

Chairman Guest, Ranking Member Thompson, and distinguished members of the committees, thank you for the opportunity to testify and for addressing this urgent matter.

My name is Ali Hopper, and I am the President & co-founder of GUARD Against Trafficking, a 501(c)3 dedicated to combatting human trafficking through innovative research, dynamic education, and empowered action. As a Hispanic mother, I have held in my arms a 6-year-old Colombian child that was left to die at the border by the cartel. The child was dirty, cold. and terrified.

I've walked the very paths these children traveled along the border—trails littered with discarded IDs, torn clothing, and haunting signs of the sexual exploitation they've endured. We've seen unaccompanied children firsthand crossing our border clutching scraps of paper with a name, a phone number, and an address—given to them by the cartels, already coached on who to request as their sponsor.

And in the five minutes I speak to you, countless unaccompanied alien children are still suffering - abused, trafficked and forgotten by a system that was supposed to protect them.

When I testified before you in November, we spoke about how men, women, and children were being sold, exploited, and brutalized within our own borders—and how unaccompanied children became some of the most vulnerable victims.

Today, we must ask the harder question: How did we allow this to happen? And what role did NGOs play in making it possible?

### **RESEARCH FINDINGS**

My research partner Dr. Jarrod Sadulski, and I have conducted extensive field research including direct interviews with unaccompanied alien children (UACs), human traffickers, cartel members, and whistleblowers. Our findings revealed were significant systemic failures and corruption at the highest levels:

Unprecedented Trafficking Due to Lax Sponsor Vetting: In interviews with cartel
members incarcerated for human trafficking, they explained how weak sponsor
verification incentivized trafficking by enabling cartels to control children's
placement by supplying children with exact sponsor information, allowing control
over their destination.

- Alarming Conditions at the Border: A cartel operative in Tecate, Mexico, described
  the routine kidnapping of children for trafficking into the U.S., made easier by open
  borders, inadequate border security and flawed NGO screening practices. Cartels
  infiltrated NGOS along smuggling routes to the Southwest Border, using them to
  facilitate in the smuggling or trafficking of children. By providing children with false
  documents and pairing them with adults to pose as family units, they placed the
  children in grave danger.
- **Falsified Records**: According to an internal audit conducted by Health and Human Services (HHS), approximately 70% of sponsor applications examined were found to be fraudulent, making child traceability and safety assurances nearly impossible.<sup>1</sup>
- Neglect of the Hotline System: The HHS hotline, established to address concerns about UAC placements, received nearly 65,000 calls from August 2023 to January 2025, that went largely unanswered, allowing trafficking to continue unchecked.<sup>2</sup> For example, one call was received of a child reporting "a lot of grown men were coming into his bedroom and touching him". This call was ignored by the previous administration and only acted upon after this current administration took over, leading to a welfare check, the child being rescued and the sponsor being arrested.

## FAILURE OF NGOS TO ADEQUATELY PROTECT CHILDREN

Today we are here to examine how that happened. To confront how children were failed - grossly mismanaged by NGOs funded by U.S. taxpayer dollars.

Because here's the hard truth: the United States government became the middleman in a humanitarian pipeline exploited by cartels and obscured by federal contracts. They awarded no-bid, billion-dollar contracts to NGOs without oversight; and allowed influx facilities, funded by taxpayers, to operate as transportation hubs.

One notable example of this mismanagement is Endeavors. While we will focus on specific instances there, a broader review of all NGOs involved in this process suggests similarly troubling findings are likely widespread - such as those uncovered within Southwest Key programs.

### **ENDEAVORS: A CASE STUDY IN MISMANAGEMENT**

We examined Endeavors' IRS Form 990s from 2019 through 2022 [Exhibit 1], looking for indicators of financial irregularities, executive enrichment, program mismanagement, and misuse of federal funds related to the UAC program. Prior to 2021, Endeavors was a midlevel social service nonprofit (revenues \$50–60M) with a mix of grants (VA, HUD, etc.) and program service income. In 2020, Endeavors reported \$52 million in revenue. By 2021, that

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<sup>&</sup>lt;sup>1</sup> https://www.foxnews.com/us/trump-immigration-advisor-targets-criminals-exploiting-unaccompanied-minors-who-entered-us-under-biden

<sup>&</sup>lt;sup>2</sup> https://www.grassley.senate.gov/imo/media/doc/grassley\_to\_hhs\_-

\_backlog\_of\_unaccompanied\_migrant\_children\_reports.pdf

number had soared to \$658 million. In 2022, it eclipsed \$1.18 billion, comparable to the very largest NGOs like Save the Children USA (\$1.0B) or International Rescue Committee (~\$900M). However, Endeavors' funding is nearly 100% federal, whereas Save the Children and IRC have diversified funding (private donations, UN grants, etc.). Save the Children, for example, gets ~55% of its funding from the U.S. government and the rest from private donors. What was the key driver of this soaring scalability? Government contracts like the \$385 million no-bid contract from the Office of Refugee Resettlement.<sup>3</sup>

During that same period, Endeavors executives padded their pockets. CEO Jon Allman's compensation doubled to \$615,000 in 2021, then rose to \$730,000 in 2022. The CFO and COO weren't far behind. The executive team received six-figure "surge bonuses" directly tied to revenue growth—bonuses funded by the very grants meant to protect children were treated like venture capital - not public service. Endeavors ended 2021 with a \$33 million surplus and \$112 million in 2022.

And behind those numbers stood some of the individuals who helped make it all possible. Andrew Lorenzen-Strait, a former Biden transition official and ICE advisor, helped facilitate no-bid federal contracts to Endeavors and was caught on camera referring to the border crisis as a "boom for business". The Endeavors' Director of Training and Compliance, along with the Acting Senior Director for Migrant Services & Federal Affairs, reinforced this environment by blocking safety protocols, resisting oversight, and silencing internal dissent.

Based our research interviews with contracted compliance officers with firsthand accounts at the Endeavors' Pecos, Texas facility, and their written statements [Exhibit 2]:

- "Staff were hired without completed fingerprinting or thorough background checks."
- "Male staff were found inside female dorms."
- "A contractor led 150 teenage girls, minors in sexually explicit dance routines, teaching them how to "twerk". He did it twice—once at the facility's ribbon-cutting, and again months later—before an on-site compliance officer demanded intervention."
- "Children collapsed after being subjected to massive vaccination protocols with no parental consent and no clear medical follow-up."
- "Two compliance officers discovered a female housed alone in a dorm who was over 18 years of age. Endeavors was shielding her from ICE. In other cases, UACs on the verge of turning 18 were released early to avoid ICE transfer."
- "An Endeavors employee that raised concerns about too many children being sent a single address was terminated."

<sup>&</sup>lt;sup>3</sup> https://www.washingtonexaminer.com/news/2035069/hhs-awarded-group-with-biden-ties-530m-no-bid-contract-to-house-migrant-children/

<sup>&</sup>lt;sup>4</sup> https://www.washingtonexaminer.com/news/1785362/biden-transition-official-caught-on-camera-saying-border-crisis-is-boom-for-business/#google\_vignette

 "A former ICE employee with a background in case management, serving as a contracted compliance team lead was actively stonewalled from reviewing child placements."

# **CONSEQUENCES OF SYSTEMIC NEGLECT**

To reiterate, it wasn't just Endeavors. Across the country, NGOs became waystations—processing points in a steady flow of children. Federal contracts incentivized output over outcomes, prioritizing speed over safety.

And the cartels took full advantage. They studied every gap and exploited them, sending children into a system they knew would fast-track them to cartel-controlled sponsors - without meaningful background checks, with addresses verified through postal databases, and IDs often accepted via WhatsApp or text with no facial match to the sender. This is how 70% of sponsor data became falsified or fraudulent.

Post placement welfare checks were typically limited to two phone calls made to the sponsor's home; if no one answered, the case was no longer followed up on. This broken process contributed to the staggering over 300,000 children who went unaccounted for.

NGOs were also tasked with transporting children to the unvetted sponsors, yet we personally witnessed unaccompanied children from the border flying alone with no escort. Flight attendants encountered situations where children were sent to the wrong locations, couldn't communicate due to language barriers and in some cases required CPS or police intervention when sponsors failed to appear at the airport gate. Most children were placed without home studies to assess their safety- though a small number of exceptions existed.

Through research, we uncovered the case of an Office of Refugee Resettlement (ORR) field specialist who visited a home where a 17-year-old child was set to be placed. The field specialist noted that the person claiming to be the child's mother was adorned in MS-13 tattoos. Despite the specialist's report of serious concerns, ORR leadership overruled them. Three months following placement, that child was found dead - his pants around his ankles, with an older man passed out next to him.

In another case in Cleveland, a 30-year-old sponsor falsely claimed to be a "brother" of a 14-year-old UAC. After placement, the child was raped by other men in the household.

Just last week, ICE and CBP arrested approximately 200 total illegal aliens at two cannabis farms in California, where ten unaccompanied children were found - part of an ongoing investigation into child labor violations and suspected trafficking. Similar cases are happening nationwide.<sup>5</sup>

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<sup>&</sup>lt;sup>5</sup> https://www.dhs.gov/news/2025/07/11/ice-and-cbp-law-enforcement-dodge-literal-bullets-rioters-while-rescuing-least-10

Through our research, we discovered approximately 117 UAC children that are believed to be trafficked on a farm in the Midwest. Through our intervention, there is a now a current criminal investigation into that matter. We cannot allow global industries to profit from trafficking, abuse and modern-day slavery.

So, where do we go from here?

First, we must acknowledge the hard truth: these failures were not isolated or unforeseeable. They were the result of negligence, lack of oversight, and a culture of unaccountability.

#### POLICY RECOMMENDATIONS

This moment is not about partisanship. It's about protecting children and standing united against the evils of modern-day slavery. Humanitarian missions - no matter how good the intention is of that mission, must never excuse negligence. When policies lead to the exploitation or harm of children, there must be accountability.

Therefore, I respectfully urge Congress to:

- 1. Initiate a full forensic audit of all ORR contracts exceeding \$100 million, suspending funding until audits are completed.
- 2. Implement full claw-back provisions to return every unspent dollar to the Treasury.
- 3. Mandate transparent public disclosures, independent federal oversight, and standardized tracking for UAC placements.
- 4. Require comprehensive home studies both before and after placements of unaccompanied minors.

We have the responsibility and the opportunity to do what is right. We must move forward with courage, moral clarity and unity to restore integrity to this system—and to protect the innocent lives depending on us.

Thank you for your time, and for the opportunity to share my research. I welcome your questions.

Ali Hopper
President & Co-Founder
Guard Against Trafficking
AHopper@GuardAgainstTrafficking.org

# **Exhibits**

- 1. Endeavors' IRS Form 990s from 2019 through 2022
- 2. Written Statements from Gabriela Pacheco and Derrick Charleston

# Exhibit 1

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

DLN: 93493321097750 OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization FAMILY ENDEAVORS INC D Employer identification number B Check if applicable: ☐ Address change 23-7223078 % STEVE LEFEVER ■ Name change ☐ Initial return Doing business as **ENDEAVORS** ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6363 DE ZAVALA RD □ Application pending (210) 431-6466 City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX  $\,$  78249 **G** Gross receipts \$ 66,282,881 Name and address of principal officer: H(a) Is this a group return for JON ALLMAN □Yes ☑No subordinates? 6363 DE ZAVALA RD H(b) Are all subordinates SAN ANTONIO, TX 78249 ☐ Yes ☐No included? Tax-exempt status: 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.ENDEAVORS.ORG L Year of formation: 1971 M State of legal domicile: TX **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: ENDEAVORS IS A FAMILY OF PROGRAMS THAT WEAVES CREATIVE IDEAS WITH MEASURABLE OUTCOMES TO BUILD SOCIAL AND COMMON GOOD. ULTIMATELY, WE EMPOWER PEOPLE (CONTINUED ON SCHEDULE O) Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 623 6 Total number of volunteers (estimate if necessary) . . . 0 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7h b Net unrelated business taxable income from Form 990-T, line 39 0 **Prior Year Current Year 8** Contributions and grants (Part VIII, line 1h) . . 38,773,370 60,603,880 9 Program service revenue (Part VIII, line 2g) . . . 4,195,729 4,581,176 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . 52,286 616,080 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 229,660 109,401 43,251,045 65,910,537 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 3,451,769 2,099,058 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 22,752,172 25,352,707 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶796,374 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 16,961,433 37,477,886 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 43,165,374 64,929,651 980,886 19 Revenue less expenses. Subtract line 18 from line 12 . 85,671 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 20,613,176 20,981,179 21 Total liabilities (Part X, line 26) . 6,894,656 6,281,773 22 Net assets or fund balances. Subtract line 21 from line 20 . 14,699,406 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-11-16 Signature of officer Sign Here STEVEN LEFEVER CFO Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | if 2020-11-16 P01310558 Paid self-employed Firm's name ► BKD LLP Firm's EIN ▶ Preparer

Firm's address ▶ 8200 W Interstate 10 Suite 900

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

San Antonio, TX 782303806

Use Only

Phone no. (210) 341-9400

☑ Yes ☐ No

Form	990 (2019)					Page <b>2</b>					
Pa	rt III Statement	of Program Se	rvice Accomplis	hments							
	Check if Sche	dule O contains a r	esponse or note to	any line in this Part I		🗹					
1	Briefly describe the c	organization's missi	ion:								
					AND INNOVATIVE SERVICES THA						
BUIL	D BETTER LIVES FOR	THEMSELVES, THE	IR FAMILIES, AND T	HEIR COMMUNITIES	. (CONTINUED ON SCHEDULE O)						
	Did the organization	undertake anv sigr	nificant program ser	vices during the vea	r which were not listed on	_					
	the prior Form 990 o	, -		<i>-</i> ,		☐ Yes ☑ No					
	If "Yes," describe the										
3	Did the organization			changes in how it co	nducts, any program						
	services?					. ☐ Yes ☑ No					
	If "Yes," describe these changes on Schedule O.										
4		d 501(c)(4) organi	zations are required	to report the amou	ree largest program services, as r nt of grants and allocations to oth						
	(Code:	) (Expenses \$	43,800,084	including grants of \$	11,986 ) (Revenue \$	3,305,560 )					
	See Additional Data										
4b	(Code:	) (Expenses \$	6,402,488	including grants of \$	63,076 ) (Revenue \$	617,196 )					
	See Additional Data										
4c	(Code:	) (Expenses \$	5,750,016	including grants of \$	2,022,489 ) (Revenue \$	459,575 )					
	See Additional Data										
	See Additional Data	Table									
4d	Other program servi	ces (Describe in Sc	hedule O.)								
	(Expenses \$	2,290,262	including grants of	\$	1,507 ) (Revenue \$	198,845 )					

Form 990 (2019) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 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 Nο 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 Nο 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🕏 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," No complete Schedule D, Part III 🥞 . . . . . . . . . . . . . . . . . . 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 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 Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 . . . . . . . . . . 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 Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes 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 Nο 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Yes b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Yes If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥞 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Nο 14a No 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **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 14b No Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any No 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Νo

Nο

Νo

18

19

20a

20b

Yes

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

rm	990 (2019)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
2	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	Yes	
.3	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? <i>If "Yes," complete Schedule J </i>	23	Yes	
4a	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
5a	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		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
6	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		No
7	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? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
В	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
•	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
L	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
1	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
5	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	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		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1.3 1.3 2.333		Yes	No

1b

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0

**1**c

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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		No
b	If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
_	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
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		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	a "No" respo	onse to i	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
36	ection A. Governing Body and Management		Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year   1a	8	163	NO
	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			
b	similar committee, explain in Schedule O.  Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any otl officer, director, trustee, or key employee?	her 2		No
3				No
4		. 4		No
5		5		No
6		6		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	nore <b>7a</b>		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	or <b>7b</b>		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea the following:	r by		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
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 in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	∕enue Code	e.)	
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliat and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing form?	the 11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe i Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participal in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exercises with respect to such arrangements?	mpt 16b		
Se	ection C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.	5		
10	Own website Another's website Upon request Other (explain in Schedule O)	<b>-</b> +		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  STEVE LEFEVER 6363 DE ZAVALA RD SAN ANTONIO, TX 78249 (210) 431-6466	٠.		

