 66 % 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square 331/2% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Sched	ule A (Form 990 or 990-EZ) 2015						Page 3
Part		tions Desc	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked th					to qualify ur	ider Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees]		
•	received. (Do not include any "unusual grants.")		<u> </u>	<u> </u>	<u> </u>		<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified)		1	Ì	
	persons that exceed the greater of \$5,000))	†)
	or 1% of the amount on line 13 for the year		<u> </u>	ļ			
_	Add lines 7a and 7b			l			<u> </u>
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6	(4) 2011	(6) 2012	(6) 2010	(4) 2014	(6) 2013	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 organization, check this box and stop her	-			o, or fifth tax ye		
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2015 (line 8					15	%
16	Public support percentage from 2014 Sch	edule A, Part	III, line 15 .	<u> </u>		16	%
	on D. Computation of Investment Inc					T	
17 10	Investment income percentage for 2015 (In					17	<u>%</u>
18	Investment income percentage from 2014	ocnedule A,	raπ III, line 17			18	<u>%</u>

19a 331/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

20

17 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization . **> 33½% support tests—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization **> Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions **> □**

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

ecti	on 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						
	ass or purpose, describe the designation. If historic and continuing relationship, explain.						
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			 			
Ja	(b) and (c) below.	3a					
þ	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					
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30					
С	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c					
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 or supervised by or in connection with its supported organizations.	4b					
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		ļ			
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		<u> </u>			
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c					
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with						
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7					
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).						
00	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8					
9a	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		Ja		-			
,	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b					
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit						
_	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		<u> </u>			
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations) 2 (f Year energy 10h below)						
_	supporting organizations)? If "Yes," answer 10b 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		<u> </u>			

231100				raye	
Part	V Supporting Organizations (continued)		Vaa	No	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	NO	
а	•	}			
	below, the governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b		<u> </u>	
	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			
Sect	ion B. Type I Supporting Organizations			,	
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		1	
	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	}		ĺ	
	controlled the organization's activities. If the organization had more than one supported organization,	ļ		•	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ĺ	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	{]	ļ	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	L	L	L	
	supervised, or controlled the supporting organization.	2			
Sect	ion C. Type II Supporting Organizations				
1	Word a majority of the arganization's directors or trustees division the terror and the directors		Yes	No	
•	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			
Sect	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, (i) a written notice describing the type and amount of support provided during the prior tax	}			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?				
2		1_		-	
<u>-</u>	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				
	the organization maintained a close and continuous working relationship with the supported organization(s).				
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2			
	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			
Secti	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	iee ins	tructio	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			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> </u>		-	
	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	L		ļ	
	trustees of each of the supported organizations? Provide details in Part VI.	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u> </u>			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u></u> _	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	jani	zations	
1			nstructions. All
other Type III non-functionally integrated supporting organizations must co			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		T
4 Add lines 1 through 3	4		1
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			1
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		<u> </u>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		1
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		
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			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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y-ín	tegrated Type III supporting	ng organization (see
instructions).	-		

Part	<u></u>	Supporting Organi	zations (continued)				
Sect	ion D - Distributions		Current Year				
1_	Amounts paid to supported organizations to accomplish	exempt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	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)						
6	Other distributions (describe in Part VI). See instructions.						
7_	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive				
	(provide details in Part VI). See instructions.						
9_	Distributable amount for 2015 from Section C, line 6						
_10	Line 8 amount divided by Line 9 amount						
S:	Section E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pre-2015						
1	Distributable amount for 2015 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2015						
	(reasonable cause required-see instructions)						
3	Excess distributions carryover, if any, to 2015:						
a							
<u>b</u> _							
<u>C</u>		· 					
<u>d</u> _	From 2013						
<u>e</u>	From 2014						
f	Total of lines 3a through e						
_ <u>_</u> g	Applied to underdistributions of prior years						
h _	Applied to 2015 distributable amount						
_ <u>-</u> -	Carryover from 2010 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4 	Distributions for 2015 from Section D, line 7: \$						
a_	Applied to underdistributions of prior years			<u> </u>			
b_	Applied to 2015 distributable amount						
С	Remainder Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).						
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)						
7	Excess distributions carryover to 2016. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а							
b							
	Excess from 2013						
	Excess from 2014						
ее	Excess from 2015						

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

*	

SCHEDULE D (Form 990)

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.

