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⁶ Form	. <u>9</u> 9	90	Return of (Organization Exem	npt From I	Income T	ax	OMB No 1545-0047
	Januar	v 2020)	Under section 501(c), 527	7, or 4947(a)(1) of the internal F	levenue Code (e	except private f	oundations	√ 20 19
•		-	:	social security numbers on thi			Λ	Open to Public
		of the Treasury nue Service	1	.irs.gov/Form990 for instruction	-	-	1911/1	Inspection
A	For the	2019 calen	dar year, or tax year begir	nning	, 2019, and end	ding		, 20
В	Check rf	applicable	C Name of organization Endi	ure International Inc			D Emplo	yer identification number
	Address	change	Doing business as					20-2299045
	Name cl	hange	Number and street (or P.O	box if mail is not delivered to street	address)	Room/suite	E Teleph	one number
	Initial ref	turn	PO Box 5562					919-616-6153
	Final retu	um/terminated	City or town, state or provir	nce, country, and ZIP or foreign pos	tal code		1	
	Amende	ed return	Cary NC 27512-5562			,	G Gross	receipts \$ 887,324
	Applicat	ion pending	F Name and address of princip		~ ·		•	r subordinates? 🔲 Yes 📝 No
			Hanna Shahin, President		11/	, 		es included? Tyes No
		mpt status:	✓ 501(c)(3) 501(c)	() ◀ (insert no.) <u></u> 494	47(a)(1) or 527			st (see instructions)
			ndureinternational.org	Понь	1	·····	p exemption	
_	art í		<u> </u>	ssociation	L Year of for	mation 2005	M State	of legal domicile NC
	1	Summa Profly dos	-	mission or most significant	etuatios: Endu	re Internationa	l eviete to	acciet Christian
6	•	-	-	mission or most significant a		·		
Activities & Governance			ng churches throughout t ling, leadership training, a	he Middle East and North Afri	ca in their life a	na witness. We	accompii	sn that through
Ĕ	2			ation discontinued its operat	ions or dispose	ed of more tha	n 25% of	its net assets
Ŏ	3		_	governing body (Part VI, line	· ·		. 3	12
8	4			mbers of the governing body		1b)	_ 	11
ies	5		•			•	·	4
ivit	6		•	•	Intomal Keve	nue Service	. 6	15
Act	7a	Total unrel	lated business revenue fi	te if necessary)	Rageived US	Paur	. 7a	0
	b	Net unrela	ted business taxable inc	ome from Form 990-T, line 3	39		. 7b	0
					NOV 3	(7()2(Prior Y	'ear	Current Year
9	8	Contribution	ons and grants (Part VIII,	line 1h)			637,510	441,400
nue .	9	Program s	ervice revenue (Part VIII,	line 2g)		2.5	259,751	441,561
Revenue	10	Investmen	t income (Part VIII, colun	nn (A), lines 3, 4, and 7d)	[.] .Ogde	en, O1	294	4,362
	11	Other reve	nue (Part VIII, column (A)), lines 5, 6d, 8c, 9c, 10c, an	d 11e)		0	0
	12			11 (must equal Part VIII, colu		<u> </u>	897,555	887,323
	13			Part IX, column (A), lines 1-3)		138,831	127,199
	14	•	•	art IX, column (A), line 4)		 	0	0
Ses	15			oyee benefits (Part IX, column	(A), lines 5–10)		315,529	288,383
ens	16a			IX, column (A), line 11e)			0	0
Expense	. b		raising expenses (Part IX		11,016		440.400	404 700
	17	•	•	N), lines 11a-11d, 11f-24e) nust equal Part IX, column (/			419,409	461,708
	18 19	•	•	ine 18 from line 12	•		873,769	877,290
z s		HEVERIUE R	oo expenses. Oublidet i		· · · · · · · ·	Beginning of C	23,786 urrent Year	10,033 End of Year
Assets or d Balances	20	Total asset	ts (Part X, line 16)				403,378	411,484
Ass.	21		ities (Part X, line 26)				4,438	2,511
Net	22		or fund balances. Subtr	act line 21 from line 20			398,940	408,973
_	rt II		re Block				,	
Unc	der pena	littes of perjury	, I declare that I have examined	this return, including accompanying than officer) is based on all information.				ny knowledge and belief, it is
		4	Jestey 1 Buil	1			11/13	12020
Sig	jn 💮	Signati	ure of officer	, ,		D	ate	/
He	re	Type o	or print name and title	tant			<u>-</u> .	
D-		Print/Type	preparer's name	Preparer's signature		Date	Check [ıf PTIN
Pai							self-emp	_ ,
	epare e Onl	1 [me 🕨			Fir	m's EIN ▶	
US	e Uni	Firm's add				Ph	one no.	
May	the If	RS discuss	this return with the prepa	arer shown above? (see inst	ructions)			Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