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

and Independent Contractors

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, or 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

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related		ne bo	ox, ι n of or/t	t ch unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	Misc)	MISC)	related organizations
(1) JON ALLMAN ENDEAVORS PRESIDENT & CEO	40.0	×		х				292,013	0	o
(2) STEVEN LEFEVER	40.0			Х				202,516	0	0
CFO (3) MELINDA FIERROS	4.0					X		163,886	0	0
PSYCHIARIST  (4) DANNIEL A HERNANDEZ JR  CHIEF HUMAN RESOURCES OFFICER	0.0 40.0 					х		162,121	0	0
(5) MINA WOODARD FORMER COO	40.0					х		150,277	0	0
(6) DAVID HENANDEZ SENIOR DIRECTOR	40.0					х		146,791	0	0
(7) ANNIE KAY ERICKSON SENIOR DIRECTOR	40.0					х		135,539	0	0
(8) CHIP FULGHUM	40.0			х				96,667	0	0
9) MAJ GENERAL ALFRED K CHAIR	0.0	×		x				0	0	0
(10) NICK GRANT MEMBER	0.0	×						0	0	0
(11) BERNICE VILLARREAL VICE CHAIR	0.0	×		х				0	0	0
(12) ANDY APPLE TREASURER	0.0	×		х				0	0	0
(13) SHIRLEY SCHULTZ SECRETARY	0.0	Х		x				0	0	0
(14) DORIS BEAULIEU MEMBER	0.0	Х						o	0	0
(15) WILLIAM OWEN MEMBER & CLIENT LIASON	0.0	Х						0	0	0
										Form <b>990</b> (2019)

Part VII

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

(C) Compensation

Form **990** (2019)

Page 8

	(A) Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u an off	ot che unles fficer	eck moss ss pers r and a tee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organizat relat organiza	ed
		1				$\Box$						
		1				$\Box$						
		1										
		1										
		1										
		1										
		1										
	Sub-Total			-			<b>&gt;</b>				•	
	Total from continuation sheets to Pa Total (add lines 1b and 1c)  .   .   .	art VII, Section					<b>▶</b>		1,349,810	0		0
2	Total number of individuals (including of reportable compensation from the	g but not limited	to those			bove	e) who	rece	eived more than \$10	00,000		
ļ ———											Yes	No
3	Did the organization list any <b>former</b> cline 1a? <i>If "Yes," complete Schedule J</i>	·		ee, ke	еу е •	mplo	oyee, d	or hi	ghest compensated		3	No
4	For any individual listed on line 1a, is organization and related organizations									the		
l	individual			•	٠	•					4 Yes	
5	Did any person listed on line 1a receive services rendered to the organization		•						-		5	No
	ection B. Independent Contract											
1	Complete this table for your five higher from the organization. Report comper										ensation	

(A)

Name and business address

compensation from the organization ▶ 0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(B)

Description of services

orm 9 Part			of F	Revenue						Page <b>9</b>
		Check if Scheo	dule	O contains a	respo	onse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D)  Revenue  excluded from tax under sections
	<b>1</b> a	Federated campa	aigns	· .	<b>1</b> a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	<b>b</b> Membership due	s.	. [	<b>1</b> b					
Gr.	(	c Fundraising ever	nts .	. [	1c					
ifts, ar ⊉		d Related organiza		Ŀ	1d					
s, G imil		Government grants		Ļ	1e	52,791,604				
tion er S	*	<ul> <li>All other contribution</li> <li>and similar amount</li> <li>above</li> </ul>			<b>1</b> f	7,812,276				
ib St.	و	Noncash contributions 1a - 1f:\$	ons in	cluded in	.					
onti nd (	١.	h Total. Add lines	1 - 1	<u>,</u>	1g					
S P		II Total. Add lilles	1a-1		•	Business Code	60,603,880			
	2a	PROGRAM FEES				900099	4,581,176	4,581,176		
al e						900099				
Program Service Revenue	b									
Ce B	c									
Şer vi										
am S	d									
rogra	е									
•	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	<b>&gt;</b>	4,581,176	I			
	3 I	Investment income		luding divide	nds, i	nterest, and other		8		15,268
		Income from invest					1	0		
	5 F	Royalties	_			•	•	0		
				(i) Rea	l	(ii) Personal	4			
		Gross rents	6a	2	23,870	)				
	b	Less: rental expenses	6b	1	34,150	)				
		Rental income or (loss)	6c		89,720	)	0			
		Net rental income	e or (				89,72	О		89,720
				(i) Securi	ties	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a			839,00	6			
	b	Less: cost or other basis and sales expenses	7b			238,19	4			
	c	Gain or (loss)	7c			600,81	2			
		Net gain or (loss)   Gross income from fu			<u>.                                    </u>	• • • •	600,81	2		600,812
ne		(not including \$contributions reporte		of						
Other Revenue		See Part IV, line 18	•		8a	C				
r g		Less: direct expen			8b	C				
the	С	Net income or (los	ss) fr	om fundraisi	ng ev	ents 🕨	1	0		
		Gross income from See <b>Part</b> IV, line 19								
		Less: direct expen			9a 9b	C				
		Net income or (los						o		
		C 1 (:								
	TUa	Gross sales of inverse returns and allowa			10a	C				
	b	Less: cost of good	ls sol	ld	<b>10</b> b	C				
	С	Net income or (los Miscellaneo			nvent			0		
	11	MISCELLANEOUS				Business Code 90009	9 19,68	1		19,681
			·							
	b									
	C									
		All aktorio								
		All other revenue   <b>Total.</b> Add lines 1				•	3			
		Total revenue. S					19,68	1	-	
			- "		-	• • • •	65,910,53	7 4,581,170	5	725,481 Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must of		_		ımn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			<u>.</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	493,698	493,698		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,605,360	1,605,360		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	591,196		591,196	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	20,358,660	17,853,267	1,992,620	512,773
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,876	45,883		2,093
9 Other employee benefits	2,866,919	2,375,272	416,991	38,556
<b>10</b> Payroll taxes	1,524,056	1,316,810	170,084	37,162
11 Fees for services (non-employees):		, ,	•	<del></del>
a Management	0			
<b>b</b> Legal	439,397	68,368	370,134	895
c Accounting	602,843	215,025	385,385	2,433
<b>d</b> Lobbying	,	,	,	<u>,                                     </u>
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,293,904	27,157,973	135,931	
12 Advertising and promotion	0			_
13 Office expenses	1,372,486	1,057,113	279,069	36,304
14 Information technology	0			
<b>15</b> Royalties	0			_
<b>16</b> Occupancy	4,975,645	4,351,950	608,569	15,126
17 Travel	935,205	790,949	129,858	14,398
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	279,120	84,965	160,178	33,977
<b>20</b> Interest	91,751		91,751	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	444,896	314,176	126,379	4,341
23 Insurance	221,436	108,174	110,094	3,168
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM ACTIVITIES	453,983	191,661	167,791	94,531
L DECOULTING	404.004	35 534	105 244	
b recruiting	131,394	25,536	105,241	617
c BAD DEBT EXPENSE	180,212	180,212		
d MISCELLANEOUS	55,614	6,458	49,156	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	64,929,651	58,242,850	5,890,427	796,374
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).				
Check here ► Li il following SOF 98-2 (ASC 958-720).				

Form	990	(2019)					Page <b>11</b>
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			2,922,755	1	2,455,195
	2	Savings and temporary cash investments .		[	133,585	2	210,736
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net		[	9,338,811	4	12,078,690
	5	Loans and other payables to any current or form key employee, creator or founder, substantial c entity or family member of any of these persons	tor, or 35% controlled	0	5	0	
	6	Loans and other receivables from other disquali section $4958(f)(1)$ ), and persons described in section $4958(f)(1)$		0	6	0	
S	7	Notes and loans receivable, net	[	0	7	0	
ssets	8	Inventories for sale or use	[	0	8	0	
AS	9	Prepaid expenses and deferred charges			467,116	9	394,629
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	12,441,823			
	b	Less: accumulated depreciation	10b	2,773,644	7,315,783	<b>10</b> c	9,668,179
	11	Investments—publicly traded securities .			0	11	0
	12	Investments—other securities. See Part IV, line	11 .	[	0	12	0
	13	Investments—program-related. See Part IV, line	e 11 .	. [	0	13	0
	14	Intangible assets	[	0	14	0	
	15	Other assets. See Part IV, line 11	435,126	15	-3,826,250		
	16	Total assets. Add lines 1 through 15 (must eq	34)	20,613,176	16	20,981,179	
	17	Accounts payable and accrued expenses			2,906,957	17	2,214,076
	18	Grants payable			0	18	0

10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	12,441,823			
b	Less: accumulated depreciation	10b	2,773,644	7,315,783	<b>10</b> c	9,668,179
11	Investments—publicly traded securities .			0	11	0
12	Investments—other securities. See Part IV, line	11 .		0	12	0
13	Investments—program-related. See Part IV, line	11 .		0	13	0
14	Intangible assets			0	14	0
15	Other assets. See Part IV, line 11			435,126	15	-3,826,250
16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	20,613,176	16	20,981,179
17	Accounts payable and accrued expenses			2,906,957	17	2,214,076
18	Grants payable			0	18	0
19	Deferred revenue			0	19	0
20	Tax-exempt bond liabilities			0	20	0

Escrow or custodial account liability. Complete Part IV of Schedule D

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

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

Retained earnings, endowment, accumulated income, or other funds

21

29

30

31

32

33

Liabilities 22 Loans and other 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 . 0 22 0 23 1,976,184 23 1,824,056 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 2,011,515 2,243,641 25 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . . 6.894.656 26 Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 11,712,437 27 12,129,245 28 Net assets with donor restrictions 2,006,083 28 2,570,161

0

21

29

30

31

32

33

13,718,520

20,613,176

0

14,699,406

20,981,179

Form 990 (2019)

6.281.773 Net Assets or Fund Balances Organizations that do not follow FASB ASC 958, check here ▶ complete lines 29 through 33.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3h Yes

# **Additional Data**

Software ID:

**EIN:** 23-7223078

Name: FAMILY ENDEAVORS INC.

Form 990 (2019)

Software Version:

Form 990, Part III, Line 4a:

DISASTER RELIEF - ENDEAVORS PROVIDES CLIENT-FOCUSED SERVICES FOR SHORT-TERM RELIEF AND LONG-TERM RECOVERY. WE DEVELOP RECOVERY PLANS, CREATE SAFE ENVIRONMENTS, AND PROVIDE RESOURCE REFERRALS FOR INDIVIDUALS IMPACTED BY PRESIDENTIALLY DECLARED DISASTERS.

#### Form 990, Part III, Line 4b: MENTAL HEALTH - ENDEAVORS PROVIDES HIGH-OUALITY, ACCESSIBLE, AND INTEGRATED MENTAL HEALTH CARE TO VETERANS AND THEIR FAMILIES, REGARDLESS OF ROLE WHILE IN UNIFORM, DISCHARGE STATUS, OR ABILITY TO PAY.

Form 990, Part III, Line 4c: VETERAN SERVICES - ENDEAVORS PROVIDES SUPPORTIVE SERVICES FOR VETERANS AND THEIR MILITARY FAMILIES FOCUSES ON HOMELESSNESS PREVENTION & STABILIZATION, PARENTING SKILLS, AND MENTAL HEALTH CARE.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

others, the total expenses, and revenue, if any, for each program service reported.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code: (Expenses \$ including grants of \$ (Revenue \$ COMMUNITY SERVICES - ENDEAVORS PROVIDES CASE

(Code: including grants of \$ (Revenue \$ (Expenses \$

MANAGEMENT, CLINICAL SERVICES, AND LIFE-SKILLS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: (Expenses \$ including grants of \$ (Revenue \$

TRAINING FOR FAMILIES, SENIORS, CHILDREN, AND

198,845

(Code: ) (Expenses \$ including grants of \$ 1,507 ) (Revenue \$ 2,290,262

INDIVIDUALS

efil	e GR/	<u>APHIC prii</u>	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493321097750			
SCI	HED	ULE A	- Dublic (	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047			
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019			
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	ne organiza AVORS INC	tion				Employer identific	ation number			
IAMIL	LINDL	AVORS INC					23-7223078				
	rt I		for Public Charity Statu				See instructions.				
1 1	rganiz		a private foundation because	`	•		(A)(:)				
		·	onvention of churches, or as								
2			scribed in section 170(b)(		,						
3		·	or a cooperative hospital serv	-			-				
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:									
5			ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in <b>section 170</b>			
6			tate, or local government or	_							
7	<b>✓</b>		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in			
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. Se					ege or university or a			
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).				
12		more public	ation organized and operated ly supported organizations d through 12d that describes	escribed in section 5	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See <b>section 509(</b> a				
а		organizatio	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ppoint or elect a majo							
b		manageme	supporting organization suports of the supporting organization supporting organizations A a	ition vested in the sar							
С			unctionally integrated. A s organization(s) (see instructi					ted with, its			
d		Type III n functionally	on-functionally integrated integrated. The organization (s). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
е		Check this	box if the organization receiv or Type III non-functionally	red a written determir	nation from the I		pe I, Type II, Type II	I functionally			
f	Enter				-		<u> </u>				
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	r '						
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
Tota			tion Act Notice, see the In		Cat. No. 11285		Schedule A (Form 9				

-	Support Schedule for (Complete only if you ch	necked the box o	on line 5, 7, or 8	of Part I or if th	ie organization f	ailed to qualify u	
_	If the organization failed Section A. Public Support	a to qualify unde	er the tests listed	i below, please o	complete Part II	1.)	
_	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	18,134,311	23,673,720	28,017,739	38,773,370	60,603,880	169,203,020
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to						0
4	the organization without charge <b>Total.</b> Add lines 1 through 3	18,134,311	23,673,720	28,017,739	38,773,370	60,603,880	169,203,020
5	The portion of total contributions by	10,134,311	23,073,720	28,017,739	36,773,370	00,003,880	109,203,020
-	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).						0
6	<b>Public support.</b> Subtract line 5 from line 4.						169,203,020
	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7		18,134,311	23,673,720	28,017,739	38,773,370	60,603,880	169,203,020
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,444	333,327	40,339	240,142	239,138	890,390
9	Net income from unrelated business activities, whether or not the business is regularly carried on	11,054	4,422				15,476
10	or loss from the sale of capital assets (Explain in Part VI.).	30,508	30,006	45,857	65,051	19,681	191,103
11	10						170,299,989
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	66,646,293
13	First five years. If the Form 990 is f	or the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sect	tion 501(c)(3) orga	nization,
	check this box and ${f stop\ here}$					<b>▶</b> □	
	Section C. Computation of Publi						
	Public support percentage for 2019 (li					14	99.356 %
	Public support percentage for 2018 So					15	99.245 %
16	$_{ m a}$ 33 1/3% support test $-$ 2019. If the						
ı	and <b>stop here.</b> The organization qua 33 1/3% support test—2018. If the	ne organization did	l not check a box o	n line 13 or 16a, a	and line 15 is 33 1/	/3% or more, check	this
17	box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization in Part VI how the organization meets	t— <b>2019.</b> If the or on meets the "facts	ganization did not s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, s box and <b>stop he</b>	and line 14 <b>re.</b> Explain	. ▶ ⊔
ŀ	organization	st—2018. If the o	rganization did not facts-and-circumst	check a box on ling ances" test, check	ne 13, 16a, 16b, o this box and <b>stor</b>	or 17a, and line o here.	▶□
18	supported organization				7b, check this box		▶□
	instructions						▶ □

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

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.)