OMB No 1545-0047 2015

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name c	of the or	ganization		Employer identification number		
Endur	e Interr	national Inc		20-2299045		
Par	t I	Organizations Maintaining Donor Adv	ised 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	Aggre	egate value of contributions to (during year)				
3	-	egate value of grants from (during year) .				
4		egate value at end of year				
5		he organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised		
		are the organization's property, subject to the				
6	only f	ne organization inform all grantees, donors, a for charitable purposes and not for the bene irring impermissible private benefit?	fit of the donor or donor advisor, or f	nt funds can be used or any other purpose		
Par	t II	Conservation Easements.				
		Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.			
1	Purpo	ose(s) of conservation easements held by the				
		reservation of land for public use (e.g., recrea	• , , , , ,	f a historically important land area		
		rotection of natural habitat		f a certified historic structure		
	ПР	reservation of open space	_			
2	Com	plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation		
		nent on the last day of the tax year.	,	Held at the End of the Tax Year		
а				2a		
b		acreage restricted by conservation easemen				
c		per of conservation easements on a certified				
ď		per of conservation easements included in		· ·		
_			· · · · · · · · · · · · · · · · · · ·	· · 2d		
3		per of conservation easements modified, tran				
•	tax ye		oromou, rologood, oximgulonou, or ton	Timatod by the organization dailing the		
4	-	per of states where property subject to conse	rvation easement is located			
5		the organization have a written policy re		nection handling of		
•		ons, and enforcement of the conservation ea				
6		and volunteer hours devoted to monitoring, inspec		-		
•	D	ind volunteer floure develor to memoring, inspec	ang, harding of violations, and emoroning	oonoor valion oabornerite daring the year		
7	Amou	nt of expenses incurred in monitoring, inspectir	and handling of violations, and enforcing	conservation easements during the year		
•	► \$	nt of expenses incurred in monitoring, inspecti	ig, fiariding of violations, and emorcing	Conservation easements during the year		
8	·	each conservation easement reported on line	2(d) above satisfy the requirements of	section 170/h)/4)/R)(i)		
•				· · · · · · · · · Yes · No		
9		, , , , , ,		<u> </u>		
9		t XIII, describe how the organization reports ce sheet, and include, if applicable, the text of		•		
		ization's accounting for conservation easeme		lancial statements that describes the		
Part		Organizations Maintaining Collection		Other Similar Assets		
I all t		Complete if the organization answered				
1a	If the	organization elected, as permitted under SF				
10		organization elected, as permitted under SF of art, historical treasures, or other similar	•			
		s service, provide, in Part XIII, the text of the f	· ·	·		
		•				
D	works	organization elected, as permitted under S of art, historical treasures, or other similar service, provide the following amounts relat	assets held for public exhibition, ed			
	(i) Re	venue included on Form 990. Part VIII. line 1		> \$		
	(ii) As	venue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X		▶ \$		
2		organization received or held works of art				
	follow	ing amounts required to be reported under S	SFAS 116 (ASC 958) relating to these r	tems:		
		nue included on Form 990, Part VIII, line 1 .		▶ \$ ▶ \$		
D	ASSEL	s included in Form 990, Part X		- S		

Par	Organizations Maintaining									
_3	Using the organization's acquisition, collection items (check all that apply):		n, and o	ther reco	rds, chec	k any of th	ne follo	wing that are a	significar	nt use of its
а	☐ Public exhibition					or exchang				
b	Scholarly research			е	Othe	r				
С	☐ Preservation for future generation									
4	Provide a description of the organiza XIII.	tion's coll	ections	and expla	ain how t	hey further	the org	ganization's exe	empt purp	ose in Part
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
	assets to be sold to raise funds rather			ained as i	part of the	e organizati	ion's co	ollection? .	. 🔲 Y	es 🗌 No
Part	IV Escrow and Custodial Arra									
	Complete if the organization 990, Part X, line 21.	answere	ed "Yes	on For	m 990, F	Part IV, line	e 9, or	reported an a	mount o	n Form
1a	Is the organization an agent, trustee									· ·
	included on Form 990, Part X?								. 🔲 Y	es 🗌 No
b	If "Yes," explain the arrangement in P	art XIII and	d compl	ete the fo	llowing to	able:				
							-		Amount	
c	Beginning balance						10			
d	Additions during the year						10			
e	Distributions during the year						16			
f 2a	Ending balance						11 ustadia		102 [7] V	os 🗆 No
	If "Yes," explain the arrangement in P								•	
	t V Endowment Funds.	art Am. Or	ICCK IICI	e ii tiie e	xpiai iatio	ii iias beeli	provide	ed on Fart Am	 , .	
	Complete if the organization	answere	ed "Yes	on For	m 990. F	Part IV. line	e 10.			
		(a) Curre			or year	(c) Two year		(d) Three years ba	ck (e) Fou	ır years back
1a	Beginning of year balance									
b	Contributions	_								
С	Net investment earnings, gains, and losses	_								
d	Grants or scholarships					·				
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of t		t year er	nd baland	e (line 1g	j, column (a	i)) held	as:		
а	Board designated or quasi-endowme			%						
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶		%							
0-	The percentages on lines 2a, 2b, and								u	
3a	Are there endowment funds not in the organization by:	e possess	sion of tr	ne organi	zation tha	at are neid	and ad	ministered for	ine	VTN-
	,								2-(1)	Yes No
	(i) unrelated organizations (ii) related organizations								. 3a(i)	
b	If "Yes" on line 3a(ii), are the related o								. 3a(ii) . 3b	"
4	Describe in Part XIII the intended uses								30	LL
Pari			garnza	511 0 01100				·		
	Complete if the organization		ed "Yes	" on For	m 990. F	Part IV. line	e 11a.	See Form 990). Part X.	line 10.
-	Description of property		Cost or of			or other basis		Accumulated		ok value
	• • • • • • •		(investm			ther)		epreciation	. , ==	
1a	Land						· Tw			
þ	Buildings									
C	Leasehold improvements									
d	Equipment		_			28,333		11,105		17,228
<u>e</u>	Other	<u>· </u>			<u> </u>					
Total.	Add lines 1a through 1e. (Column (d) n	nust equal	Form 9	90, Part 2	<, column	(B), line 10)c.)	. <u> </u>		17,228