-orp **990** (2019)

Part (Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	<u>· · · ⊔</u>
•	Endure International exists to assist Christian believers and churches throughout the Middle East and North Africa in their	life and
	witness. We accomplish that through Bible teaching, leadership training, and physical assistance. We also	
	work with other organizations to produce and distribute Bible teaching programs by radio, TV, and internet.	
	Work Wall other organizations to produce and distribute blate teaching brograms by radio, 14, and internet.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		s 🗹 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	s 🗹 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	easured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 322,380 including grants of \$) (Revenue \$)
	Discipling Ministry: Endure International is very actively engaged across the region through its local missionaries and	
	staff to provide follow-up, counseling, and spiritual, emotional, and physical assistance to listeners	
	of Christian radio and television broadcasts and others interested in learning what the Bible teaches.	
	•••••	
-Ab		
4b	(Code:) (Expenses \$ 266,393 including grants of \$) (Revenue \$ 435	,397)
4b	(Code:) (Expenses \$266,393 including grants of \$) (Revenue \$435 Radio and TV Broadcasting: Endure International works with radio stations and Internet TV in the Middle East	,397)
4b	(Code:) (Expenses \$266,393 including grants of \$) (Revenue \$435 Radio and TV Broadcasting: Endure International works with radio stations and Internet TV in the Middle East to broadcast Christian teaching programs to share the Word of God with people in that area. Other Christian organizations	,397) provide
4b	(Code:) (Expenses \$266,393 including grants of \$) (Revenue \$435 Radio and TV Broadcasting: Endure International works with radio stations and Internet TV in the Middle East to broadcast Christian teaching programs to share the Word of God with people in that area. Other Christian organizations programs and help to pay a portion of the production and broadcasting costs.	,397) provide
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4c	(Code:) (Expenses \$ 266,393 including grants of \$) (Revenue \$ 435 Radio and TV Broadcasting: Endure International works with radio stations and Internet TV in the Middle East to broadcast Christian teaching programs to share the Word of God with people in that area. Other Christian organizations programs and help to pay a portion of the production and broadcasting costs. (Code:) (Expenses \$ 221,618 including grants of \$ 127,199) (Revenue \$ Supporting Local Churches: Endure International is actively involved with helping local churches across the region. The support includes: working with other ministries to fund a Christian bookshop in a North Africa country, importing Christian resource materials for the spiritual growth and benefit of local Christian communities, making the Bible available to the general public, and providing financial and other support to needy Christians.	,397) provide

Part	Checklist of hequired schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		\
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
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		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	:	1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		\
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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	*	
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	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	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		\
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		√
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

Part	Checklist of Required Schedules (continued)			
			Yes	No
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		\
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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):		-	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓	<u> </u>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	✓
32 33	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i> complete Schedule N, Part II	32		1
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
	or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

Pari	Statements negariting other ins rinings and Tax Compilance (continued)		W	N.
0-	Fatanatha mushan of anniharan mandad on Fama W.O. Taranashal of Wana and Taral		Yes	No
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			i
ь	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 <i>e-file</i> (see instructions)		•	
За	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 on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶	ļ		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ļ <u> </u>		
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? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		✓_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
·	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
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	8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
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 person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b]
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		 j
ь	Enter the amount of reserves the organization is required to maintain by the states in which			l
J	the organization is licensed to issue qualified health plans		1	ļ
С	Enter the amount of reserves on hand		[ĺ
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 on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or]	_
	excess parachute payment(s) during the year?	15		<u>√</u> ,
16	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		- -
	1 100, COMPLETE OF THE TIED, CONTOURS CO.		990	(2019)
		I OIL		15013)

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 on Schedule O. 3			
	Check if Schedule O contains a response or note to any line in this Part VI			7
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 12			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		✓
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		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	-	
b	Each committee with authority to act on behalf of the governing body?	8b	7	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		✓
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
	•		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
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?	105	ı	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	1	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	<u> </u>	<u> </u>
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			<u> </u>
	describe in Schedule O how this was done	12c	1	ĺ
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?			
а	The organization's CEO, Executive Director, or top management official	15a	1	T
b	Other officers or key employees of the organization	15b		
	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			ļ
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			L
17	List the states with which a copy of this Form 990 is required to be filed ► NONE		•	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-			
-	(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 on Schedule O)	,==9		. (3)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•	
	Hanna Shahin, PO Box 5562, Cary, NC 27512-5562 919-681-6153			

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raue	: .