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6

7

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

Se	ection A. All Supporting Organizations						
			Yes	No			
L	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described						
	in section 509(a)(1) or (2).	2					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)						
	below.	3a					

	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 <b>Part VI</b> how the organization determined that the supported organization was described		
	in section $509(a)(1)$ or $(2)$ .	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination.	3b	

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below.	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 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		

	determination.	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or		
	supervised by or in connection with its supported organizations.	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported		

	2. The separation of the enganization passing passing basis.	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.		
	Checked 12a of 12b iii Pait 1, 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c	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 <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		

	supervised by or in connection with its supported organizations.	4b	
c	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 <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
Ба	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 <b>Part VI</b> , 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	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
5	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other		

•	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its		

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8
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.
```

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

7

8

10a

answer line 10b below.

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	ection 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 <b>Part VI</b> 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	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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 organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection 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 instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a 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> .	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

-	instructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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	6		

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	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section 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			

7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions					
9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
Section 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 <b>Part VI</b> ). See instructions.					
<b>3</b> Excess distributions carryover, if any, to 2019:					
a From 2014					
<b>b</b> From 2015					
c From 2016					

Section 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			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
<b>Total</b> of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019. . . . .

## **Additional Data**

#### Software ID: Software Version:

**EIN:** 23-7223078

Name: FAMILY ENDEAVORS INC

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).

instructions).

Facts And Circumstances Test

SCHEDULE D

following amounts relating to these items:

# 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. OMB No. 1545-0047

DLN: 93493321097750

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** FAMILY ENDEAVORS INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year . . . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Year Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🟲 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

**d** Equipment .

Par	t III	Organizations Maintaining Col	lections o	f Art, Hi	stori	cal Tr	easu	ires, oi	r Other	Similar A	ssets (	 continued)
3		the organization's acquisition, accession (check all that apply):	n, and other	records, o	check a	any of	the fol	llowing t	hat are a	significant	use of it	s collection
а		Public exhibition			d		Loan	or excha	ange prog	ırams		
b		Scholarly research			e		Other	r				
С		Preservation for future generations										
4	Provid Part >	de a description of the organization's col XIII.	lections and	explain h	ow the	y furth	er the	e organiz	zation's ex	xempt purpo	ose in	
5		ng the year, did the organization solicit o ss to be sold to raise funds rather than to									□ Y <sub>6</sub>	es 🗆 No
Pai	rt IV	Complete if the organization answ X, line 21.	vered "Yes								unt on	Form 990, Part
1a		e organization an agent, trustee, custodi ded on Form 990, Part X?									☐ <b>Y</b> €	es 🗌 No
b	If "Y∈	es," explain the arrangement in Part XIII	and comple	te the foll	owing	table:				Δ	mount	_
c	Begin	nning balance							1c			
d	Addit	ions during the year							1d			
е	Distri	butions during the year							1e			
f	Endin	ng balance							1f			
2a	Did th	he organization include an amount on Fo	rm 990. Par	t X. line 2	1. for	escrow	or cu	stodial a	ccount lia	ability?		es 🗆 No
b		es," explain the arrangement in Part XIII								· ·		—
	rt V	Endowment Funds.	. Check her	in the exp	Jianiaci	011 1103	БССП	provide	4 111 1 41 6 7	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
		Complete if the organization answ	vered "Yes	on Form	า 990	, Part	IV, lii	ne 10.				
			(a) Currer	it year	<b>(b)</b> P	rior yea	r (	(c) Two y	ears back	(d) Three ye	ars back	(e) Four years back
1a	Beginn	ing of year balance										
b	Contrib	outions					_					
С	Net inv	estment earnings, gains, and losses										
d	Grants	or scholarships										
е		expenditures for facilities ograms										
f	Admini	istrative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curre	ent year end	balance (	line 1g	g, colui	nn (a)	)) held a	s:			
а	Board	d designated or quasi-endowment ►										
b	Perm	anent endowment ►										
С	Temp	porarily restricted endowment ►										
	The p	percentages on lines 2a, 2b, and 2c shou	ld equal 100	)%.								
3а		here endowment funds not in the posses nization by:	sion of the	organizatio	n that	are h	eld and	d admini	istered fo	r the		Yes No
	<b>(i)</b> ur	nrelated organizations				•					_	a(i)
_		elated organizations										a(ii)
b		es" on 3a(ii), are the related organization					?.					3b
4		ribe in Part XIII the intended uses of the		n s endowi	ment f	unas.						
Pal	rt VI	Land, Buildings, and Equipmer Complete if the organization answ		' on Form	າ 990	. Part	TV lii	ne 11a	See For	rm 990 Pa	art X lii	ne 10.
	Descri	iption of property (a) Cost or oth (investme	ner basis	(b) Cost o						depreciation		(d) Book value
1a	Land		0			86	3,594					863,594
		ngs	0				6,076			2,430,986		8,085,090
		nold improvements				•				•		

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

579,391

482,762

347,418

372,077

231,973

110,685

	Investments—Other Securities.					rage <b>3</b>
	Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category	Part IV, li	ne 11b	.See Form 990, F (c) Method		
	(including name of security)	Book value		Cost or end-of-	year	market value
(1) Financia	I derivatives					
(3)Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	(1)					
Part VIII	Investments—Program Related.	<b>•</b>				
	Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	Part IV, li	ne 11c	. See Form 990, (b) Book value		X, line 13.  ) Method of valuation:
	(a) bescription of investment			(b) Book value		t or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<b>•</b>			
	Complete if the organization answered 'Yes' on Form 990, I  (a) Description	Part IV, lir	ne 11d.	See Form 990, Par	t X, li	ne 15. (b) Book value
(1)						, ,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>-</b>	
Part X	Other Liabilities.	D- 17/ 1:-				Park W. Park 25
1.	Complete if the organization answered 'Yes' on Form 990, I  (a) Description of liability	Part IV, III	ie 11e	or 111.See Form	990,	(b) Book value
(1) Federal (2)	income taxes					0
(3)						
(4)						
(5)						
(6) ————						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footno	ite to the c	naniza+	ion's financial states	mento	2,243,641
	's liability for uncertain tax positions under FIN 48 (ASC 740). Check					_

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2c Recoveries of prior year grants . . . d Other (Describe in Part XIII.) . . . . 2d 6,538,467

e Add lines 2a through 2d . 2e 3 3 

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

b 

C

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

**Supplemental Information** 

Add lines **4a** and **4b** . . . . . . . . . . . . .

Donated services and use of facilities . .

Donated services and use of facilities .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

Schedule D (Form 990) 2019

b

5

1

2

а

c

d

e 3

b

C

Part XIII

5

4

Part XII

Add lines **4a** and **4b** . . . . . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

4b

2a

2b

2c

2d

4a

4b

Explanation

2b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4c

19,280

134,150

2e

3

4c

5

6.968.395

19,280

153,430 64,929,651 64.929.651

Schedule D (Form 990) 2019

Page 4

65,499,889

6,557,747

58,942,142

6,968,395

65,910,537

65.083.081

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

### **Additional Data**

Software ID:

Software Version: **EIN:** 23-7223078

Name: FAMILY ENDEAVORS INC.

Supp	lem	en	itai	In	to	rm	atı	0	n

Explanation

Return Reference FORM 990, PART VIII, LINE 12: \$ 6,538,467 NET ASSETS RELEASED FROM RESTRICTIONS

- AMOUNTS INCLUDED ON LINE

SCHEDULE D, PART XI, LINE 2D

1 BUT NOT ON

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B - AMOUNTS INCLUDED ON FORM 990 NOT	INCLUDED IN FINANCIALS: \$ 7,102,545 INCREASE IN TEMPORARILY RESTRICTED NET ASSETS \$ (134,1 50) RENTAL EXPENSES RECLASSED \$ 6,968,395 TOTAL

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XII, LINE 2D - AMOUNTS INCLUDED ON LINE 1 BUT NOT ON	FORM 990, PART IX, LINE 25: \$ 134,150 RENTAL EXPENSE RECLASSED

\_

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Note: To capture the full co	ontent of this do	ocument, please se	lect landscape mode	: (11" x 8.5") whe	en printing.		
Schedule I			OMB No. 1545-0047				
(Form 990)			ther Assistanc		•		2019
			and Individuals				2019
	Coi	mplete if the organiza	tion answered "Yes," o  Attach to Form		, line 21 or 22.		Open to Public
Department of the Treasury		► Go to <u>www</u>	v.irs.gov/Form990 for		on.		Inspection
Internal Revenue Service  Name of the organization						Employer iden	tification number
FAMILY ENDEAVORS INC						23-7223078	
Consul Info	tion on Cuanta					23-7223078	
Part I General Informa							
Does the organization main the selection criteria used to						e, and	☑ Yes ☐ No
2 Describe in Part IV the orga	nization's procedur	es for monitoring the use	e of grant funds in the Un	ited States.			E 163 E 160
		estic Organizations ar can be duplicated if add		nts. Complete if the o	rganization answered "Yes"	on Form 990, Part IV,	line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ENDEAVORS UNLIMITED INC 6363 DE ZAVALA RD SAN ANTONIO, TX 78249	74-2618398	501(C)(3)	480,000				SUPPORT
2 Enter total number of section	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .				1
3 Enter total number of other	organizations listed	d in the line 1 table				<b>.</b> –	
For Paperwork Reduction Act Notice	e, see the Instruction	ns for Form 990.		Cat. No. 50055	5P		Schedule I (Form 990) 2019

Schedule I (Form 990) 2019						Page <b>2</b>
		e to Domestic Individuals. Com ditional space is needed.	nplete if the organization	answered "Yes" on Form	n 990, Part IV, line 22.	
(a) Type of grant or assistan	ıce	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental 1	Informa	ation. Provide the information	n required in Part I, li	ine 2; Part III, colum	nn (b); and any other addition	nal information.
Return Reference	Explana	ation				-
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT		DURING THE YEAR, THE ORGANI DLS IN PLACE TO DETERMINE THE		ISTANCE TO A CONTRO	LLED ORGANIZATION. AS SUCH,	, THE ORGANIZATION HAS INTERNAL
		GANIZATION PROVIDES ASSISTA OPLE THAT RECEIVE ASSISTANCE		NO GRANTS ARE GIVEN	DIRECTLY TO AN INDIVIDUAL. R	RECORDS ARE MAINTAINED TO SUBSTANTIATE

INDIVIDUALS: Schedule I (Form 990) 2019

### **Additional Data**

RENT/HOUSING AND UTILITIES

RENT/HOUSING AND UTILITIES

EDUCATIONAL SERVICES

**EMERGENCY SUPPLIES & HOUSING** 

GENERAL HOUSING STABILITY ASSISTANCE

MOVING COSTS

Software ID: Software Version:

**EIN:** 23-7223078

Name: FAMILY ENDEAVORS INC

Form 990, Schedule I,	Part III. Grants and	d Other Assistance to I	Domestic Individuals.

49962

49962

11426

13058

15377

260


1,292,622

1,292,622

3,441

22,234

234,926

1,500

ACTUAL COST ACTUAL COST

ACTUAL COST

ACTUAL COST

ACTUAL COST

ACTUAL COST

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. IACTUAL COST CHILDCARE 5962 48,677 CHILDCARE 5962 48,677 LACTUAL COST LEGAL SERVICES AND LIFE SKILLS 1.934 IACTUAL COST

IACTUAL COST

EMPLOYMENT/JOB SKILLS

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Fil	ed Dat	a -	DLN: 9	349332	1097	750
Sch	nedule J	Compe	ensat	ion Information		OMB No.	1545-0	0047
•	m 990)	Complete if the organizati	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.					
-	tment of the Treasury al Revenue Service	Go to www.ns.gov/rom	1990 101	mistructions and the latest miori	lation.	Open t Insp	ectio	
	me of the organiza				Employer identific	ation nu	ımber	
FAM	ILLY ENDEAVORS IN				23-7223078			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a	Check the appro 990, Part VII, S	opiate box(es) if the organization provide ection A, line 1a. Complete Part III to pr	ed any o ovide ar	f the following to or for a person listed by relevant information regarding thes	d on Form se items.			
	_	s or charter travel		Housing allowance or residence for I				
		companions	님	Payments for business use of persor				
		nification and gross-up payments	片	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	reur, chef)			
b		xes on Line 1a are checked, did the orga or provision of all of the expenses descr				1b		
2		ation require substantiation prior to reim			- 4-2	2		
	directors, truste	es, officers, including the CEO/Executive	Directo	r, regarding the items checked on Lin	ela?			
3	organization's C	if any, of the following the filing organiz EO/Executive Director. Check all that ap ed organization to establish compensatio	ply. Do	not check any boxes for methods				
		a organization to establish compensation	o. cc	, , ,	i i di c III.			
		ation committee		Written employment contract				
		ent compensation consultant	<b>▽</b>	Compensation survey or study				
	☐ Form 990	of other organizations	•	Approval by the board or compensa-	tion committee			
4	During the year related organiza	, did any person listed on Form 990, Par ation:	t VII, Se	ction A, line 1a, with respect to the fi	ling organization or	a		
а	Receive a sever	ance payment or change-of-control payı	ment? .			4a	Yes	
b	Participate in, o	r receive payment from, a supplemental	nonqua	ified retirement plan?		4b		No