	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)	<u> </u>	Cost or end-of-year market value
	al derivatives		
-	held equity interests		
A)			
 3)			
D)			
D)			
=)			
F) =:			
G) 			
1) 	(h) must a supl Form 200 Part V and (Philos 40) B		
rt VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related.		
U VIII	Complete if the organization answered "Yes" on F	orm 990 Part IV line	11c. See Form 990. Part X. line
_	(a) Description of investment	(b) Book value	(c) Method of valuation
		(-,	Cost or end-of-year market value
		-	
I. (Column	(b) must equal Form 990, Part X, col. (B) line 13.) ▶		
art IX	Other Assets.		
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line	11d. See Form 990, Part X, line
	(a) Description		(b) Book value
al. <i>(Colu</i>	ımn (b) must equal Form 990, Part X, col. (B) line 15.)		
al. <i>(Colu</i> art X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·	
	Other Liabilities. Complete if the organization answered "Yes" on F	· · · · · · · · · · · · · · · · · · ·	
	Other Liabilities. Complete if the organization answered "Yes" on Fline 25.	orm 990, Part IV, line	
art X	Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability (b) Book value	orm 990, Part IV, line	
art X	Other Liabilities. Complete if the organization answered "Yes" on Fline 25.	orm 990, Part IV, line	
art X	Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability (b) Book value	orm 990, Part IV, line	
art X	Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability (b) Book value	orm 990, Part IV, line	
art X	Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability (b) Book value	orm 990, Part IV, line	
art X	Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability (b) Book value	orm 990, Part IV, line	
art X	Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability (b) Book value	orm 990, Part IV, line	
art X	Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability (b) Book value	orm 990, Part IV, line	
Federal II	Other Liabilities. Complete if the organization answered "Yes" on F line 25. (a) Description of liability (b) Book value	orm 990, Part IV, line	

Part	XI Reconciliation of Revenue per Audited Financial Statement		Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	•
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	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	Add lines 4a and 4b		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	• • • • • • • • • • • • • • • • • • • •		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е	· · · · · · · · · · · · · · · · · · ·		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: Part IV lines 1b and 2	o: Part V. line 4: Part V. line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
-, i uii	Al, illies 2d and 4b, and 1 are All, illies 2d and 4b. Also complete this part	to provide any additional in	normation.

Schedule D (Fo	edule D (Form 990) 2015 Page 5						
Part XIII	Supplemental Information (continued)						
	······································						

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Employer identification number

	re International, Inc					0-229045
Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organization ans	wered "Yes" on
1	For grantmakers. Does the assistance, the grantees' eligrants or assistance?	gibility for the				
						<u></u>
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for moni	toring the use of its grant	ts and other
3	Activities per Region (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Middle East and North Africa	8	26	Program Services	Discipling Ministry	214,459
(2)	Middle East and North Africa	8	26	Program Services	Supporting Local Churches	150,582
(3)	Middle East and North Africa	8	26	Program Services	Radio and TV Broadcasting	271,070
(4)	Middle East and North Africa	8	26	Program Services	Church Planting	13,029
(5)	Middle East and North Africa	8	26	Program Services	Bible Translation	16,247
(6)			_			
(7)						
(8)						
(9)	· · · · · · · · · · · · · · · · · · ·		-			
(10)		-				
(11)						
(12)						
(13)						
(14)			.			
(15)						
(16)			· 			
(17)						
b	Sub-total Total from continuation sheets to Part I	8	26			665,387
С	Totals (add lines 3a and 3b)	8	26			665,387