•	· · · · · · · · · · · · · · · · · · ·		
Part VII	Compensation of Officers, Dire	ctors, Trustees, Key Employees	, Highest Compensated Employees, and
	Independent Contractors		

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

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

- 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization			anız			ompe	nsa	ted any current	officer, director,	or trustee.
					C)					
(A)	(B)	(do s	at at		ition	e than c		(D)	(E)	(F)
Name and tritle	Average					is both		Reportable	Reportable	Estimated amount
	hours per week				irect	or/trust		compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	n <u>s</u>		Key employee	em Hig	Former	organization	organizations	from the
	hours for related	lirec Vid.	鼍	ह	e	nest	曹	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	ğ Ē	1 2		흥	8 0	ł			related organizations
	below	l st	1		ee	edu	ĺ			
	dotted line)	8	Institutional trustee		ļ	Highest compensated employee		}		
(1) Ronald Schmidt	2		-							
Chairman and Board Member		1		1				0	0	0
(2) Hanna Shahin	50						ł			
Treasurer and Board Member		1		1				45,546	0	42,635
(3) Juerg Loeliger	2	ļ								
Treasurer and Board Member		1		✓		Ĺ		0	0	0
(4) Edward Suffern	2							1		
Secretary and Board Member		✓		✓				0	0	0
(5) Leigh King	2							1		
Board Member		1			_			0	0	
(6) Thomas King	2							[
Board Member		1		<u></u>		<u> </u>	<u> </u>	0	0	0
(7) Milad Massoud	2	Į	ļ				ļ	1		
Board Member		1	L	<u></u>				0	0	0
(8) Cindi Suffern	2									
Board Member		1					_	0		
(9) Robert Provost	2							1		
Board Member		1						0	0	0
(10) Richard Smyth	2	[•			
Board Member		1	_		L			0	0	0
(11) Chris Daum	2]				
Vice Chairman and Board Member		1	L	✓			L.	0	0	o
(12) Sharon Daum	2									
Board Member		1					L_	0		
(13)]				}				
		<u> </u>	$oxed{igspace}$	<u> </u>			<u> </u>			
(14)					[[1		
	Į.	l	1	1	i	1 .	1	I	I	1

Part	VII Section A. Officers, Directors,	Trustees,	, Key Employees, and Highest Compensated								Highest Compensated Employees (continued				
-	. (A) Name and title	(B) Average hours per week	box, office	unles er and	Positive Pos	erson direct	re than on its both tor/trust	h an stee)	compensation	(E) Reportab compensa from relat	tion	Estimate of	(F) ed amount other ensation		
•		(list any hours for related organizations below dotted line)	🖁	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizatio (W-2/1099-N		fro organiz	m the zation and rganizations		
/4 <i>E</i> }		<u> </u>	 	# #	ļ. '	 	ated	igspace	, !	 					
(15) 		<u> </u>	1		L				'			<u> </u>			
(16)		Ţ <i>:</i>	-							,					
(17)			 	 		\vdash		†							
(18)		<u> </u>		\vdash	+-	 	 	+	,						
(19)			<u> • </u>	\vdash	+-	+		+							
			-	\vdash	+-	+	-	\vdash							
			1	\vdash	+	\vdash	-	┼-				ļ			
		1	1	┼	+-	\downarrow	 	\downarrow							
			 	 	\perp	\downarrow	-	\downarrow		<u></u>					
				<u> </u> ,									,		
(24)															
(25)				T-	-						-				
1b	Subtotal			<u>:</u>	•	•			45,546	i	0	-	42,635		
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			· •	· <u>-</u>	•	 . <u></u>	>	45,546	<u> </u>	0		42,635		
2	Total number of individuals (including bu reportable compensation from the organ	ut not limited						e) w	vho received mor		0,000	of			
	reportable compensation from the organ	IZGGGTF							0				Yes No		
3	Did the organization list any former employee on line 1a? If "Yes," complete							:mp! -	loyee, or highes	st compen	sated	3	√		
4	For any individual listed on line 1a, is the organization and related organizations individual														
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or indi	vidual				
Secti	on B. Independent Contractors		•								<u> </u>		<u></u>		
1	Complete this table for your five high compensation from the organization. Rep														
	(A) Name and business add	dress							(B) Description of sen	vices		(C) Compensa	ation		
NONE						_		丰							
								上							
						_		\vdash							
2	Total number of independent contractor received more than \$100,000 of compens							o tr	hose listed abov	/e) who					