c		r receive payment from, an equity-base		_		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and provid	e the app	plicable amounts for each item in Part	III.			
	Only 501(a)/2	), 501(c)(4), and 501(c)(29) organi	zatione	must complete lines E-0				
5		ed on Form 990, Part VII, Section A, line						
-		ontingent on the revenues of:	Lu, ala	the organization pay or decrae any				
а	The organization	n?				5a		No
b		anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of:	1a, did	the organization pay or accrue any				
а	The organization	n?				6a		No
b		anization?				6b		No
	If "Yes," on line	6a or 6b, describe in Part III.						
7		ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," descr				7		No
8	subject to the ir	nts reported on Form 990, Part VII, paid initial contract exception described in Reg	julations	section 53.4958-4(a)(3)? If "Yes," de		8		No
9		8, did the organization also follow the re				9		110
For F	Panerwork Redu	iction Act Notice, see the Instruction	s for F	orm 990. Cat No. 5	0053T Schedule	J (Form	9901	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
(.,		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 JON ALLMAN ENDEAVORS PRESIDENT &	(i)	292,013	0	0	0	0	292,013	
CEO	(ii)	0	0	0	0	0	0	
2 STEVEN LEFEVER CFO	(i)	202,266	250	0	0	0	202,516	
	(ii)	0	0	0	0	0	0	
<b>3</b> MELINDA FIERROS PSYCHIARIST	(i)	163,886	0	0	0	0	163,886	
	(ii)	0	0	0	0	0	0	
<b>4</b> DANNIEL A HERNANDEZ JR	(i)	162,121	0	0	0	0	162,121	
CHIEF HUMAN RESOURCES OFFICER	(ii)	0	0	0	0	0	0	
5 MINA WOODARD FORMER COO	(i)	52,777	0	97,500	0	0	150,277	
TORNER COO	(ii)	0	0	0	0	0	0	

Schedule J (Form 990) 2019	Page <b>3</b>							
Part III Supplemental Infor	Part III Supplemental Information							
Provide the information, explanation, o	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
Return Reference	Explanation							
SCHEDULE J, PART I, LINE 4C	IN ACCORDANCE WITH AGREED SETTLEMENT, MS. MINA WOODARD RECEIVED \$97,500 IN SEVERANCE.							

efile GRAPHIC	print - DO NOT PROCESS As Filed Data -	DLN: 93493321097750				
SCHEDULE (Form 990 or 99 EZ)	Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Go to <a href="https://www.irs.qov/Form990">www.irs.qov/Form990</a> for the latest information.	Open to Public Inspection				
Namel Betherofgamis FAMILY ENDEAVORS IN 990 Schedule O	c ·	oloyer identification number				
Return Reference	Explanation					
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION:	THE MISSION OF FAMILY ENDEAVORS IS TO PROVIDE COMPREHENSIVE, EFFECTIVE, AND INNOVATIVE SER VICES THAT EMPOWER PEOPLE TO BUILD BETTER LIVES FOR THEMSELVES, THEIR FAMILIES, AND THEIR COMMUNITIES. ENDEAVORS PASSIONATELY SERVES VULNERABLE PEOPLE IN CRISIS THROUGH OUR INNOVAT IVE, PERSONALIZED APPROACH. WE SEEK TO PROVIDE COMPREHENSIVE, EFFECTIVE, AND INNOVATIVE SE RVICES THAT ENCOURAGE GROWTH, APEOPLE TO BUILD BETTER LIVES FOR THEMSELVES, THEIR FAMILIES , AND THEIR COMMUNITIES. WHY? BECAUSE WE BELEIVE THAT EVERYONE HOLDS THE CAPACITY TO GROW, HEAL, CHANGE, SUCCEED, AND AFFECT OTHERS POSITIVELY.					

990 Schedule O, Supplemental Information

Return Reference Explanation

, ,	MORE THAN JUST MENTAL HEALTH CARE, OUR MILITARY FAMILY CLINICS HELP VETERAN FAMILIES WITH
LINE 4C - PROGRAM	SUPPORT AND REFERRALS FOR RELATED NEEDS, INCLUDING UNEMPLOYMENT, HOUSING, FINANCE, AND
SERVICE	EDU
ACCOMPLISHMENTS:	CATION.

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAMS DESCRIPTION:	FAIRWEATHER FAMILY LODGE (FFL) - PROVIDES SHELTER AND TRAINING FOR HOMELESS WOMEN WITH CHR ONIC MENTAL ILLNESS AND THEIR CHILDREN. IT SERVES AS A PERMANENT LIVING FACILITY FOR ITS R ESIDENTS. THIS PROGRAM IS FUNDED THROUGH GOVERNMENT AND PRIVATE GRANTS AND CONTRACTS. FAIR WEATHER LODGE PROGRAM (FWL) - PROVIDES HOUSING, TRAINING, AND EMPLOYMENT FOR ADULTS WITH C HRONIC MENTAL ILLNESS WHO HAVE BEEN DISCHARGED FROM A PSYCHIATRIC FACILITY. THIS PROGRAM I S FUNDED THROUGH GOVERNMENT AND PRIVATE GRANTS AND CONTRACTS. COMMUNITY BASED SERVICE - OU R COMMUNITY SERVICES PROVIDE AN ARRAY OF SUPPORTIVE SERVICES. THIS INCLUDES CASE MANAGEMEN T, PROFESSIONAL COUNSELING, AND CRISIS INTERVENTION FOR FAMILIES, SENIORS, CHILDREN, AND IN DIVIDUALS WITH DISABILITIES. WE ALSO PROVIDE SUPPORT TO OVER 2,500 ABUSED AND/OR NEGLECTED CHILDREN ACROSS TEXAS EACH YEAR. OUR STAFF PROVIDES ESSENTIAL SUPPORTIVE SERVICES TO IMPR OVE THE QUALITY OF LIFE FOR OVER 150 LOW-INCOME SENIORS, SHUT-INS, AND ADULTS WITH DISABIL ITIES EACH YEAR THROUGH REGULARLY SCHEDULED IN-HOME VISITS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B - FORM 990 REVIEW PROCESS:	THE ORGANIZATION'S BOARD OF DIRECTORS WILL CONDUCT A REVIEW OF FORM 990 AND IT WILL DOCUME NT THE REVIEW PROCESS IN THE BOARD MEETING MINUTES PRIOR TO FILING.

Return Reference	Explanation
	MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REGULARLY MONITORED BY THE GOVERNING BODY. IN THE EVENT OF A CONFLICT OF INTEREST, THE MEMBER WITH THE CONFLICT SHALL NOTIFY THE BOARD AND REFRAIN FROM VOTING.

Return Explanation

FORM 990,
PART VI,
SECTION B,
LINE 15A COMPENSATION
REVIEW

AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT: THE COMPENSATION IS DETERMINED USING COMPAR
ABILITY DATA, AT A LOCAL AS WELL AS A NATIONAL LEVEL. THE BOARD OF DIRECTORS APPROVES THE
COMPENSATION.
REVIEW

Return Reference	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15B - COMPENSATION REVIEW	OFFICERS AND KEY EMPLOYEES: THE ORGANIZATION DETERMINES THE COMPENSATION LEVELS BY USING L OCAL MARKET DATA WHICH IS OBTAINED BY PARTICIPATING IN AN ANNUAL NOT-FOR-PROFIT WAGE AND B ENEFIT SURVEY. CURRENT MARKETPLACE ISSUES AND TRENDS ARE REVIEWED. THIS MODIFIED MARKET-BA SED PROCESS ENABLES THE ORGANIZATION TO ESTABLISH A BASE PAY SCALE USING TWO SETS OF INFOR MATION: MARKET DATA AND JOB CHARACTERISTICS.

Return Explanation
Reference

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

FORM 990
PART IX
LINE 11G

DESCRIPTION:CONTRACT SERVICES TOTAL FEES:27293904

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. 2019

DLN: 93493321097750 OMB No. 1545-0047

> Open to Public Inspection

Internal	Re	venu	e	Servi
Name	of	the	С	rgar

Department of the Treasury nization

As Filed Data -

**Employer identification number** FAMILY ENDEAVORS INC 23-7223078 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) (d) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) INTREPID STAFFING SERVICES LLC - PR STAFFING COM PR -189,850 1,520,270 Endeavors 6363 DE ZEVALA ROAD SAN ANTONIO, TX 78249 66-0907696 (2) INTREPID STAFFING SERVICES LLC - TX STAFFING COM TX 4,591,724 ENDEAVORS 369,061 6363 DE ZEVALA ROAD SAN ANTONIO, TX 78249 82-5104710 Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Legal domicile (state Primary activity Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1) ENDEAVORS UNLIMITED INC ADULT SERVICE TX 501(C)(3) **ENDEAVORS** Yes 6363 DE ZAVALA RD SAN ANTONIO, TX 78228 74-2618398 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from		(g) Share of end-of-year assets	(h Dispropr allocat	rtionate	amount in box		al or Pe ging ov	(k) ercen wner:
				tax under sections 512-					20 of Schedule K-1 (Form 1065)	partn	err	
				514)			Yes	No	-	Yes	No	
											+	
											+	
											$\perp$	
											$\perp$	
					ization ans	wered "Yes	s" on F	orm 9	990, Part IV	, line	34	_
<b>(b)</b> Primary activity	Lo doi	egal mici <b>l</b> e		entity (C c	orp, S corp,	<b>(f)</b> Share of total income	Share	year	of- Perce	ntage	Section (13)	(i ion cor enti
											Yes	_
												$\dashv$
							+-				+	$\dashv$
	ganizations treated as	(b) Primary activity October 100 (state	ganizations treated as a corporation or tru	(b)  (c)  Primary activity  (b)  Cc)  Legal  domicile (state or foreign	(b)   Co   Co   Co   Co   Co   Co   Co   Co	(b) Primary activity Primary activity  (c) Legal domicile (state or foreign  (d) Direct controlling entity (C corp, S corp, or trust)	(b) (c) (d) (e) (f) Share of total domicile (state or foreign	(b) Primary activity  Co Legal domicile (state or foreign  (d) Direct controlling entity  (C corp, S corp, or trust)  (C corp, S corp, or trust)	(b) Primary activity  (c) Legal domicile (state or foreign  (d) Direct controlling entity (C corp, S corp, or trust)  (e) (f) (g) Share of total income year assets	(b) (c) (d) (e) (f) (g) (h) (primary activity denicile (state or foreign (state or foreign)) (d) (e) (f) (f) (g) (f) (g) (h) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(b) (c) (d) (e) (f) (g) (h) Primary activity demicile (state or foreign (state or foreign)) (d) (e) (f) (f) (g) (h) (h) (f) (f) (g) (h) (h) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) (c) (d) (e) (f) (g) (h) Share of total ownership (state or foreign (state or foreign) (c) (d) (e) (f) (f) (g) (h) Share of total ownership (c) (c) (c) (c) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d

Schedule R (Form 990) 2019		Pa	ge <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	 1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	 <b>1</b> b	Yes	
c Gift, grant, or capital contribution from related organization(s)	 1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	 11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o. Sharing of paid employees with related organization(s)	10	Yes	

g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
				<u></u>
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n '	Yes	<del></del>
О	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
1				
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)  Name of related organization Transaction type (a-s) (es)	ount inv	volved	
(1)EN	DEAVORS UNLIMITED INC B 480,000 AMOUNTS PAID			

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Ar	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> General managir partner	or ng ?	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
	•					•				Schedul	e R (Forn	n 99	0) 2019

chedule R (Form 990) 2019						
Part VII Supplemental Information						
Provide additional information for responses to questions on Schedule R. (see instructions).		mation for responses to questions on Schedule R. (see instructions).				
Return Reference		Explanation				

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

DLN: 93493319142031 OMB No. 1545-0047

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Department of the Internal Revenue Service

For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020 C Name of organization FAMILY ENDEAVORS INC D Employer identification number B Check if applicable: ☐ Address change 23-7223078 ■ Name change % STEVE LEFEVER ☐ Initial return Doing business as **ENDEAVORS** ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6363 DE ZAVALA RD □ Application pending (210) 431-6466 City or town, state or province, country, and ZIP or foreign postal code SAN ANTONIO, TX  $\,$  78249 **G** Gross receipts \$ 52,588,605 Name and address of principal officer: H(a) Is this a group return for JON ALLMAN □Yes ☑No subordinates? 6363 DE ZAVALA RD H(b) Are all subordinates SAN ANTONIO, TX 78249 ☐ Yes ☐No included? 4947(a)(1) or If "No," attach a list. (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW.ENDEAVORS.ORG L Year of formation: 1971 M State of legal domicile: TX **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangleSummary 1 Briefly describe the organization's mission or most significant activities: ENDEAVORS IS A FAMILY OF PROGRAMS THAT WEAVES CREATIVE IDEAS WITH MEASURABLE OUTCOMES TO BUILD SOCIAL AND COMMON GOOD. ULTIMATELY, WE EMPOWER PEOPLE (CONTINUED ON SCHEDULE O) Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 11 4 10 Number of independent voting members of the governing body (Part VI, line 1b) 5 834 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 229 Total number of volunteers (estimate if necessary) . . . 6 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 . b Net unrelated business taxable income from Form 990-T, line 39 7b 0 **Prior Year Current Year** 60,603,880 50,236,720 8 Contributions and grants (Part VIII, line 1h) Ravenue 9 Program service revenue (Part VIII, line 2g) . . . 4,581,176 2,291,644 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . 616,080 20,304 109,401 39,937 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 65,910,537 52,588,605 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 2,099,058 5,479,875 **14** Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 25,352,707 24,307,264 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶1,359,588 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 37,477,886 21,733,971 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 64,929,651 51,521,110 19 Revenue less expenses. Subtract line 18 from line 12 . 980,886 1,067,495 Net Assets or Fund Balances

### Signature Block

20 Total assets (Part X, line 16) .

Signature of officer

21 Total liabilities (Part X, line 26) .

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign
Here

Paid **Preparer** Use Only

STE	/EN LEFEVER CFO					
Турє	or print name and title					
	Print/Type preparer's name  Firm's name ► BKD LLP	Preparer's signature	D   2		Check ☐ if self-employed Firm's EIN ▶	PTIN P01310558
	Firm's address ▶ 8200 W Interstate 10 Su San Antonio, TX 782303	Phone no. (210)	) 341-9400			

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

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

2021-11-15

20,981,179

6,281,773

14,699,406

☑ Yes ☐ No

**End of Year** 

60,983,971

45,819,939

15,164,032

Form	990 (2020)					Page <b>2</b>						
Pa	rt III Statement	of Program Se	rvice Accomplis	hments								
	Check if Sche	dule O contains a r	esponse or note to	any line in this Part II		🗹						
1	Briefly describe the c											
					AND INNOVATIVE SERVICES THA	T EMPOWER PEOPLE TO						
BUIL	D BETTER LIVES FOR	THEMSELVES, THEI	R FAMILIES, AND T	HEIR COMMUNITIES.	(CONTINUED ON SCHEDULE O)							
			_									
2	Did the organization undertake any significant program services during the year which were not listed on											
	the prior Form 990 or 990-EZ?											
	If "Yes," describe these new services on Schedule O.											
3	Did the organization	cease conducting,	or make significant	changes in how it co	nducts, any program							
	services?											
	If "Yes," describe these changes on Schedule O.											
4		d 501(c)(4) organi:	zations are required	to report the amour	ee largest program services, as n it of grants and allocations to oth							
4a	(Code:	) (Expenses \$	23,463,813	including grants of \$	1,967 ) (Revenue \$	1,181,201 )						
	See Additional Data											
4b	(Code:	) (Expenses \$	6,658,244	including grants of \$	15,756 ) (Revenue \$	421,559 )						
40	See Additional Data	) (Expenses \$	0,038,244	including grants or \$	13,730 ) (Revenue \$	421,339 )						
4c	(Code:	) (Expenses \$	11,501,461	including grants of \$	5,461,523 ) (Revenue \$	571,152 )						
	See Additional Data											
	See Additional Data	Table										
4d	Other program services (Describe in Schedule O.)											
40												
40	(Expenses \$	2,117,489	including grants of	\$	628 ) (Revenue \$	117,732 )						

15

16

17

18

19

15

16

17

18

19

20a

20b

21

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2020)

Par	tiV Checklist of Required 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	 	No
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		No
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		No
