Form	990-T	Ex	empt Organization				rn	OMB No 1545 0687
. 0	orm 990^{-1} (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning $01/01$, 2018, and ending $12/31$, 20							മെ 4 ∩
_	v	20 2 0	<u> </u>					
	ment of the Treasury	▶ Do	► Go to www.irs gov/Form990 not enter SSN numbers on this form a				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A D	Check box if				ne changed and see instruction			oyer identification number
_	address changed	1 .	, · · · ·		•	·		oyees' trust, see instructions)
B Exe	empt under section	1	ENDEAVORS UNLIMITED	, IN	с.			
Х	501(C 🐧 3_)	Print	74-2	618398				
	408(e) 220(e)	or		E Unrel	E Unrelated business activity code			
П	408A 530(a)	ושקנין	6363 DE ZAVALA RD	(See in	(See instructions)			
П	529(a)	1						
	529(a) City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX 78249							
at e	end of year							
	438,169.	G Che	ck organization type ► X 501	(c) co	poration 501	c) trust	401(a)	trust Other trust
H Er	nter the number of	the orga	nization's unrelated trades or busine	sses	<u>1</u>	Describ	e the only	(or first) unrelated
tra	ade or business her	e ▶			If only one	e, complete Parts I	-V If more	e than one, describe the
fır	st in the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, complete a	Schedule M for ea	ch additior	nal
tra	ade or business, the	en comple	ete Parts III-V					
I Du	iring the tax year,	was the	corporation a subsidiary in an affili	ated g	oup or a parent-subsidiary	controlled group?		▶ Yes X No
			identifying number of the parent co	poration				
			EVE LEFEVER		Telepho	ne number > 21	0-431-	-6466
Par	Unrelated	Trade o	or Business Income	г	(A) Income	(B) Expen	ses	(C) Net
1 a	Gross receipts or s	sales					· ;	1 4
b	Less returns and allowa	nces	C Balance ►				· .	
2	•		ule A, line 7)	2		· · ·	<u> </u>	•
3			2 from line 1c	3			<u> </u>	
4 a			ttach Schedule D)	4a		RECE	!\/E:	1
b	•		Part II, line 17) (attach Form 4797)	4b				
¢	·		rusts	4c		NOV 22	- 70 JG	16:
5			an S corporation (attach statement)	5			wig	
6	,	•		6		0005		
7			come (Schedule E)	7		<u> </u>		ļ
8	•		nts from a controlled organization (Schedule F)	8		· -		
9			(c)(7), (9), or (17) organization (Schedule G)		•	 		
10	•	•	ncome (Schedule I)	10		 		
11			ule J)	11		1	 :	
12 13			tions, attach schedule)	12	0.	 		
	Deduction	ns Not	Taken Elsewhere (See instr	uctio		deductions) (I	Except f	or contributions
י מי			be directly connected with the				-Acopt 1	01 0011(11001(0110)
14			directors, and trustees (Schedule K)				14	<u> </u>
15	•							 -
16	-							·
17	•							
18			see instructions)					
19							1	
20			ee instructions for limitation rules)					
21	Depreciation (atta	ch Form	4562)		21		! .	
22			on Schedule A and elsewhere on re				22b	
23	Depletion					_	23	
24	Contributions to d	leferred c	ompensation plans		. .		24	
25	Employee benefit	programs	· · · · · · · · · · · · · · · · · · ·				25	
26			Schedule I)					
27			chedule J)					
28			chedule)					
29			s 14 through 28					
30	Unrelated busines	ss taxabl	e income before net operating	loss	deduction Subtract line	29 from line 1	3 30	
31	/T		g loss arising in tax years beginnin	-				: :
32	Unrelated busines	s taxable	income Subtract line 31 from line	30			32	1

For Paperwork Reduction Act Notice, see instructions.

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Form **990-T** (2018)

Form	990-T (2018)				Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	wnstructions)	33			
34	Amounts paid for disallowed fringes	34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	35	[
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines 33 and 34	36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			
38	Unrelated business taxable income. Subtract line 37 from line 36 lf line 37 is greater than line 36,				
•	enter the smaller of zero or line 36	38	1		0.
Pai	Tax Computation	- 50			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	33			
40	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	100			
41	Proxy tax. See instructions				
42	Alternative minimum tax (trusts only)				
43	Tax on Noncompliant Facility Income. See instructions	-			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
Par		 			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		ı		
	Other credits (see instructions)		ı		
	General business credit Attach Form 3800 (see instructions)	1 1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	-			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	_			
48	Total tax. Add lines 46 and 47 (see instructions)	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Payments A 2017 overpayment credited to 2018]			
b	2018 estimated tax payments	1 1			
С	Tax deposited with Form 8868	.			
d	Foreign organizations Tax paid or withheld at source (see instructions)]			
е	Backup withholding (see instructions)]			
	Credit for small employer health insurance premiums (attach Form 8941) 50f]			
g	Other credits, adjustments, and payments Form 2439				
_	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	_		
55	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ Refunded ▶	55			
	Statements Regarding Certain Activities and Other Information (see instructions	s)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-			
	here >	•			х
E 7	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	on true			х
57	If "Yes," see instructions for other forms the organization may have to file	gri ilusi			
50	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
<u>58</u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the b	est of m	ny knowledae i	and bei	ief it is
Cia-	true, correct, and complete. Declaration of preparer (other than taxoaver) is based on all information of which preparer has any knowledge				
Sign			IRS discuss		
Her		л the einstructi	preparer sh	own b	7 I
	Print/Type preparers name Preparers signatured Page	\top	PTIN	<u> </u>	No
Paid	Cneck			1055	. 0
	KEVIK BUSHINGER KBVIK BROHINGER = 11/13/2013 Sell-e	mployed			
•	Cala Firm's name ► BRD Libr	EIN ►	44-0160	1400	
	Firm's address > 10001 REDNITOR FLACE, SUITE 400, SAN ANIONIO, 1X /0216-413/ Phone	no 4	10.341.9	7400	