Part	Vill	Statement of Revenue				•	_
		Check if Schedule O contains a respon	nse or note to an	y line in this Pa	rt VIII		<u>, L</u>
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts	1a	Federated campaigns 1a				300	
F	b	Membership dues 1b					
2 8	C	Fundraising events 1c			:		
it si	đ	Related organizations 1d					
뜻쁼	е	Government grants (contributions) 1e					
S S	f	All other contributions, gifts, grants,					
토		and similar amounts not included above 1f	441,400		-		İ
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a–1f	1				
泛	_	Innes 1a–1f		441 400			
	<u>h</u>	Total. Add lines ra-11	Business Code	441,400			
g	2a	Radio and TV broadcasting	515100	435,397	435,497		
اء ػ	b	Medical clinic in Middle East	621400	6,164	6,164		
Se	c	***************************************	027700		,,,,,,		
gram Ser Revenue	ď						
Program Service Revenue	e						
<u>ہ</u> ا	f	All other program service revenue					
	g	Total. Add lines 2a-2f		441,561			
ļ	3	Investment income (including dividend					
-	_	other similar amounts)	<u> </u>	4,362	. ,		4,362
	4	Income from investment of tax-exempt b	_ [
	5	Royalties	(ii) Personal				1
	6a	Gross rents 6a	(ii) r ersonal				
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c			•		
	ď	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
	'a	sales of assets					
		other than inventory 7a					
9	b	Less, cost or other basis					
Revenue		and sales expenses . 7b				=	
3ev	C	Gain or (loss)	<u></u>				
_	d	Net gain or (loss)	<u>, ▶</u>				
Othe	8a	Gross income from fundraising					
0		events (not including \$ of contributions reported on line					}
		1c). See Part IV, line 18 8a					}
	b	Less: direct expenses 8b	 				
	C	Net income or (loss) from fundraising ev	ents ►				·
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					[
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activit	es >				
	10a	Gross sales of inventory, less					
	ŀ	returns and allowances 10a				-	
	b	Less: cost of goods sold 10t					
	C	Net income or (loss) from sales of invent					
Su	مدا		Business Code		ļ		<u> </u>
ed iue	11a					· · · · · · · · · · · · · · · · · · ·	-
scellaneo Revenue	b				<u> </u>		
Miscellaneous Revenue	c d	All other revenue	 	- 	 		
Ξ	_	Total. Add lines 11a–11d				··········	1
	12	Total revenue. See instructions	▶	887,323	441,561	0	4,362

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comple	ete all columns. All o	other organizations r	nust complete colum	nn (A).
	Check if Schedule O contains a response				
	t include amounts reported on lines 6b, 7b, , 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	127,199	127,199		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	88,181	74,954	4,409	8,818
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	176,683	159,940	16,743	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	21,840	21,840	0	0
10	Payroll taxes	1,679	398	1,281	0
11	Fees for services (nonemployees):	j			
а	Management				
b	Legal				
C	Accounting	6,000	0	6,000	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	14,754	13,118	765	871
14	Information technology	5,122	4,609	171	342
15	Royalties				
16	Occupancy	19,109	18,209	300	600
17	Travel [20,519	20,384	45	90
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	10,740	8,958	1,644	138
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	625	625	0	0
23	Insurance	1,572	1,336	79	157
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				(
а	Badio and TV broadcasting	225 442	225 442	0	
a b	Followurp ministry	235,442 93,665	235,442 93,665	0	0
C	Children's ministry	5,240	5,240	0	0
d	Theological training	42,320	40,451	1,869	0
e	All other expenses	6,600	6,600	0	0
25	Total functional expenses. Add lines 1 through 24e				
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)	877,290	832,968	33,306	11,016