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		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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 2	11c		No
	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 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	Yes	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		No

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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 . . . . . .

orm	990 (2020)			Page <b>4</b>
Par	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	Yes	
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? <i>If "Yes," complete Schedule J </i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
_	E		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 889  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .   1b 0  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c		

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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	834						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:			No				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	e <b>6</b> b						
	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv provided to the payor?			No				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7</b> b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fi Form 8282?	le <b>7</b> c		No				
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		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
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?	<b>9</b> b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b							
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders							
_	Gross income from members or shareholders							
	against amounts due or received from them.)	_						
	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.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	which the organization is licensed to issue qualified health plans	_						
	c Enter the amount of reserves on hand							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		No				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or exce.							
	parachute payment(s) during the year?	15		No				
10	If "Yes," complete Form 4720, Schedule O.	16		No				

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		onse to	lines
Se	Section A. Governing Body and Management			
	<u> </u>		Yes	No
1a	La Enter the number of voting members of the governing body at the end of the tax year   1a	11		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		10		
2				No
3	Did the organization delegate control over management duties customarily performed by or under the direct so of officers, directors or trustees, or key employees to a management company or other person? •	upervision 3		No
4	1 Did the organization make any significant changes to its governing documents since the prior Form 990 was fil	ed? . 4		No
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	5 Did the organization have members or stockholders?	. 6		No
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one members of the governing body?	or more <b>7a</b>		No
b	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde persons other than the governing body?	ers, or <b>7b</b>		No
8	3 Did the organization contemporaneously document the meetings held or written actions undertaken during the the following:	year by		
а	a The governing body?	<b>8</b> a	Yes	
b	<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at to organization's mailing address? If "Yes," provide the names and addresses in Schedule O			No
Se	Section B. Policies (This Section B requests information about policies not required by the Internal	Revenue Cod	e.)	
			Yes	No
10a	Da Did the organization have local chapters, branches, or affiliates?	10a		No
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, af and branches to ensure their operations are consistent with the organization's exempt purposes?	filiates,		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fiform?	ling the 11a	Yes	
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give conflicts?	rise to 12b	Yes	
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descr Schedule O how this was done	ibe in	Yes	
13		13	Yes	
14	Did the organization have a written document retention and destruction policy?	. 14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by indep persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	endent		
а	a The organization's CEO, Executive Director, or top management official	. 15a	Yes	
b	<b>b</b> Other officers or key employees of the organization	. 15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	ia Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wit taxable entity during the year?	h a <b>16a</b>		No
b	<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its part in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's status with respect to such arrangements?	exempt		
		16b		
	Section C. Disclosure			
17		.\(2\-		
18	only) available for public inspection. Indicate how you made these available. Check all that apply.	)(3)S		
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in policy, and financial statements available to the public during the tax year.	terest		
20		cords:		

Part VII

(16) NICK GRANT

(17) AMY DAVIS

MEMBER

MEMBER

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

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

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 • 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

• 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. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (D) (F) (C) (E) Name and title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and MÍSC) organizations MISC) related Institutional yoldu dividual : director below dotted organizations emplo hest line) è t com trustee Ϋ́ pensat Trustee 6 40 C (1) JON ALLMAN Х 317,301 0 **ENDEAVORS PRESIDENT & CEO** 4.0 40.0 (2) CHIP FULGHUM Χ 249,869 0 COO 4.0 40 0 (3) STEVEN LEFEVER ............... 242,562 0 CFO 4.0 40.0 (4) DANNIEL HERNANDEZ Х 167,057 0 CHIEF HUMAN RESOURCES OFFICER 4.0 40.0 (5) DAVID HERNANDEZ ..... 0 Х 160,371 SENIOR DIRECTOR OF EMERGENCY S 0.0 40.0 (6) ANNIE ERICKSON 147,179 0 Х SENIOR DIRECTOR 0.0 40.0 (7) JILL PALMER 134,807 Χ 0 SENIOR DIRECTOR 0.0 40 C (8) JEFF JEWELL 0 Χ 123,794 COMPLIANCE OFFICER 0.0 40.0 (9) TRENTON CLARK 114,350 0 Х DIRECTOR OF OPERATIONAL DEVELO 0.0 40.0 (10) SHANNON GOWEN 114,217 0 Х CHIEF MARKETING OFFICER 0.0 1.0 (11) MAJ GENERAL ALFRED K FLOWERS Χ Χ 0 0.0 1.0 (12) BERENICE VILLARREAL ..... Χ VICE CHAIR 0.0 1.0 (13) ANDY APPLE Х 0 Χ TREASURER 0.0 1.0 (14) SHIRLEY SCHULTZ Χ 0 SECRETARY 0.0 1.0 (15) DORIS BEAULIEU Χ Χ 0 MEMBER 0.0

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(A) Name and t	itle	(B) Average hours per	Positio	on (do	( <b>C</b> ) o no	) ot che	eck ma	ore	(D)  Reportable compensation	(E) Reportable	e	(F Estima amount o	ated
		week (list   is both an officer and a   from the   fro   any hours   director/trustee)   organization   org				from relate organization (W-2/1099	anizations		sation the tion and				
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1093 MISC)		relat organiz	ted
(18) TIFFANY COX STACY		1.0	x		x					0	О		(
MEMBER (19) WILLIAM OWEN		0.0 1.0		$\vdash$		$\vdash$		$\vdash$			$\dashv$		
MEMBER AND CLIENT LIASON		0.0	×							0	0		(
(20) CHRIS TALLEY MEMBER		1.0	×		х					0	0		(
THEFT								$\prod$			$\exists$		
								Ш					
					igsqcup	Ш	<u> </u>	Щ			$\Box$		
			<u> </u>		<u> </u>			Щ			$\dashv$		
						Щ							
1b Sub-Total c Total from continuation	on sheets to Part V					<b>&gt;</b>	<u> </u>				+		
d Total (add lines 1b an						•	-		1,771,507		0		1
2 Total number of indivi			those li	sted a	abov	/e) w	ho re	ceive	ed more than \$1	00,000			
												Yes	No
3 Did the organization li line 1a? If "Yes," comp							e, or h	-	est compensated	l employee on	3		No
4 For any individual lists organization and relat	ed on line 1a, is the	sum of reportal	able com							n the	3		No
individual			•		•		•				4	Yes	
5 Did any person listed services rendered to t		•				-		_		ividual for	5		No
Section B. Independe	ent Contractors					_					_		
Complete this table for from the organization.											mpen	sation	
		(A) ousiness address							Desc	(B) cription of services		(C Compen	
					_								

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page 8

Part		(2020) Statement	of E	Pavanua						Page <b>9</b>
Pall	VIII				a resp	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
5 A	<b>1</b> a	Federated campaig	gns	[	1a		L	revenue		312 317
Gifts, Grants ilar Amounts	b	Membership dues		. [	<b>1</b> b					
		Fundraising events		· L	1c					
Sifts		Related organization Government grants (		ibutions) [	1d 1e	44,174,552				
Contributions, Gift and Other Similar		All other contributions	s, gift	L ts, grants,	re	44,174,332				
		and similar amounts above	not ir	ncluded	1f	6,062,168				
Contributions, and Other Sim	g	Noncash contribution: lines 1a - 1f:\$	s incl	uded in	<b>1</b> g					
Con	h	Total. Add lines 1a	a-1f				50,236,720			
						Business Code				
	2a	PROGRAM FEES				900099	2,291,644	2,291,644		
Program Service Revenue						+				
Rex	b	·								
vice.	С									
Ser	d									
ram										
Prog	e									
_	f	All other program	serv	ice revenue						
	Ь—	Total. Add lines 2				2,291,644				
		Investment income similar amounts)			ends, •	interest, and other	20,304			20,304
	4 1	Income from invest	men	nt of tax-exe	mpt b	ond proceeds				
	5	Royalties	·	(i) Re	• al	(ii) Personal	0			
				(1) 1(e	aı .	(II) Personal	-			
		Gross rents Less: rental	6a				4			
		expenses	6b							
	С	Rental income or (loss)  d Net rental income or (loss) (i) Securiti				o	0			
	d			(loss)			0			
				ities	(ii) Other					
	7a	Gross amount from sales of assets other	m sales of   <b>7a</b>							
		than inventory					_			
	b	Less: cost or other basis and	7b							
		sales expenses					-			
		Gain or (loss)	7c							
		I Net gain or (loss) Gross income from fu				· · · · <b>&gt;</b>	<u> </u>			+
une		(not including \$contributions reporte	d on	of line 1c).						
eve		See Part IV, line 18			8a	C	<u>.</u>			
Other Revenue		Less: direct expen			8b		0			
Ţ.	"	: Net income or (los	S) II	om fundrals	sing ev	vents •	7			
0	9a	Gross income from See Part IV, line 19	gami	ing activities	.   9a	, l				
	b	Less: direct expen			9a 9b		_			
		: Net income or (los			activi	ties	0			
	10-	aGross sales of inve	ento	rv. less						
	"	returns and allowa	ances	s	10a		_			
		Less: cost of good			101					
	C	Net income or (los Miscellaneo			inven	Business Code	0			+
	11	•aMISCELLANEOUS				90009	9 39,937			39,937
	b	,								
	C									
	بر	All other revenue		_						
		Total. Add lines 1				🕨				+
	12	<b>Total revenue.</b> S	ee ir	nstructions			39,937			+
						· P	52,588,605	2,291,644	<u> </u>	60,241

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns	All other organization	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to an		_		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,979	1,979		·
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,477,896	5,477,896		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,137,160		1,137,160	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	18,284,398	15,536,816	2,080,264	667,31
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	3,459,313	2,609,623	706,398	143,29
<b>10</b> Payroll taxes	1,426,393	1,162,266	214,490	49,63
11 Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	0			
c Accounting	1,297,264	220,150	1,046,530	30,58
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	12,561,290	12,396,936	223	164,13
L2 Advertising and promotion	0			
.3 Office expenses	428,032	158,776	227,284	41,97
.4 Information technology	0			
L5 Royalties	0			
L <b>6</b> Occupancy	5,875,162	5,164,353	650,401	60,40
L <b>7</b> Travel	556,742	499,738	54,467	2,53
L8 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
L9 Conferences, conventions, and meetings	0			
20 Interest	48,386		48,386	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	457,625	323,524	128,077	6,02
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM ACTIVITIES	103,225	100,470	2,342	41
b recruiting	225,833	15,018	37,083	173,73
c MISCELLANEOUS	180,412	73,462	87,410	19,54
d				
e All other expenses				
Total functional expenses. Add lines 1 through 24e	51,521,110	43,741,007	6,420,515	1,359,58
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)				

2

3

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

5 29

Assets 30 7.672.706

7.553.094

2.212.635

0

0

0

0

0

0

0

0

0

0

458,716

18,196,618

24,890,202

60,983,971

5.838.945

4,569,373

35,411,621

45.819.939

12,717,047

2,446,985

15,164,032

60,983,971

Form 990 (2020)

(B)

End of year

Beginning of year

2.455.195

210,736

12.078.690

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0 5

0 6

0 7

0

0

0 13

n 14

0 19 0

394.629

9,668,179

-3.826.250

20,981,179

2,214,076

1,824,056

2,243,641

6.281.773

12,129,245

2,570,161

14,699,406

20,981,179

0 24

2

4

8

9

10c

11 0

12

15

16

17 0 18

20 0

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Page **11** 

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

1	Cash-non-interest-hearing	

Accounts receivable, net .

Inventories for sale or use .

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Grants payable .

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 33) . . . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here ▶ 🗹 and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

basis. Complete Part VI of Schedule D Less: accumulated depreciation

Savings and temporary cash investments . . . . Pledges and grants receivable, net . . .

10a

10b

Loans and other 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 . . . . . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

21,420,578

3,223,960

3a

3h

Yes

Yes Form 990 (2020)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

Name: FAMILY ENDEAVORS INC.

**EIN:** 23-7223078

Form 990 (2020)

Form 990, Part III, Line 4a: DISASTER RELIEF - ENDEAVORS PROVIDES CLIENT-FOCUSED SERVICES FOR SHORT-TERM RELIEF AND LONG-TERM RECOVERY. OUR CASE MANAGERS OFFER INDIVIDUALIZED RECOVERY PLANS, CREATE SAFE ENVIRONMENTS, AND PROVIDE RESOURCE REFERRALS FOR INDIVIDUALS IMPACTED BY PRESIDENTIALLY DECLARED NATURAL DISASTERS AND EMERGENCIES.

#### Form 990, Part III, Line 4b: MENTAL HEALTH - ENDEAVORS PROVIDES HIGH-OUALITY, ACCESSIBLE, AND INTEGRATED MENTAL HEALTH CARE TO VETERANS AND THEIR FAMILIES, REGARDLESS OF ROLE WHILE IN UNIFORM, DISCHARGE STATUS, OR ABILITY TO PAY.

Form 990, Part III, Line 4c: VETERAN SERVICES - ENDEAVORS PROVIDES SUPPORTIVE SERVICES FOR VETERANS AND THEIR MILITARY FAMILIES FOCUSES ON HOMELESSNESS PREVENTION AND STABILIZATION, PARENTING SKILLS, AND MENTAL HEALTH CARE.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: (Expenses \$ including grants of \$ (Revenue \$

COMMUNITY SERVICES - ENDEAVORS PROVIDES CASE

(Code: including grants of \$ (Revenue \$ (Expenses \$

MANAGEMENT, CLINICAL SERVICES, AND LIFE-SKILLS

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

INDIVIDUALS.

others, the total expenses, and revenue, if any, for each program service reported.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

(Code: (Expenses \$ including grants of \$ (Revenue \$

TRAINING FOR FAMILIES, SENIORS, CHILDREN, AND

117,732

(Code: ) (Expenses \$ including grants of \$ 628 ) (Revenue \$ 2.117,489

