	Form	990-T	Ex	empt Organization (and proxy tax						rn	OMB No 1545-0047
	•		For cales	ndar year 2019 or other tax year begin						$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$	୭ ⋒ 1 0
	D		roi calei	Go to www.irs.gov/Form990						·•——	<u> </u>
		ment of the Treasury I Revenue Service	▶ Do	not enter SSN numbers on this form a						:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
	A T	Check box if	, , , ,			me changed and se				D Empl	oyer identification number
	_	address changed								(Emple	oyees' trust, see instructions)
	B Exe	mpt under section	1	ENDEAVORS UNLIMITED	, IN	C.					
	Х	501(C) 5 3)	Print	Number, street, and room or suite no	lf a P O	box, see instruction	กร			74-2	618398
		408(e) 220(e)	or Type								ated business activity code
		408A 530(a)	1,750	6363 DE ZAVALA RD						(3681)	isu ucuoris)
		529(a)		City or town, state or province, country	y, and 2	ZIP or foreign posta	l cod	е		İ	
		k value of all assets nd of year		SAN ANTONIO, TX 782	49					NONE	
	a. c	•		up exemption number (See instruct						-	····
			•	ck organization type ► X 501				501(c		401(a)	
				nization's unrelated trades or busine	sses					-	(or first) unrelated
		ide or business her							-		e than one, describe the
		•		end of the previous sentence, con	mplete	Parts I and II, co	mpi	ete a S	chedule M for ea	ch additio	nai
	_	ade or business, the		▶ Yes X No							
				corporation a subsidiary in an affili			Subs	siciary c	controlled group?		
				identifying number of the parent co	porau	On P	Te	leohon	ne number ▶ 21	0-431	-6466
				or Business Income		(A) Inco			(B) Expen		(C) Net
		Gross receipts or s									
	b	Less returns and allowa		c Balance ▶	1c						
i	2	Cost of goods sol	ld (Sched	ule A, line 7)	2						
ì	3	Gross profit Sub	tract line	2 from line 1c	3					_	/
	4a	Capital gain net ii	ncome (a	ttach Schedule D)	4a						
>	b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b			R	ECEIVE	,	<u> </u>
	С	Capital loss dedu	ction for t	rusts	4c		-				
,	5			an S corporation (attach statement)	5		2	- KIC	N/ 0. 9. 2020	1%	<u> </u>
)	6						윙		PV 2 3 2020	1.2	
	7			come (Schedule E)	7	1				J ≝	
-	8 9		=	nts from a controlled organization (Schedule F)		 		$-\mathbf{O}($	BDEN, U	7	1
ζ	10			1(c)(7), (9), or (17) organization (Schedule G)	10						
ק	11		•	lule J)	11					· · · · · · · · · · · · · · · · · · ·	
	12			tions, attach schedule)	12						j
				ough 12	13			0.			
	Par	t II Deduction	ns Not	Taken Elsewhere (See insti	ructio	ons for limitat	ion	s on d	leductions)(l	Deducti	ons/must be directly
		connected	d with th	ne unrelated business incom	ie.)						
	14	•		directors, and trustees (Schedule K)							
	15										
	16										
	17			· · · · · · · · · · · · · · · · · · ·							
	18			(see instructions)							-
	19 20			4562)						13	
	21			on Schedule A and elsewhere on re						21b	
	22			/							
	23			compensation plans							
	24			·							
	25	Excess exempt ex	penses (S	Schedule I)						25	
	26			chedule J)							
	27			chedule)							
	28			s 14 through 27							-
	29	,		le income before net operating							
	30	/	•	g loss arising in tax years beginning							
	31 For P			e income Subtract line 30 from line lotice, see instructions.	29.		• •	<u> </u>	· · · · · · · · ·	31	Form 990-T (2019)
		/									•