Form 990 (2019) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash—non-interest-bearing 1 1 87,869 32,514 2 2 Savings and temporary cash investments 276,377 276,469 3 3 4 Accounts receivable, net 4 34,726 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . 6 7 8 8 Prepaid expenses and deferred charges . . . 9 9 36,111 65,379 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . | 10a 15,000 Less: accumulated depreciation 10b 10c b 3,021 2,396 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 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) . . . 16 403,378 411.484 17 17 Accounts payable and accrued expenses 4,438 2,511 18 18 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 4,438 2,511 Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions . . . 337,950 310,521 60.990 28 98,452 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29

Paid-in or capital surplus, or land, building, or equipment fund

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

Total liabilities and net assets/fund balances

30

31

32

33

408,973

411,484

30

31

32

33

398,940

403,378

Part	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			88	7,323
2	Total expenses (must equal Part IX, column (A), line 25)	2				7,290
3	Revenue less expenses. Subtract line 2 from line 1	3			1	0,033
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			39	8,940
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 on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			40	8,973
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	• •		• • •	• •	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					Ì
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in	1	}	
•	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 cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:			i		
.	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	The state of the s		.	2b		√
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			-		
_	· ·		ا ء			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	1	
	If the organization changed either its oversight process or selection process during the tax year, e			20	. •	$\overline{}$
	Schedule O.	xpiair	ı Uli			-
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the !			
- Ca	Single Audit Act and OMB Circular A-133?		uie	3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ieran	the			
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3ь	1	ľ
				Form	. 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Emdu	ıre l	nternational Inc						99045	
Par	tΙ	Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.	
The o	orga	nization is not a private founda	tion because it i	s: (For lines 1 through	12, che	k only or	ne box.)	1	
1		A church, convention of church				_	•	<i>i</i>	
2								1)1	
3		☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
								(iii) Futou the	
4	Ш	A medical research organization hospital's name, city, and state	•	onjunction with a nost	oitai desc	indea in s	section 170(b)(1)(A)	(III). Enter the	
5		An organization operated for tage section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	tal unit described in	
6		A federal, state, or local govern	nment or govern	mental unit described	l ın secti c	on 170(b)	(1)(A)(v).		
7		An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or from	n the general public	
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research organi or university or a non-land-gra university:							
10		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and uni	nctions—subject to c related business taxal	ertain exc ble incom	ceptions, ne (less se	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11	_	An organization organized and	-	•		•	•		
		An organization organized and						rry out the purposes	
•-		of one or more publicly suppo							
		Check the box in lines 12a thro							
_	1	Type I. A supporting organ	-	• • • •		•	•		
а	1		•		-		•		
		the supported organization		• • • •			the directors or trust	ees or the	
		supporting organization. Yo	-						
b	•	Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same				
С		Type III functionally integ	-			onnectio	n with, and function	ally integrated with,	
_		its supported organization(•					
d		Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The orga	nization generally mu	st satisfy	a distribi	ution requirement ar		
е		Check this box if the organ						e II, Type III	
		functionally integrated, or T	* .	tionally integrated sur	oporting (organizat	ion.		
f	E	nter the number of supported o	organizations .					[]	
<u>g</u>	P	rovide the following information	about the supp	orted organization(s).					
	(i) 1	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
						<u> </u>			
(B)									
(C)									
D)									
(E)									
					<u> </u>	l			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . 752,470 601,889 614,665 637,510 441,400 3,047,934 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3. . . . 752,470 601,889 614,665 637,510 441,400 3.047.934 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) 1,172,706 Public support. Subtract line 5 from line 4 1,875,228 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 752,470 601,889 614,665 637,510 441,400 3,047,934 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources 241 376 318 294 4,362 5,591 9 Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 3,053,525 Gross receipts from related activities, etc. (see instructions) 12 12 1,663,209 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 14 14 61 % Public support percentage from 2018 Schedule A, Part II, line 14 15 15 50 % 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2019. 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 b 10%-facts-and-circumstances test-2018. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part	III Support Schedule for Organiza	tions Desc	ribed in Sect	ion 509(a)(2)			
	(Complete only if you checked the	ne box on lin	e 10 of Part I	or if the orga	nization failed	d to quality un	ider Part II.
04	If the organization fails to qualify	under the te	ests listed bei	ow, please co	omplete Part	11.)	
	on A. Public Support dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2013	(0) 2010	(6) 2017	(u) 2010	(6) 2010	(i) Total
•	received (Do not include any "unusual grants")		Ì			/	
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				İ		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513					/	· · · · · · · · · · · · · · · · · · ·
4	Tax revenues levied for the				/	1	
	organization's benefit and either paid to				/]	ı
	or expended on its behalf		ļ				
5	The value of services or facilities						
	furnished by a governmental unit to the		}				
_	organization without charge		 		/		
6 72	Total. Add lines 1 through 5		-				
'a	received from disqualified persons .			/	•	ļ	
b	Amounts included on lines 2 and 3	 		 			
b	received from other than disqualified		1	1 /			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			<i>Y</i>			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						1
	line 6.)			<u> </u>			
	on B. Total Support		T (1) 2010	1 1 2017	1 1 2010	1-1-0040	(D. T-1-1
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	 	1				
10a	Gross income from interest, dividends, payments received on securities loans, rents,			<u> </u>			
	royalties, and income from similar sources .		Ì	ì			
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975	/					
С	Add lines 10a and 10b /						L
11	Net income from unrelated business						1
	activities not included in line 10b, whether		1	ļ			1
	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,		 	!			
13	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	id, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Support	rt Percentag	ge				
15	Public support percentage for 2019 (line	8, column (f),	divided by line	13, column (f))		15	%
16	Public support percentage from 2018 Sci			<u> </u>		16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (%_
18	Investment income percentage from 2018					18	% and line
19a	/331/3% support tests—2019. If the organ 17 is not more than 331/3%, check this box						
/_	331/3% support tests—2018. If the organiz		_				
/ b	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d	-	_	•			