efile GRAPHIC print - DO NO			nt - DO NOT PROCESS	As Filed Data -		DLN: 93493319			
SCI		ULE A	Dublic (	Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047	
	m 990		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2020	
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for ii	nstructions and	I the latest info	ormation.	Open to Public Inspection	
Nam	e of th	ne Service ne organiza AVORS INC	tion				Employer identific	<u> </u>	
FAMIL	I ENDE	AVORS INC					23-7223078		
	rt I		for Public Charity Statu				See instructions.		
	rganız		a private foundation because	`	-		(A)(!)		
1		·	onvention of churches, or as						
2	Ш		scribed in <b>section 170(b)(</b> :		,	, ,			
3	Ш	·	or a cooperative hospital serv	-			-		
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in <b>section :</b>	170(b)(1)(A)(iii). E	nter the hospital's	
5		(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II.)	_				ped in <b>section 170</b>	
6			tate, or local government or	_					
7	✓		ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in	
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)			
9			ural research organization de rant college of agriculture. Se					ege or university or a	
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross	
11		An organiza	ation organized and operated	exclusively to test for	r public safety. S	See section 509	(a)(4).		
12		more public	ation organized and operated ly supported organizations d through 12d that describes	escribed in section 5	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a		
a		<b>Type I.</b> A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co ppoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by		
b		Type II. A manageme	supporting organization sup- nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled in ution vested in the san					
С		Type III f	unctionally integrated. A s organization(s) (see instructi	upporting organizatio				ted with, its	
d		Type III n functionally	on-functionally integrated integrated. The organization i). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar		
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally	
f	Enter				-		<u> </u>		
g	Provi	de the follow	ing information about the su	pported organization(	r '				
	(i) N	Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No			
Tota			tion Act Notice, see the In				Schedule A (Form 9		

(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.

Page 2

Schedule A (Form 990 or 990-EZ) 2020

	If the organization failed						inuer Part III.
s	ection A. Public Support	. 4		, p		,	-
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") .	23,673,720	28,017,739	38,773,370	60,603,880	50,236,720	201,305,429
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to						0
4	the organization without charge <b>Total.</b> Add lines 1 through 3	23,673,720	28,017,739	38,773,370	60,603,880	50,236,720	201,305,429
5	The portion of total contributions by each person (other than a governmental unit or publicly	23,073,720	20,017,733	30,773,370	00,003,000	30/230//20	0
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0
6	Public support. Subtract line 5						201,305,429
_	from line 4. ection B. Total Support						<u> </u>
_	Calendar year	(-) 2016	(h) 2017	(=) 2010	(4) 2010	(-) 2020	(f) Tabal
	(or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	23,673,720	28,017,739	38,773,370	60,603,880	50,236,720	201,305,429
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	333,327	40,339	240,142	239,138	20,304	873,250
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,422					4,422
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	30,006	45,857	65,051	19,681	39,937	200,532
11	Total support. Add lines 7 through						202,383,633
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	73,519,113
	First 5 years. If the Form 990 is for					501(c)(3) organiz	
	this box and <b>stop here</b>	-			•		encon, check
s	ection C. Computation of Publi	c Support Perc	entage			,	
14	Public support percentage for 2020 (li			olumn (f))		14	99.467 %
15	Public support percentage for 2019 So	, , ,		( / /		15	99.356 %
	33 1/3% support test—2020. If the						
	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2019.</b> If the	ifies as a publicly :	supported organiza	tion			. ▶ ☑
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization Part VI how the organization meets	t— <b>2020.</b> If the or on meets the "facts	ganization did not o s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, box and <b>stop he</b> i	and line 14 <b>re.</b> Explain	▶□

h 10%-facts-and-circumstances test—2019. 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

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

Sche	dule A (Form 990 or 990-EZ) 2020						Page <b>3</b>
Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under t	the tests listed	below, please co	omplete Part II.	)	
Se	ection A. Public Support			1	Г		
	Calendar year	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
4	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
o	from line 6.)						
Se	ection B. Total Support					•	
	Calendar year	( ) 2016	(1) 2017	( ) 2010	(1) 2010	( ) 2022	
	(or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources Unrelated business taxable income						
b	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
4.2	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)			<u> </u>		<u> </u>	
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, thire	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization,
	check this box and <b>stop here</b>						▶ ∐
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2020 (lin			column (f))		15	
16	Public support percentage from 2019 S	chedule A, Part I	II, line 15			16	
	ection D. Computation of Invest						
	Investment income percentage for 202			line 13 column (f	7)	17	
17		•	.,		• •	17	
18	Investment income percentage from 2					18	
	331/3% support tests—2020. If the						
1	more than 33 1/3%, check this box and	<b>stop here.</b> The o	rganization qualifi	ies as a publicly su	ipported organiza	tion	. ▶□
b	33 1/3% support tests—2019. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	s more than 33 1/3	% and line 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported ord	ganization	▶ □
20	Private foundation. If the organization	_	_				
				,		· · · · · · · · · · · · · · · · · · ·	

Page 4

5a

5b

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Vec No

				'''		
L	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1				
,	Did the organization have any supported organization that does not have an IRS determination of status under section 509		-			
2	(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described					
	in section 509(a)(1) or (2).	2				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and					
	3c below.					
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 <b>Part VI</b> when and how the organization made the					
	determination.					
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
ŧa	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a				
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

acternment.	3b				
Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
If tes, explain in <b>Part VI</b> what controls the organization put in place to ensure such use.					
cnecked DOX 12a or 12D in Part 1, answer lines 4D and 4C DeloW.					
Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.					
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 <b>Part VI</b> what controls the organization used to ensure that all support					
					If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.  Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination under sections

	To War II and the in Boat 1/7 what are trade the appropriation must be also to a provide the appropriation of the second state			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.			
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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.			

	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.					
b	id the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.					
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 <b>Part VI</b> what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Ċ	art IV Supporting Organizations (continued)		_	1			
			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 lines 11b and 11c belo	w, the					
	governing body of a supported organization?	11a					
h	b A family member of a person described in 11a above?	11b	+				
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in						
C	VI.	Part 110					
S	Section B. Type I Supporting Organizations						
			Yes	No			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regula 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organizatio 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, applied to such powers during the tax year.	n's if any,					
		1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) to operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefits of the support of						
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting		+				
	organization.	2					
_	Costion C. Tuno II Cumportino Ouropinations						
	Section C. Type II Supporting Organizations		Yes	No			
			res	NO			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the						
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1					
-	Section D. All Type III Supporting Organizations	<u> </u>		l			
	Section D. All Type III Supporting Organizations		Yes	No			
_	Did the consideration moved to the constant of	±: / -	163	NO			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing						
	documents in effect on the date of notification, to the extent not previously provided?						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization						
	maintained a close and continuous working relationship with the supported organization(s).						
3	By reason of the relationship described in line 2 above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.						
S	Section 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 in	nstructions)	:				
	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 <b>Part VI</b> how you supported a government ent	ity (see instru	uctions)				
2	Activities Test. <b>Answer lines 2a and 2b below.</b>		Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supportune organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.						
	<b>b</b> Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more o organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization(s) would have engaged in these activities but for the organization(s) would have engaged in these activities but for the organization organization or the org	ne					
3		20					
	Parent of Supported Organizations. Answer lines 3a and 3b below.	, ,	-				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of ethe supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .						
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard.</i>							

Page **6** 

	Section A - Adjusted Net Income		(A) Filor real	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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 0.015 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 0.035	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		

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.			7	
Distributions to attentive supported organizations to what details in Part VI). See instructions	8			
9 Distributable amount for 2020 from Section C, line 6	9			
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	Section E - Distribution Allocations (i)		ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdictributions if any for years prior to 2020				

	Total allitual allocations, and mice a divough of	_			
8	Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	8			
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by Line 9 amount			10	
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
	Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2020:				
a	From 2015				
b	From 2016				
_	F 2017		1		

10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020:			
a From 2015			
<b>b</b> From 2016			
c From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through e			

1 Distributable amount for 2020 from Section C, line 6		
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.		
<b>3</b> Excess distributions carryover, if any, to 2020:		
a From 2015		
<b>b</b> From 2016		
c From 2017		
<b>d</b> From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		

i Carryover from 2015 not applied (see

4 Distributions for 2020 from Section D, line 7:

a Applied to underdistributions of prior years

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

7 Excess distributions carryover to 2021. Add lines

a Excess from 2016. . . . . **b** Excess from 2017. . . . c Excess from 2018. . . . .

e Excess from 2020. . . . .

instructions)

3j and 4c. 8 Breakdown of line 7:

d Excess from 2019.

<b>b</b> Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		

Schedule A (Form 990 or 990-EZ) (2020)

Schedule A (	Form 990 or 990-EZ) 2020 Page <b>8</b>						
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).						
Facts And Circumstances Test							

SCHEDULE D

## **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. OMB No. 1545-0047

DLN: 93493319142031

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization ILLY ENDEAVORS INC			Employer i	dentification number				
гАľ _	MITT ENDEAVORS TIAC	23-7223078	<u>;                                    </u>						
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.								
	Complete if the organization answered "Ye		dvised funds	(b) Fur	nds and other accounts				
1	Total number at end of year	(4) 201101		(= )					
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 advisor organization's property, subject to the organization's ex				re the Yes No				
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or	or any other purpose o						
Pa	rt II Conservation Easements. Complete if the organization answered "Ye	s" on Form 990, Pa	rt IV, line 7.						
1	Purpose(s) of conservation easements held by the organ								
	Preservation of land for public use (e.g., recreation	or education)	Preservation of an	historically im	portant land area				
	Protection of natural habitat	. [	Preservation of a c	ertified histori	ic structure				
	☐ Preservation of open space								
2	Complete lines 2a through 2d if the organization held a	qualified conservation	contribution in the for	m of a conser	vation				
	easement on the last day of the tax year.				at the End of the Year				
а	Total number of conservation easements			2a					
b	Total acreage restricted by conservation easements			2b					
C	Number of conservation easements on a certified historic			2c					
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, an	d not on a historic	2d					
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguis	hed, or terminated by	the organization	on during the				
4	Number of states where property subject to conservation	n easement is located	<b>&gt;</b>						
5	Does the organization have a written policy regarding that and enforcement of the conservation easements it holds			of violations,	☐ Yes ☐ No				
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of viola	tions, and enforcing co	onservation ea	sements during the year				
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations	, and enforcing conser	vation easeme	ents during the year				