Par	t Îll	Total Unrelated Business Taxable	e Income	·		
32		of unrelated business taxable income con	nputed from all unrelated t	rades or businesses (se	e	
•	instruct	ions)			. 32	
33		s paid for disallowed fringes				
34		ble contributions (see instructions for limitation i				
35		inrelated business taxable income before			· —	
00		the sum of lines 32 and 33			_	0.
36		on for net operating loss arising in			· —	
30		ions)				
37		unrelated business taxable income before spe				
		deduction (Generally \$1,000, but see line 38			•	
38		ed business taxable income. Subtract line				
39						0.
Day		e smaller of zero or line 37	<u> </u>	· · · · · · · · · · · · · · · · · · ·	. 55	
		Tax Computation rations Taxable as Corporations. Multiply line 3	20 5 249/ (0.24)	 ,	▶ 40	
40	-					
41	Trusts		structions for tax comput r Schedule D (Form 10			
						
42		ax. See instructions				
43		tive minimum tax (trusts only)				
44		Noncompliant Facility Income See instructions				
45		dd lines 42, 43, and 44 to line 40 or 41, which	ever applies	· · · · · · · · · · · · · · · · · · ·	. 45	<u> </u>
Par		Tax and Payments		40	- 	T
		tax credit (corporations attach Form 1118, true				
		redits (see instructions)				
		business credit Attach Form 3800 (see instruc				
		or prior year minimum tax (attach Form 8801 o				
е		redits. Add lines 46a through 46d				
47		t line 46e from line 45				
48		kes Check if from Form 4255 Form 8611				
49		x. Add lines 47 and 48 (see instructions)				0.
50		et 965 tax liability paid from Form 965-A or For			. 50	
		its A 2018 overpayment credited to 2019				
		stimated tax payments	r			
		osited with Form 8868				
		organizations Tax paid or withheld at source (s				
е	Backup	withholding (see instructions)	r			
f	Credit f	or small employer health insurance premiums (a		51f	_	
g	Other c	edits, adjustments, and payments Form 2	439			
	F	orm 4136	Total ▶	51g		
52	-	ayments. Add lines 51a through 51g		<u>.</u>	. 52	
53	Estimat	ed tax penalty (see instructions) Check if Form	2220 is attached	▶∟	53_	
54	Tax due	e. If line 52 is less than the total of lines 49, 50	, and 53, enter amount owed		▶ 54	
55	Overpa	yment. If line 52 is larger than the total of lines	s 49, 50, and 53, enter amount o	verpaid	▶ 55	
56	Enter the	e amount of line 55 you want Credited to 2020 esti		Refunded		
Par	t VI	Statements Regarding Certain A	ctivities and Other Info	ormation (see instruct	ions)	
57	At any	time during the 2019 calendar year, did	the organization have an in	terest in or a signature	or other	r authority Yes No
		financial account (bank, securities, or other	· ·			
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts If "Yes,	" enter the name of the	ne foreig	in country
	here 🕨	·				X
58	During	the tax year, did the organization receive a dist	ribution from, or was it the gran	ntor of, or transferor to, a fo	oreign trus	st? X
	If "Yes,"	see instructions for other forms the organization	n may have to file			
59		e amount of tax-exempt interest received or ac				
	U	nder penalties of penury, I declare that I have examined	this return, including accompanying sch	edules and statements, and to the	ne best of	my knowledge and belief, it is
Sign	າ ⊾ "	ie, correct, and complete Declaration of preparer (other than to	Appayer) is based on all information of white	on proparer has any knowledge	May the	IRS discuss this return
Her		Stehn	11/15/2020 CFO			preparer shown below
		grature of officer	Date Title		(see instruc	ctions)?X Yes No
		Pnnt/Type preparer's name	Preparer's signature	Date	neck	If PTIN
Paid		KEVIN ENSMINGER	Kare E-	_	elf-employe	. 501010550
•	arer	Firm's name ▶ BKD, LLP		Fi	m's EIN	
use	Only	Firm's address ▶ 8200 W. INTERSTATE 10	, SUITE 900, SAN ANTON	10, TX 78230-3806 Pt	none no 2	210.341.9400
JSA 741.1.0						Form 990-T (2019)