Part IV

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

cotton A. An cupporting organizations	ing Organizations
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			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		
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).			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2		
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.	3a 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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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.	41		
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)	4b		
	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		
6 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 (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.	5c 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).			
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).	7		
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 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.	9c		
10a	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)? If "Yes," answer 10b below.			
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10a		
	determine whether the organization had excess business holdings.)	10b	—	L

10b

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
	A family member of a person described in (a) above?	11b 11c		
	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. on B. Type I Supporting Organizations	110		
Secu	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		
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		
Conti	on C. Type II Supporting Organizations		l	
Secu	on C. Type it 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, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	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).	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	<u> </u>	
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	ction	s).
a	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. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (caa in	etnict	ione)
с 2	Activities Test. <i>Answer (a) and (b) below.</i>	300 111	Yes	
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		-	
u	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,	l	l	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		ļ
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			1
	reasons for the organization's position that its supported organization(s) would have engaged in these		<u> </u>	
_	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	l		}
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? <i>Provide details in Part VI.</i>	20	 	
	• • • • • • • • • • • • • • • • • • • •	3a		
b	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 Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	j tru nzat	st on Nov. 20, 1970 (exp	lain in Part VI). See tions A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		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 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		
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 instructions). 		tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	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)			
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 whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			****
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
نا	From 2015		· - ·	
С	From 2016			
	From 2017			
	From 2018			
f	Total of lines 3a through e		<u>,</u>	
	Applied to underdistributions of prior years	,		
	Applied to 2019 distributable amount			
<u> i </u>	Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
	Applied to underdistributions of prior years			<u> </u>
<u>a</u> b	Applied to Underdistributions or prior years Applied to 2019 distributable amount			<u> </u>
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
J	any. Subtract lines 3g and 4a from line 2. For result	:		
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
<u> </u>	Excess from 2016			
	Excess from 2017			_
d	Excess from 2018			
e	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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.)
	,
•	
	······································
	• • • • • • • • • • • • • • • • • • • •
	· · · · · · · · · · · · · · · · · · ·
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name o	f the organization		Employer identification number
Endure	e International Inc		20-2299045
Par	Organizations Maintaining Donor Adv		
	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		
5	Did the organization inform all donors and donor		ld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefit		
	conferring impermissible private benefit?		· · · · · 🗌 Yes 🗌 No
Pari	Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example, recre	•	a historically important land area
	☐ Protection of natural habitat	·	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in	* *	
_			. 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or term	ninated by the organization during the
·	tax year ▶	order of the state	g
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy reg		ection, handling of
_	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	•		•
7	Amount of expenses incurred in monitoring, inspecting	a, handling of violations, and enforcing o	conservation easements during the year
•	▶ \$	g,gg	,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of s	ection 170(h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?	• •	
9	In Part XIII, describe how the organization reports of		
•	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	<u> </u>	
Part			Other Similar Assets.
	Complete if the organization answered "		
10	If the organization elected, as permitted under FAS		e statement and halance sheet works
ıa	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
	•		
þ	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item		caron in raidierance of public service,
	(i) Powonia included on Form 000 Part VIII lims 4	110.	L C
	(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,		assets for financial gain, provide the
_	following amounts required to be reported under FA		▶ ¢
a	Revenue included on Form 990, Part VIII, line 1 . Assets included in Form 990, Part X		· · · • •
	A SOCIO MICHALE CONTROL DO DE DO DE LA CONTROL DE LA CONTR		0