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$ ?			70(h)(4)(B)(i)	☐ Yes ☐ No				
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organ			, and				
Pai	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye			er Similar A	Assets.				
<b>1</b> a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statements.	ic exhibition, education	on, or research in furth						
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$_					
(	ii)Assets included in Form 990, Part X			<b>&gt;</b> \$					
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or othe	similar assets for fina	_	vide the				
а	Revenue included on Form 990, Part VIII, line 1			► \$ _					
b	Assets included in Form 990, Part X			▶\$					
For	Paperwork Reduction Act Notice, see the Instruction				hedule D (Form 990) 2020				

Par	t IIII	Organizations Ma	aintaining Colle	ections of	f Art, H	istori	cal Tı	reasu	res, o	r Other	Similar A	ssets (conti	nued)	
3		g the organization's acq s (check all that apply):		and other	records,	check a	any of	the fol	lowing t	that are a	significant	use of its coll	ection	
а		Public exhibition				d		Loan	or exch	ange prog	ırams			
b		Scholarly research				е		Other	·					
С		Preservation for future	e generations											
4	Provid Part >	de a description of the XIII.	organization's colle	ections and	explain h	ow the	y furth	ner the	organiz	zation's e:	xempt purpo	ose in		
5		ng the year, did the org s to be sold to raise fur										☐ Yes	□ N	n
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			on Forn	n 990	, Part	IV, lir	ne 9, o	r reporte	ed an amo			
1a		e organization an agent ded on Form 990, Part :										☐ Yes	□ N	0
b	ĭ£ "∨c	es," explain the arrange	omant in Part VIII -	and complet	to the fall	lowing	table:				Δ	mount		_
c				•		_				1c		inounc		_
_		nning balance								1d				_
d		ions during the year .								1e				_
e •		ibutions during the year								1f				_
f		ng balance												_
2a		he organization include		•		•					•		∐ N	o
		es," explain the arrange		Check here	if the ex	planati	on has	been	provide	d in Part	XIII	Ш		
Pa	rt V	Endowment Fund		ared IIVeel	an Fau	- 000	Dout	T\ / 1:~	10					
		Complete if the or	ganization answe T	(a) Current			<u>, Parτ</u> rior yea			ears hack	(d) Three ve	ears back (e) F	our vea	rs hack
<b>1</b> a	Beginn	ning of year balance .		(a) carron	. ,	(-).	,		, <b></b> ,	ours buck	(4) 111100 / 0	Auto Back (C)	ou. you	Buok
	_	outions	-											
		vestment earnings, gair	ns. and losses											
		or scholarships	·											
		expenditures for facilitie	<b>⊢</b>											
Ĭ		ograms												
f	Admini	istrative expenses .	[											
g	End of	year balance	[											
2	Provid	de the estimated perce	ntage of the currer	nt year end	balance (	(line 1	g, colu	mn (a)	) held a	ıs:		·		
а	Board	d designated or quasi-e	ndowment ▶	·										
b	Perm	anent endowment ►												
c		endowment <b>&gt;</b>												
Ĭ		percentages on lines 2a	 , 2b, and 2c should	d equal 100	%.									
3a	Are th	here endowment funds				on that	are h	eld and	d admin	istered fo	r the			
	_	nization by:										[ - m	Yes	No
	• •	nrelated organizations					•					3a(i)		
b		Related organizations es" on 3a(ii), are the re				 n Scho	 dula B					3a(ii) 3b		
4		ribe in Part XIII the inte										30		
	rt VI	Land, Buildings,				THE HE	411451							
. CI		Complete if the or			on Forn	n 990	, Part	IV, lir	ne 11a.	. See Fo	rm 990, Pa	art X, line 10	).	
	Descri	iption of property	(a) Cost or othe (investmen		(b) Cost o	or other	basis (	other)	(c) Acc	cumulated o	depreciation	( <b>d)</b> Bo	ook valu	e
12	Land						86	53,594						863,594
	Buildin							95,416			2,836,813			7,758,603
		ngs nold improvements						-, .20			_,,,,,,,,,,			, 5,505
		nent					76	50,005			242,886			517,119
								01,563			144,261			9,057,302
_	2010		1				-,-	-,			, = 0 1		-	, , , , , , , , ,

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

	Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category  (including name of security)	(b) Book value	lile IID	(c) Method	d of valuation: year market value
() Closely-	I derivatives				
B)					
C)					
D)					
:)					
")					
G)					
H)					
)					
otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•			
art VIII	Investments—Program Related.		ino 116	Coo Form 000 I	Part V line 12
	Complete if the organization answered 'Yes' on Form 990,  (a) Description of investment	Part IV, II	ine IIC.	(b) Book value	(c) Method of valuation: Cost or end-of-year market
L)					value
2)					
3)					
1)					<u> </u>
5)					
5)					
7)					
3)					
))					
LO)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.  Complete if the organization answered 'Yes' on Form 990, F	Part IV, lir		See Form 990, Par	t X, line 15.
art IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, lir		See Form 990, Par	<b>(b)</b> Book value
DEPOSIT	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description	art IV, lir		See Form 990, Par	
)DEPOSIT )RELATED	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, lir		See Form 990, Par	<b>(b)</b> Book value 221,344
Part IX L)DEPOSIT L)RELATED B)	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, lir		See Form 990, Par	<b>(b)</b> Book value 221,344
Part IX L)DEPOSIT 2)RELATED 3) L)	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, lir		See Form 990, Par	<b>(b)</b> Book value 221,344
Part IX L)DEPOSIT 2)RELATED 3) 4) 5)	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, lir		See Form 990, Par	<b>(b)</b> Book value 221,344
Part IX  1) DEPOSIT  2) RELATED  3)  4)  5)	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, lir		See Form 990, Par	<b>(b)</b> Book value 221,344
Part IX  L)DEPOSIT  P)RELATED  D)  D)  D)	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, lir		See Form 990, Par	<b>(b)</b> Book value 221,344
DDEPOSITE DIRECTOR OF THE PROPERTY OF THE PROP	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description	Part IV, lir		See Form 990, Par	<b>(b)</b> Book value 221,344
Part IX L)DEPOSIT P)RELATED B) C)	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  PARTY RECEIVABLES	Part IV, lir		See Form 990, Par	(b) Book value  221,344  24,668,858
2) RELATED 33) 44) 55) 77) 89) 110)	Other Assets. Complete if the organization answered 'Yes' on Form 990, F  (a) Description  PARTY RECEIVABLES  The property of		ne 11d. s	•	(b) Book value  221,344  24,668,858
Part IX L)DEPOSIT 2)RELATED 3) 5) 5) 6) 7) black (Columnation of the Columnation of the C	Other Assets. Complete if the organization answered 'Yes' on Form 990, F  (a) Description  PARTY RECEIVABLES  The state of the organization answered 'Yes' on Form 990, F  (a) Description  The state of the organization answered 'Yes' on Form 990, F  (a) Description  The state of the organization answered 'Yes' on Form 990, F  (b) Must equal Form 990, Part X, col.(B) line 15.)		ne 11d. s	•	(b) Book value  221,344 24,668,858  24,890,202  2990, Part X, line 25.  (b) Book
DEPOSIT )RELATED ) ) ) ) ) ) ) ) ) ) ) ) ) ) o tal. (Colu	Other Assets.  Complete if the organization answered 'Yes' on Form 990, Part Y. Col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, Part Y. Col.(B) line 15.)		ne 11d. s	•	(b) Book value  221,344  24,668,858  24,890,202
) DEPOSITE (PRELATED (PREL	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  S PARTY RECEIVABLES  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes  PARTY PAYABLES		ne 11d. s	r 11f.See Form	(b) Book value  221,344 24,668,858  24,890,202  990, Part X, line 25. (b) Book value  0  34,274,457
DEPOSIT )RELATED ) ) ) ) ) ) tal. (Colu Part X  ) Federal ) RELATED	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  S PARTY RECEIVABLES  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes  PARTY PAYABLES  TRATE SWAP		ne 11d. s	r 11f.See Form	(b) Book value  221,344 24,668,858  24,890,202  24,890,202  990, Part X, line 25.  (b) Book value  0  34,274,457 602,869
) DEPOSIT ) RELATED ) ) ) ) ) ) otal. (Columnation of the columnation	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  S PARTY RECEIVABLES  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes  PARTY PAYABLES		ne 11d. s	r 11f.See Form	(b) Book value  221,344 24,668,858  24,890,202  990, Part X, line 25. (b) Book value  0  34,274,457
Part IX  L)DEPOSIT  L)RELATED  S)  S)  D)  Dtal. (Columnation of the columnation of the c	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  S PARTY RECEIVABLES  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes  PARTY PAYABLES  TRATE SWAP		ne 11d. s	r 11f.See Form	(b) Book value  221,344 24,668,858  24,890,202  24,890,202  990, Part X, line 25.  (b) Book value  0  34,274,457 602,869
Part IX L)DEPOSIT 2)RELATED 3) 4) 5) 6) 7) 6) 10) 10) 11) 12) Federal 12) RELATED 13) INTERES 14) TENANTS 14) 15)	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  S PARTY RECEIVABLES  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes  PARTY PAYABLES  TRATE SWAP		ne 11d. s	r 11f.See Form	(b) Book value  221,344 24,668,858  24,890,202  24,890,202  990, Part X, line 25.  (b) Book value  0  34,274,457 602,869
1)DEPOSIT 2)RELATED 3) 4) 5) 6) 7) 8) 0tal. (Columnation	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  S PARTY RECEIVABLES  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes  PARTY PAYABLES  TRATE SWAP		ne 11d. s	r 11f.See Form	(b) Book value  221,344 24,668,858  24,890,202  24,890,202  990, Part X, line 25.  (b) Book value  0  34,274,457 602,869
1)DEPOSIT 2)RELATED 3) 4) 5) 6) 7) 8) 9) 10) otal. (Colu Part X  1) Federal 2) RELATED 3) INTERES 4) TENANTS 4) 5)	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  S PARTY RECEIVABLES  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes  PARTY PAYABLES  TRATE SWAP		ne 11d. s	r 11f.See Form	(b) Book value  221,344 24,668,858  24,890,202  24,890,202  990, Part X, line 25.  (b) Book value  0  34,274,457 602,869
DEPOSIT DEPOSI	Other Assets.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description  S PARTY RECEIVABLES  mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.  Complete if the organization answered 'Yes' on Form 990, F  (a) Description of liability income taxes  PARTY PAYABLES  TRATE SWAP		ne 11d. s	r 11f.See Form	(b) Book value  221,344 24,668,858  24,890,202  24,890,202  990, Part X, line 25.  (b) Book value  0  34,274,457 602,869

2

а

b

Schedule D (Form 990) 2020

1

-602,869

32,364

Page 4

5,219,610

46,921,666

5,666,939

52,588,605

51,553,474

32,364

51,521,110

51.521.110

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a

b 4b 5.666.939 Add lines **4a** and **4b** . . . . . . . C 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities . .

Total expenses and losses per audited financial statements . . .

2

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities .

Prior year adjustments . . . . .

c Other (Describe in Part XIII.) . d Add lines 2a through 2d .

e Subtract line 2e from line 1 . Amounts included on Form 990, Part IX, line 25, but not on line 1:

3 4 Investment expenses not included on Form 990, Part VIII, line 7b . . .

b

Add lines **4a** and **4b** . . . . . . . . . . . . . C

Part XIII **Supplemental Information** 

5

Return Reference

See Additional Data Table

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

Explanation

2a

2b

2a 2b

2c

2d

4a

4b

5

32,364

4c

Schedule D (Form 990) 2020

2e

3

chedule D (Form 990) 2020	Page <b>5</b>
Part XIII Supplemental Inform	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

#### **Additional Data**

Software ID:

Software Version: **EIN:** 23-7223078

Name: FAMILY ENDEAVORS INC

1 BUT NOT ON

Supplemental Information Return Reference Explanation

SCHEDULE D, PART XI, LINE 2D FORM 990, PART VIII, LINE 12: \$ 5,790,115 NET ASSETS RELEASED FROM RESTRICTIONS - AMOUNTS INCLUDED ON LINE

upplemental Information	
Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B - AMOUNTS INCLUDED ON FORM 990 NOT	INCLUDED IN FINANCIALS: \$ 5,666,939 INCREASE IN TEMPORARILY RESTRICTED NET ASSETS

Sι

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States** 

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

DLN: 93493319142031

Open to Public

Freasury Internal Revenue Service		<b>▶</b> Go to <u>wu</u>	<u>/w.irs.gov/Form990</u> tor	the latest information	on.		
Name of the organization						Employer identi	fication number
FAMILY ENDEAVORS INC						23-7223078	
Part I General Info	ormation on Grants	and Assistance				•	
			the grants or assistance,		for the grants or assistance	e, and	☑ Yes ☐ No
_	-	_	se of grant funds in the U				
Part II Grants and Oth that received m	ner Assistance to Don ore than \$5,000. Part I	<b>nestic Organizations</b> a I can be duplicated if ad	i <b>nd Domestic Governme</b> ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, li	ne 21, for any recipient
(a) Name and address of organization or government	f (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of s	section 501(c)(3) and g	overnment organization	s listed in the line 1 table			•	
3 Enter total number of	other organizations liste	ed in the line 1 table .				<b>▶</b> <u></u>	

(Form 990)

Department of the

ACTUAL COST

ITHE ORGANIZATION PROVIDES ASSISTANCE TO INDIVIDUALS. NO GRANTS ARE GIVEN DIRECTLY TO AN INDIVIDUAL. RECORDS ARE MAINTAINED TO SUBSTANTIATE

54,350

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Page **2** 

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

(7)

Part IV Return Reference

INDIVIDUALS:

SCHEDULE I, PART III - GRANTS

AND OTHER ASSISTANCE TO

LEGAL SERVICES AND LIFE AND JOB SKILLS

712

THE PEOPLE THAT RECEIVE ASSISTANCE.

Explanation

#### **Additional Data**

RENT/HOUSING AND UTILITIES

RENT/HOUSING AND UTILITIES

EDUCATIONAL SERVICES

**EMERGENCY SUPPLIES & HOUSING** 

GENERAL HOUSING STABILITY ASSISTANCE

MOVING COSTS

Software ID: Software Version:

6498

6498

38506

**EIN:** 23-7223078

Name: FAMILY ENDEAVORS INC

2,669,285

2,669,285

2,391,790

318,114

27,833

7,386

ACTUAL COST

ACTUAL COST

ACTUAL COST

ACTUAL COST

ACTUAL COST

ACTUAL COST

Form 990	Schedule T	Dart TTT	Grants and	Other	Accietance to	<b>Domestic Individuals.</b>	
ruini 990,	Schedule 1,	Pail III,	Grants and	Other A	ASSISTANCE TO	Domestic Individuals.	

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.								
CHILDCARE	4896	9,138		ACTUAL COST				
CHILDCARE	4896	9,138		ACTUAL COST				
LEGAL SERVICES AND LIFE AND JOB SKILLS	712	54.350		ACTUAL COST				

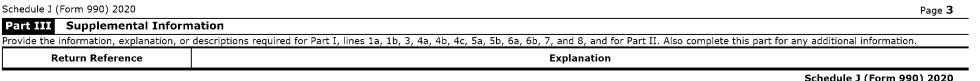
efil	e GRAPHIC pr	rint - DO NOT PROCESS As Fi	ed Dat	a -	DLN: 9	349331	9142	:031
Sch	nedule J	Compe	ensat	ion Information		OMB No.	1545-0	0047
(Form 990)  Department of the Treasury		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.			, line 23.	2020 Open to Public		
	al Revenue Service					Insp	ectio	n
	me of the organiza IILY ENDEAVORS INC				Employer identific	ation nu	ımber	
					23-7223078			
Pa	rt I Questi	ons Regarding Compensation						
<b>1</b> a	Check the appro	opiate box(es) if the organization provid ection A, line 1a. Complete Part III to p	ed any o rovide ar	f the following to or for a person liste y relevant information regarding the	d on Form se items.		Yes	No
	First-class	s or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of perso	nal residence			
	☐ Tax idemi	nification and gross-up payments	닏	Health or social club dues or initiation				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b		xes on Line 1a are checked, did the orga or provision of all of the expenses descr				1b		