Form 990-T (2018)								Page 3
Schedule A - Cost of Goods Sold. E	nter method	of inventory valuation						
1 Inventory at beginning of year 1		6 Inventory	at end of year	ar	6			
2 Purchases 2	7 Cost of							
3 Cost of labor	6 from	line 5 Er	nter here and in					
4a Additional section 263A costs	Part I, line	2		7				
(attach schedule) 4a			section 263A (v		espect to	Yes	No	
b Other costs (attach schedule) . 4b		property	property produced or acquired for resale) apply					
5 Total. Add lines 1 through 4b . 5		to the org	anization?	<u> </u>				х
Schedule C - Rent Income (From Real F	roperty a	nd Personal Property	Leased V	Vith Real Prope	rty)			
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)							_	
(4)							_	
2. Rent rece	ved or accrue	ed						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	rom real and personal property age of rent for personal property of the rent is based on profit or	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				me	
(1)								
(2)								
(3)	 	· · · · · · · · · · · · · · · · · · ·						
(4)	<u> </u>				-	*		
Total	Total							
(c) Total income. Add totals of columns 2(a) and 2				(b) Total deduction				
here and on page 1, Part I, line 6, column (A)				Enter here and on Part I, line 6, colur				
Schedule E - Unrelated Debt-Financed		e instructions)	-	1				
	100000	2. Gross income from or	3. [Deductions directly cor			to	
1 Description of debt-financed property		allocable to debt-financed	(-) (0)	debt-financ				
		property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)						·		
(2)								
(3)								
(4)								
4 Amount of average 5 Average adju	sted basis	0.001				All		
acquisition debt on or of or allocal allocable to debt-financed debt-financed		4 divided			s income reportable (column 6 x tota			
property (attach schedule) (attach sch		by column 5	(colulini	n 2 x column 6)		3(a) and 3(b))	
(1)		%						
(2)		%			•			
(3)		%		-				
(4)		%					_	
				e and on page 1, e 7, column (A)		r here and on I, line 7, colui		
Totals						<u> </u>		

Form 990-T (2018)

Form 990-T (2018)		RS_UNLIMI	_						_	618398 Page 4	
Schedule F-Interest, Annu	uities, Royaltie	s, and Rent	s Fr	om Contro	lled O	rganiza	ti ons (see	e instructio	ns)		
Name of controlled organization	2 Employer identification numl	per 3. Ne	1		4 Total	of specified included		of column 4 that is d in the controlling tion's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)								 			
(4)			-					·		<u> </u>	
Nonexempt Controlled Organiz						10.0	and a f a a burner	0.15-0.10		4. Dadust and density	
7 Taxable Income	8. Net unrelated (Total of specified payments made		10 Part of column included in the co organization's gros			Deductions directly nnected with income in column 10	
(1)						-					
(2)									_		
(3)						<u> </u>			_	··	
(4)			_			Ada	 I columns 5 a	nd 10		dd columns 6 and 11	
				١		Ente	r here and on I, line 8, colu	page 1,	En	ter here and on page 1, art I, line 8, column (B)	
Totals					<u></u> ▶	<u> </u>					
Schedule G-Investment Ir	come of a Sec	ction 501(c)(7),			<u>nizatio</u>	n (see ins	tructions)		5 Total deductions	
1 Description of income	2 Amount o	f income	me		3 Deductions directly connected (attach schedule)		4 Set-aside (attach schedi			and set-asides (col 3 plus col 4)	
(1)			<u> </u>								
(2)	ļ . <u> </u>		ļ								
(3)			├								
(4)	Enter here and	on page 1	├						\dashv	Enter here and on page 1	
Totals ▶	Part I, line 9, c	olumn (A)					·			Part I, line 9, column (B)	
Schedule I-Exploited Exe	mpt Activity In	come, Othe	er Th	an Adverti	sing Ir	come (see instru	ctions)			
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected to production unrelated business inc	with of	or business (column 3) If a gain, compute		5 Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)						<u> </u>		L			
page 1, Part I, pa			ter here and on age 1, Part I, te 10, col (B)				4	•	Enter here and on page 1, Part II, line 26		
Schedule J- Advertising In	come (see instr	uctions)		<u> </u>		· · · · · ·	· · · ·			<u></u>	
Part I Income From Peri			nsol	idated Bas	is						
				4. Advert	-					7 Excess readership	
1 Name of periodical	2 Gross advertising income	3 Direct advertising c		gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		6 Readership costs		costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)]						_	
(4)				<u> </u>							
Totals (carry to Part II, line (5))											

Form **990-T** (2018)

Part II Income From Per 2 through 7 on a			rate Basis (For	each periodica	I listed in Part II	, fill in columns
1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)		<u> </u>				
Totals from Part I ▶			1 1	. '	•••	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, fine 11, col (B)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶			l	<u> </u>		
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	rustees (see instr			
1. Name		2	Title	3 Percent of time devoted to business	4 Compensation unrelated t	
(1)				%		
(2)				%		
(3)				%		
(4)				%		
Total. Enter here and on page 1, P.	art II, line 14	<u> </u>	<u> </u>	<u></u> ▶		