Part	III Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures,	, or Ot	her Similar As	ssets (conti	nued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and oth	her recor	ds, check	any of the	e follow	ring that make s	significant us	e of its
а	☐ Public exhibition		d	_ Loan c	or exchange	e progr	am		
b	☐ Scholarly research								
C	☐ Preservation for future generations								
4	Provide a description of the organization	on's collections a	and expla	iin how th	ey further	the org	anızatıon's exer	mpt purpose	ın Part
_	XIII.								
5	During the year, did the organization sassets to be sold to raise funds rather								□ No
Part		•			-				
	Complete if the organization 990, Part X, line 21.	answered "Yes'	on For	m 990, P	art IV, line	e 9, or	reported an ar	nount on Fo	orm
1a									☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing ta	ble:				
							Α	mount	
C	Beginning balance					10			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amoun								_
	If "Yes," explain the arrangement in Pa	in XIII. Check here	e if the ex	cpianation	nas been	provide	ed on Part XIII.		<u> </u>
Par	Complete if the organization	answord "Vos"	on For	~ 000 B	ort IV line	. 10			
	Complete if the organization	(a) Current year	(b) Pro		(c) Two year		(d) Three years bac	k (e) Four yea	- book
1a	Beginning of year balance	(a) Current year	(0) 111	Ji year	(c) Two year	5 Dack	(d) Three years bac	(e) Four yea	- Dack
b	Contributions								
C	Net investment earnings, gains, and								
·	losses			į				-	
d	Grants or scholarships					i	· · · · · · · · · · · · · · · · · · ·		
e	Other expenditures for facilities and								
•	programs								
f	Administrative expenses					-			
g	End of year balance								
2	Provide the estimated percentage of the	ne current vear en	d balanc	e (line 1a.	column (a		as:		
а	Board designated or quasi-endowmen		%	- (,	,,			
b	Permanent endowment ▶	%							
C	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2	2c should equal 10	00%.						
3a	Are there endowment funds not in the	possession of th	e organi	zation tha	t are held	and ad	ministered for the	ne	
	organization by:	•	J					Ye	s No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requi	red on Sc	hedule R?			3b	
4	Describe in Part XIII the intended uses	of the organization	n's endo	wment fu	ınds				
Part					•		•		
	Complete if the organization	answered "Yes'	" on For	m 990, F	Part IV, line	e 11a.	See Form 990	, Part X, line	10.
	Description of property	(a) Cost or ot (investment)			r other basis ther)		Accumulated epreciation	(d) Book va	llue
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment				15,000	-	12,604		2,396
е	Other								
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 9	90. Part 2	K. column	(B), line 10)c.) .	>		2 396

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Formula (1998).	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives			
	neld equity interests			·
(3) Other				
(E)				
(F)			<u> </u>	
(G)				
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			· · · · · · · · · · · · · · · · · · ·
Part VIII	Investments—Program Related.		} 	
r art viii	Complete if the organization answered "Yes" on Form	m 990 Part IV lin	e 11c. See Form	990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Met	hod of valuation -of-year market value
(1)				
(2)		·		· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		 		
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . 🕨		i	
Part IX				
raitix	Other Assets.	000 5 4 114 11	4410 5	000 5
raitix	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
		m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15. (b) Book value
(1)	Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Form	
(1)	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
(1) (2) (3)	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
(1) (2) (3) (4)	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Form	
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Form	
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on For	n 990, Part IV, lin	e 11d. See Form	
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on Form			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Complete if the organization answered "Yes" on Form (a) Description Timn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability income taxes			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X	Complete if the organization answered "Yes" on Form (a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form line 25. (a) Description of liability	n 990, Part IV, lin	▶ e 11e or 11f. See	(b) Book value e Form 990, Part X, (b) Book value

Part			Return.
	Complete if the organization answered "Yes" on Form 990, 1	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	7
С	Recoveries of prior year grants	2c	− {
d	Other (Describe in Part XIII.)		-
e			2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part 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,		
1			11
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	i i
b	Prior year adjustments		-
c	Other losses	2c	7
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d	 	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
b	Other (Describe in Part XIII.)		<u> </u>
			4c
с 5	Add lines 4a and 4b		
с 5	Add lines 4a and 4b		
c 5 Part	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	ne 18.)	5
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information.	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	b; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin XIII Supplemental Information. le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	5 b; Part V, line 4; Part X, line

Schedule D (Fo	om 990) 2019	Page 5
Part XIII	Supplemental Information (continued)	
		•
		·
		·····
		······
:;:;;- <u>-</u>		

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.