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. Schedule F (Form 990) 2015

Part II Grants a

Part	IV, line 15, tor al	ny recipient who r	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated If additional space is needed.	SO, UUU. Part II can	ו pe dupiicated וז א	dditional space is	needed.	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(6)								
(4)								
(5)								
9								
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(8)								
(6)								
(10)								
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(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 က N

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

(a) Type of grant or assistance	(b) Region	of grant or assistance (b) Region (c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal,
(1) Assist needy Christians	Middle East & N Africa	190	71,124 Cash	Cash			omer)
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							
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Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	√ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	☑ No

Part V

Supplemental Information

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

Part I Question 2 - the organization's procedures for monitoring the use of its grants and other assistance outside the United States
Our staff plus a team of volunteers monitor the issuance of grants to the persecuted or displaced Christians and others that we help in the
Middle East and North Africa They make monthly reports to Endure International's president in the USA to report how the grants were
used that month. The staff and volunteers meet regularly with grant recipients to assess their needs, pray with them, counsel them, and
assist them in other ways
Part I Question 3 - Activities per Region
We have a total of 8 offices and 26 employees in the Middle East and North Africa. While the various offices and employees sometimes
have specialties where they do the bulk of their work, such as Bible translation, they all do all of the five ministry activities at various
times. They all work together to minister to the needs of the Christians in the Middle East and North Africa in whatever ways the Lord
presents to us and provides to us the skills and resources that we need
Part III - Grants and Other Assistance to Individuals Outside the United States
As described in the notes about question 3 in part I, our team of staff and volunteers work with many individuals and families
While we help many of the same people for multiple months, the specific people that we help changes from month to month.
We carefully reviewd the monthly reports and belive that 190 is a very close estimate of the total number of individuals and families
to whom we provided grants in 2015
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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(10)

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

Name of the organization **Employer identification number** Endure International, Inc. Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3)(4) (5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (f) Balance due (g) in default? (h) Approved (i) Written (e) Original with organization loan from the by board or agreement? principal amount organization? committee? Τa Yes No Yes No Yes No From (1) (2)(3)(4) (5) (6)(7) (8) (9) (10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2)(3) (4) (5) (6) (7) (8) (9)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shorgan reve
nna Shahin	President	6 000	Office rent	163
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Supplemental Information				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2015

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

Open to Public Inspection

Employer identification number

Endure International, Inc	20-2299045		
Part III, Line 4d - Other Program Services - Endure International has three program services in addition to the three			
listed in Part III, lines 4a, 4b, and 4c. They are:			
1. Church Planting Endure International actively supports church planting efforts in a number of Mic	ddle Eastern		
and North African countries through local missionaries and staff. A good number of house church	es and Bible		
study cell groups have been formed as a result of these efforts. In 2015 the cost of this ministry w	as \$14,863.		
2 Bible Translation In cooperation with other Christian ministries, Endure International has adopted a people group			
ın 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 2015 was \$18,532			
3 Orphanage Ministry Endure International had assumed partial sponsorship of a worker at an orph	nanage in Morocco		
That worker has now retired in the USA and is receiving retirement benefits from Endure Internation	onal,		
The cost of this ministry in 2015 was \$13,834			
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, director, have a family relationship			
Part VI, Line 2 Edward Suffern, officer and director, and Cynthia Suffern, director, have a family relation	nship		
Part VI, Line 11b The accountant prepares the Form 990 A copy is emailed to each board member before	re filing with the IRS		
Part VI, Line 12c Upon joining the board, each board member is required to read and sign the conflicts	of interest policy		
Starting with the November 2009 meeting, as a group the board members annually review the conflic	ts of		
interest policy. Each member discloses any possible conflicts so the board as a whole may be aware	e of		
them and determine how to deal with them Each member signs the conflicts of interest policy annually			
art 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			
Part VI, Line 19, Copies of the organization's governing documents, conflict of interest policy, and final	ncial statements are		
available to anyone who requests them Requests may be mailed to the organization or made throug	h our Web site,		

www endureinternational org. As an ECFA member, summary financial statements are available at www ecfa org.

Name of the organization	Employer identification number
Endure International, Inc	20-2299045
Part VII - Board of Directors Service Periods	
The board members and officers listed in Part VII each served for all of 2015 ex	xcept
Sharon Keasler, Robert Keasler, and Nahamia Malek served from January 1	through the November board of directors meeting
Robb Provost became a board member at the May board of directors meeting	ng and served through December 31
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