JSA 9X2741 1 000 5544NL A87D 11/13/2020 1:17:27 PM V 19-7.7F 1171524

Form 990-T (2019)											F	Page 3
Schedule A - Cost of Go			nter metho	d of invent					_	1		
1 Inventory at beginning of ye	· ·	+			6			ar	6			
2 Purchases					7		-	ld. Subtract line				
* * * * * * * *	Cost of labor						ne 5 Enter	l _				
		Ì			_				7			
(attach schedule)					8			section 263A (w			Yes	No
b Other costs (attach schedule	_							or acquired for				.,
5 Total. Add lines 1 through 4				10	•	to the org	anization?		<u></u>	<u> </u>		<u> </u>
Schedule C - Rent Income	(From	Real F	roperty a	na Perso	naı	Property	Leased V	vitn Real Propei	τy)			
(see instructions)												
1. Description of property		_						···				
(1)										<u> </u>		
(2)								·				
(3)			_,	-								
(4)								· -				
	2. R	ent rece	ived or accru	ed				•				
for personal property is more than 10% but not percentage of									ductions directly connected with the income columns 2(a) and 2(b) (attach schedule)			
(1)												
(2)												
(3)							•					
(4)												
Total			Total									
(c) Total income. Add totals of col here and on page 1, Part I, line 6,								(b) Total deductio Enter here and on Part I, line 6, colur	page 1			
Schedule E - Unrelated De				e instruct	ions)							
1 Description of debt	-financed	property				me from or bt-financed		Deductions directly cor debt-finance	ed prop	erty		
·				p	roper	ty		nt line depreciation ch schedule)	,	b) Other dedu attach sched		
(1)	-											
(2)		1-										
(3)		-										
(4)												
4 Amount of average adjust acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjust of or allocabl debt-financed property (attach schedule)			ble to property	ole to 4 divided broperty			7 Gross income reportable (column 2 x column 6)		8 Allocable ded (column 6 x total c 3(a) and 3(l		of colum	
(1)						%						
(2)						%						
(3)						%						
(4)						%						
T-A-I-			-			_		e and on page 1, le 7, column (A)		er here and o t I, line 7, col		
Totals								▶				

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Schedule F - Interest, Ann	uities, Royaltie	s, and Rei	nts Fr	om Contro	lled O	rganiza	tions (se	e instructi	ons)	
Name of controlled organization	2 Employer identification numb	per 3 N				ons of specifie ents made	d included	of column 4 th	6 Deductions directly connected with income in column 5	
(1)	 									-
(2)										
(3)		- -								
(4)				_						
Nonexempt Controlled Organi	zations	•				-				·
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specific payments made	:d	ınclu	art of column ded in the co ization's gros	introlling		Deductions directly nected with income in column 10
(1)	<u>.</u>								<u> </u>	
(2)										
(3)						ļ				
(4)										
						Ente	columns 5 a here and on I, line 8, colu	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
Totals					▶					
Schedule G-Investment II	ncome of a Sec	ction 501(c)(7),	(9), or (17) Orga	nizatio	n (see ins	tructions)		
1 Description of income	2 Amount o	fincome		3. Deduction directly cor (attach sch	nected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B)
Totals ▶										
Schedule I-Exploited Exe	empt Activity In	come, Oth	er Th	an Adverti	sing Ir	ncome	see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirectly connected production unrelated business in	y with n of ed	4 Net inconfrom unrelat or business 2 minus col If a gain, co	ed tradé (column umn 3) ompute	from a	ss income ctivity that unrelated ss income	6 Experations at the column	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)						<u> </u>				
(3)						-	·			
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	arti,							Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J- Advertising Ir	come (see instr	uctions)		<u> </u>	·					
Part I Income From Per			onsol	idated Ras	ie					
income From Fer	louicais Report	eu on a o	011301	luateu Das	113					
1 Name of penodical	2 Gross advertising income	3 Dire advertising		4 Adverting an or (los 2 minus con a gain, con cols 5 through	s) (col I 3) If npute		rculation come	6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)						Ì				
(3)										
(4)										
Totals (carry to Part II, line (5))										
						·				Form 990-T (2019)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) Part II

1 Name of penodical	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)						
Totals from Part I ▶				<u></u>		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶		· · · · · · · · · · · · · · · · · · ·				

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

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ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC SECTION 512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.