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Name of the organization 20-2299045 Endure 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 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ✓ Yes □ No award the grants or assistance? . 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.) (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, agents, and independent a program service, describe specific type of of offices in region (by type) (such as, expenditures for the region fundraising, program services, and investments service(s) in the region in the region investments, grants to recipients located in the region) contractors in the region (1) Middle East and North Africa 9 27 Program services Discipling Ministry 267,189 (2) Middle East and North Africa 9 27 Supporting Local Churches 197.857 Program services (3) Middle East and North Africa 9 27 Radio and TV Broadcasting 237,833 Program services (4) Europe 1 1 Discipling Ministry Program services 21,133 (5) (6)(7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)Subtotal 724,012 Total from continuation sheets to Part I . .

Totals (add lines 3a and 3b)

724.012

Schedule F (Form 990) 2019

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

	(ir applicable)					disbursement	assistance		(book, FMV, appraisal, other)
		-							
	,, , , , , , , , , , , , , , , , , , ,	 							
Enter to	Enter total number of recipient organizations listed above the by the IRS, or for which the grantee or counsel has provided	uplent organithe grantee	nizations liste or counsel ha	Enter total number of recipient organizations listed above that are recognized as charities by the forby the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ognized as charities 501(c)(3) equivales	nat are recognized as charities by the foreign country, recognized as tax-exempt a section 501(c)(3) equivalency letter	itry, recognized as ta	x-exempt	

Page 3

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance . (f) Amount of noncash assistance (e) Manner of cash disbursement 127,199 Cash payment (d) Amount of cash grant (c) Number of recipients 190 Middle East & N Africa (b) Region (a) Type of grant or assistance (1) Assist needy Christians Part III 3 (14) (15) (16) (1) <u>N</u> <u>4</u> 9 6 (10) (12) (13) (18) ල 9 <u>®</u> 6

Schedule F (Form 990) 2019

Page	4
raue	-

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; don't 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; don't file with Form 990)	☐ Yes	□ No

Part V Supple

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 9 offices and 27 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, they each 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
We have 1 office and 1 employee in Europe Our ministry there is primarily to refugees from the Middle East
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 reviewed the monthly reports and believe that 190 is a very close estimate of the total number of individuals and families
to whom we provided grants in 2019

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SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

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.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Pu Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Endur	e International Inc									20-2	2990	45								
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V	Supplemental Information	, , , , , , , , , , , , , , , , , , , 			 	
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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

Open to Public Inspection

20-2299054

Department of the Treasury Internal Revenue Service Name of the organization

Endure International, Inc.

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information. Employer identification number

Part III, Line 4d - Other Program Services - Endure International has two program services in addition to the three
listed in Part III, lines 4a, 4b, and 4c. They are
1 Internet Ministry Endure International operates a web site in the Arabic language to teach the word of God. This ministry includes
corresponding with users of the site who request help understanding the meaning of God's word and how to apply it to their lives
In 2019 the cost of this ministry was \$8,117
2 Orphanage Ministry Endure International had assumed partial sponsorship of a worker at an orphanage in Morocco
That worker has now retired in the USA and is receiving retirement benefits from Endure International,
The cost of this ministry in 2019 was \$14,460.
Part VI, Line 2 Thomas King, officer and director, and Leigh King, director, have a family relationship
Part VI, Line 2 Edward Suffern, officer and director, and Cindi Suffern, director, have a family relationship
Part VI, Line 2 Chris Baum, officer and director, and Sharon Baum, director, have a family relationship
Part VI, Line 11b The chief 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)
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 financial statements are
available to anyone who requests them Requests may be mailed to the organization or made through our Web site,
www endureinternational org. As an Evangelical Council for Financial Accountability (ECFA) member, summary financial statements
are available at their web site, www ecfa org
are artificial web site, www colored

Schedule O (Form 990 or 990-EZ) (2019)	•	Page 2
Name of the organization	-	Employer identification number
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