2		ation require substantiation prior to rein				2		
	directors, truste	es, officers, including the CEO/Executiv	e Directo	r, regarding the items checked on Lir	ne 1a? .     .			
3	organization's C	if any, of the following the filing organiz EO/Executive Director. Check all that a ed organization to establish compensation	ply. Do	not check any boxes for methods				
	Compensa	ation committee		Written employment contract				l
		ent compensation consultant	<b>✓</b>	Compensation survey or study				
	☐ Form 990	of other organizations	<b>✓</b>	Approval by the board or compensa	tion committee			
4	During the year related organiza	, did any person listed on Form 990, Par ation:	t VII, S∈	ction A, line 1a, with respect to the f	iling organization or a	a		
а	Receive a sever	ance payment or change-of-control pay	ment? .			4a		No
b	Participate in, o	r receive payment from, a supplementa	l nonqua	ified retirement plan?		4b		No
С		r receive payment from, an equity-base of lines 4a-c, list the persons and provid	•			4c		No
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organ	izations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section A, line ontingent on the revenues of:						
а	The organization	n?				5a		No
b	Any related orga	anization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section A, line ontingent on the net earnings of:	a 1a, did	the organization pay or accrue any				
а	The organization	n?				6a		No
b		anization?				6b		No
	If "Yes," on line	6a or 6b, describe in Part III.						
7		ed on Form 990, Part VII, Section A, line escribed in lines 5 and 6? If "Yes," desc				7		No
8	subject to the ir	nts reported on Form 990, Part VII, pair nitial contract exception described in Reg 	gulations	section 53.4958-4(a)(3)? If "Yes," de		8		No
9		8, did the organization also follow the re				9		
For F	Panerwork Redu	iction Act Notice, see the Instructio	ns for Fo	orm 990. Cat. No. 5	50053T Schedule	J (Form	990)	2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

<b>Note.</b> The sum of column	o no s (B)	ot list any individuals that h(i)-(iii) for each listed inc	: are not listed on Form 99 dividual must equal the to	90, Part VII. Ital amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	) and (E) amounts for tha	t individual.
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 JON ALLMAN ENDEAVORS PRESIDENT &	(i)	302,301	15,000	0	0	0	317,301	
CEO	(ii)	0	0	0	0	0	0	
2 CHIP FULGHUM COO	(i)	249,869	0	0	0	0	249,869	
	(ii)	0	0	0	0	0	0	
3 STEVEN LEFEVER CFO	(i)	242,562	0	0	0	0	242,562	
	(ii)	0	0	0	0	0	0	
4 DAVID HERNANDEZ SENIOR DIRECTOR OF	(i)	160,371	0	0	0	0	160,371	
EMERGENCY S	(ii)	0	0	0	0	0	0	
5 DANNIEL HERNANDEZ CHIEF HUMAN RESOURCES	(i)	167,057	0	0	0	0	167,057	
OFFICER	(ii)	0	0	0	0	0	0	
							Schedule	J (Form 990) 2020



efile GRAPHIC	print - DO NOT PROCESS	DLN: 93493319142031	
SCHEDULE (Form 990 or 99 EZ)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.	OMB No. 1545-0047  2020  Open to Public Inspection	
Namel Betherofgamis FAMILY ENDEAVORS IN 990 Schedule O		r identification number	
Return Reference	Explanation		
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION:	THE MISSION OF FAMILY ENDEAVORS IS TO PROVIDE COMPREHENSIVE, EFFECTIVE, AND INNOVATIVE SER VICES THAT EMPOWER PEOPLE TO BUILD BETTER LIVES FOR THEMSELVES, THEIR FAMILIES, AND THEIR COMMUNITIES. ENDEAVORS PASSIONATELY SERVES VULNERABLE PEOPLE IN CRISIS THROUGH OUR INNOVAT IVE, PERSONALIZED APPROACH. WE SEEK TO PROVIDE COMPREHENSIVE, EFFECTIVE, AND INNOVATIVE SE RVICES THAT ENCOURAGE GROWTH, APEOPLE TO BUILD BETTER LIVES FOR THEMSELVES, THEIR FAMILIES , AND THEIR COMMUNITIES. WHY? BECAUSE WE BELEIVE THAT EVERYONE HOLDS THE CAPACITY TO GROW, HEAL, CHANGE, SUCCEED, AND AFFECT OTHERS POSITIVELY.		

990 Schedule O, Supplemental Information

Return Reference Explanation

FORM 990, PART III,	MORE THAN JUST MENTAL HEALTH CARE, OUR MILITARY FAMILY CLINICS HELP VETERAN FAMILIES WITH
LINE 4C - PROGRAM	SUPPORT AND REFERRALS FOR RELATED NEEDS, INCLUDING UNEMPLOYMENT, HOUSING, FINANCE, AND
SERVICE	EDU
ACCOMPLISHMENTS:	CATION.

Return Reference	Explanation
FORM 990, PART III, LINE 4D - OTHER PROGRAMS DESCRIPTION:	FAIRWEATHER FAMILY LODGE (FFL) - PROVIDES SHELTER AND TRAINING FOR HOMELESS WOMEN WITH CHR ONIC MENTAL ILLNESS AND THEIR CHILDREN. IT SERVES AS A PERMANENT LIVING FACILITY FOR ITS R ESIDENTS. THIS PROGRAM IS FUNDED THROUGH GOVERNMENT AND PRIVATE GRANTS AND CONTRACTS. FAIR WEATHER LODGE PROGRAM (FWL) - PROVIDES HOUSING, TRAINING, AND EMPLOYMENT FOR ADULTS WITH C HRONIC MENTAL ILLNESS WHO HAVE BEEN DISCHARGED FROM A PSYCHIATRIC FACILITY. THIS PROGRAM I S FUNDED THROUGH GOVERNMENT AND PRIVATE GRANTS AND CONTRACTS. COMMUNITY BASED SERVICE - OU R COMMUNITY SERVICES PROVIDE AN ARRAY OF SUPPORTIVE SERVICES. THIS INCLUDES CASE MANAGEMEN T, PROFESSIONAL COUNSELING, AND CRISIS INTERVENTION FOR FAMILIES, SENIORS, CHILDREN, AND I NDIVIDUALS WITH DISABILITIES. WE ALSO PRO SUPPORT TO OVER 2,500 ABUSED AND/OR NEGLECTED CH ILDREN ACROSS TEXAS EACH YEAR. OUR STAFF PROVIDES ESSENTIAL SUPPORTIVE SERVICES TO IMPROVE THE QUALITY OF LIFE FOR OVER 150 LOW-INCOME SENIORS, SHUT-INS, AND ADULTS WITH DISABILITI ES EACH YEAR THROUGH REGULARLY SCHEDULED IN-HOME VISITS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B - FORM 990 REVIEW PROCESS:	THE ORGANIZATION'S BOARD OF DIRECTORS WILL CONDUCT A REVIEW OF FORM 990 AND IT WILL DOCUME NT THE REVIEW PROCESS IN THE BOARD MEETING MINUTES PRIOR TO FILING.

Return Reference	Explanation
PART VI, SECTION B,	MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS REGULARLY MONITORED BY THE GOVERNING BODY. IN THE EVENT OF A CONFLICT OF INTEREST, THE MEMBER WITH THE CONFLICT SHALL NOTIFY THE BOARD AND REFRAIN FROM VOTING.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

FORM 990,	AND APPROVAL PROCESS - CEO AND TOP MANAGEMENT: THE COMPENSATION IS DETERMINED USING COMPAR
PART VI,	ABILITY DATA, AT A LOCAL AS WELL AS A NATIONAL LEVEL. THE BOARD OF DIRECTORS APPROVES THE
SECTION B,	COMPENSATION.
LINE 15A -	
COMPENSATION	
REVIEW	

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B - COMPENSATION REVIEW	OFFICERS AND KEY EMPLOYEES: THE ORGANIZATION DETERMINES THE COMPENSATION LEVELS BY USING L OCAL MARKET DATA WHICH IS OBTAINED BY PARTICIPATING IN AN ANNUAL NOT-FOR-PROFIT WAGE AND B ENEFIT SURVEY. CURRENT MARKETPLACE ISSUES AND TRENDS ARE REVIEWED. THIS MODIFIED MARKET-BA SED PROCESS ENABLES THE ORGANIZATION TO ESTABLISH A BASE PAY SCALE USING TWO SETS OF INFOR MATION: MARKET DATA AND JOB CHARACTERISTICS.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

990 Schedule O, Supplemental Information

LINE 11G

FORM 990 DESCRIPTION:CONTRACT SERVICES TOTAL FEES:12561290
PART IX

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

2020

DLN: 93493319142031

Open to Public Inspection

**Employer identification number** 

FAMILY ENDEAVORS INC 23-7223078 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (c) (d) (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) INTREPID STAFFING SERVICES LLC - PR STAFFING COM PR -412,000 14,044,611 ENDEAVORS 6363 DE ZAVALA RD SAN ANTONIO, TX 78249 66-0907696 (2) INTREPID STAFFING SERVICES LLC - TX STAFFING COM TX 363,544 36,082,682 ENDEAVORS 6363 DE ZAVALA RD SAN ANTONIO, TX 78249 82-5104710

02-5104710							
							_
							_
							_
							_
Part II Identification of Related Tax-Exempt Orga		rganization answere	d "Yes" on Form 99	90, Part IV, line 34	because it had one o	r more	
related tax-exempt organizations during the tax	year.						
(a)	(b)	(c) Legal domicile (state	(d) Exempt Code section	(e)	(f)	(9	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling	Section	ı 512(b)
		or foreign country)		(if section 501(c)(3))	entity	(13) co	ntrolled ity?
							No No
(A) EANTLY ENDEAUGROUNG	ABUUT GERVAGE	TX	F04(G)(Q)	_	ENDENVORG	Yes	NO
(1)FAMILY ENDEAVORS INC 6363 DE ZAVALA RD	ADULT SERVICE	I X	501(C)(3)	'	ENDEAVORS	Yes	
0303 DE ZAVALA ND							
SAN ANTONIO, TX 78249							
74-2618398							
			+	+	_		-
							-
			<u> </u>	<u> </u>	1		
For Paperwork Reduction Act Notice, see the Instructions for	r Form 990.	Cat. No. 501	35Y		Schedule R (Forn	990) 20	020

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	( <b>H</b> Dispropi allocal	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe ging o	(k) ercentage wnership
					514)			Yes	No		Yes	No	
												_	
V Identification of Related Organi because it had one or more related						ization ans	wered "Yes	s" on F	orm 9	990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le dor (state o	(c) egal micile or foreign intry)	Direct	(d) controlling Typeentity (C co	(e) e of entity orp, S corp, r trust)	<b>(f)</b> Share of total income		(g) of end- year assets	-of- Perce owne		(13)	(i) ion 512(b controlle entity?
		-										Ye	S NO
										l l			

Page **3** 

Part V T	Fransactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
Note. C	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	

<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
С	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	<b>-</b>		
	(a) (b) (c) (d)  Name of related organization Transaction Amount involved Method of determining a	mount i	nvolve	d

type (a-s)

Schedule R (Form 990) 2020

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Disproprtiona allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	g ?	<b>(k)</b> Percentage ownership
			314)	Yes	No	<u> </u>		Yes	No		Yes	No	
										Schedul	le R (Form	1 990	0) 2020

chedule R (For	rm 990) 2020	Page :	5
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Return Reference		Explanation	

For Paperwork Reduction Act Notice, see the separate instructions.

#### DLN: 93493319213262 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public . Inspection

Department of the Treasury

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

		nue Servic									
			calendar year, or to C Name of organization		ning 01-01-202	1 , and endi	ing 12-3	1-2021	D.Flau	:	: <b>4</b> :
		pplicable: change	FAMILY ENDEAVOR								ication number
	me ch	-	% STEVE LEFEVER						23-722	3078	
☐ Ini	tial ret	turn	Doing business as ENDEAVORS								
		n/terminate	d	(or D.O. how if mo	il in mot dalivared to	s atmost address.	Daem (s	uita	E Telephoi	ne number	
		d return on pendin	Number and street 6363 DE ZAVALA R		ii is not delivered to	street address)	Room/si	lite	(210) 4	31-6466	
	p.iiout.ii	on ponum	City or town, state	or province, count	ry, and ZIP or forei	gn postal code			(210)	31 0400	
			SAN ANTONÍO, TX		,,				<b>G</b> Gross re	ceipts \$ 6!	58,534,944
			F Name and add	ess of principal	officer:			H(a) Is	this a group re		, ,
			JON ALLMAN 6363 DE ZAVALA	D.D.					ubordinates?		□Yes ☑No
			SAN ANTONIO, TX					<b>Н(b)</b> А	re all subordina	tes	☐ Yes ☐No
Tax	x-exer	npt status	: 🔽 501(c)(3)	501(c) ( ) <b>4</b> (i	nsort no.) $\square$ 4	947/a)/1) or [	7 527		icluded? "No," attach a	list See i	
ı w	eheit	·•• \//	WW.ENDEAVORS.OR		nisercino.) — +	947(a)(1) OI L			roup exemption		
, ,,	CDSIC	.c.p w	WW.ENDEAVORS.OR	J							
<b>(</b> Forn	n of o	rganizatio	n: 🗹 Corporation 🗌	Trust Assoc	iation 🔲 Other 🕨	•		<b>L</b> Year of t	formation: 1971	M State	of legal domicile: TX
			· 								
Pa	art I	_	nmary								
			escribe the organizati DRS IS A FAMILY OF				ASURABI	E OUTCON	IES TO BUILD S	OCIAL AI	ND COMMON GOOD.
e e			WER PEOPLE (CONT			27.0 111111112			123 13 30123 3		
Ĭ.	-										
E	-										
<del>္</del> င္ငံ	2	Check th	nis box 🕨 🗌 if the o	rganization disc	ontinued its ope	rations or disp	osed of r	more than	25% of its net a	ssets.	
<i>.</i> ජ	3	Number	of voting members	of the governing	body (Part VI, li	ine 1a)			•	3	10
o B	4	Number	of independent votin	ng members of	the governing bo	dy (Part VI, Iir	e 1b) .			4	9
<b>\$</b>	5	Total nu	mber of individuals e	employed in cale	endar year 2021	(Part V, line 2	a)			5	2,480
Activities & Governance	6	Total nu	mber of volunteers (	estimate if nece	essary)					6	26
4	7a	Total unrelated business revenue from Part VIII, column (C), line 12								7a	0
	b	Net unre	elated business taxal	ole income from	Form 990-T, Pa	rt I, line 11 .				7b	0
									Prior Year		Current Year
ā	8	Contribu	itions and grants (Pa	art VIII, line 1h)			•		50,236,	720	657,293,643
Ravenue		-	service revenue (Pa	,					2,291,	644	1,050,035
Ę.			ent income (Part VIII			•			20,		75,960
			evenue (Part VIII, colu	* **		•			39,		25,303
	_							52,588,	_	658,444,941	
			and similar amounts			•	•		5,479,	875	109,857,217
			paid to or for memb	•			•			0	0
8	l		, other compensation				•		24,307,	-	109,042,684
€	l		onal fundraising fees				•			0	0
Expenses	l		draising expenses (Part								
	l		rpenses (Part IX, colu				•		21,733,		406,305,566
	l		penses. Add lines 13			(A), line 25)			51,521,		625,205,467
· vo	19	Revenue	e less expenses. Sub	tract line 18 fro	m line 12		• •	Di	1,067,		33,239,474
Net Assets or Fund Balances								begini	ning of Current \	eai	End of Year
sse 3ala	20	Total as	sets (Part X, line 16)						60,983,	971	137,813,903
Ž Ž	l		bilities (Part X, line 2						45,819,	939	88,807,528
ΣĪ	22	Net asse	ets or fund balances.	Subtract line 2	1 from line 20 .				15,164,	032	49,006,375
Pa	rt II	Sign	nature Block							'	
			perjury, I declare tha								
	nowle		ef, it is true, correct,	and complete.	Deciaration of pr	eparer (ourier	than on	cer) is bas	ed on an inionin	ation or v	vilicii preparei nas
		Tk									
		Signa	** ture of officer						2022-11-15 Date		
Sign Here											
1616	•		EN LEFEVER CFO or print name and title								
		F - 7 F 3	Print/Type preparer's na	ıme	Preparer's signatu	ıre	1	Date		PTIN	
Paid	4			-	l	-		2022-11-15	Check 📙 if	P00742631	L
	a pare	ar	Firm's name FORV	IS LLP	1				self-employed Firm's EIN ►		
_	On	H									
JJC	JII	'y	Firm's address > 8200						Phone no. (210)	341-9400	
			SAN A	NTONIO, TX 782	303806						
4	L - TD	C 1:	e this return with the								es No

Cat. No. 11282Y

Form **990** (2021)

Form	990 (2021)					Page <b>2</b>						
Pa	rt III Statement	of Program Serv	ice Accomplis	hments								
	Check if Sche	dule O contains a res	ponse or note to	any line in this Part III .		🗹						
1	Briefly describe the o	organization's mission	າ:	•								
					D INNOVATIVE SERVICES THAT	EMPOWER PEOPLE TO						
BUIL	D BETTER LIVES FOR	THEMSELVES, THEIR	FAMILIES, AND T	HEIR COMMUNITIES. (C	ONTINUED ON SCHEDULE O)							
2	Did the organization	undertake anv signif	icant program ser	vices during the year wh	nich were not listed on							
_	_	r 990-EZ?		· ,		□Yes ✓No						
	If "Yes," describe the											
3	•			changes in how it condu	cts, any program							
_	Did the organization cease conducting, or make significant changes in how it conducts, any program  services?											
	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 measured by expenses.											
-					f grants and allocations to other							
	expenses, and reven	ue, if any, for each p	rogram service re	ported.								
	(Code:	) (Expenses \$	572,199,563	including grants of \$	3,077,237 ) (Revenue \$	992,837 )						
	See Additional Data	, (=			2,211,221 , (1121211121 4	, ,						
4b	(Code:	) (Expenses \$	21,278,096	including grants of \$	35,882,374 ) (Revenue \$	28,291 )						
	See Additional Data											
4c	(Code:	) (Expenses \$	12,227,867	including grants of \$	70,864,289 ) (Revenue \$	18,074 )						
	See Additional Data											
4d	Other program servi	ces (Describe in Sche	edule O.)			_						
	(Expenses \$	7,274,072 ir	ncluding grants of	\$ 33,3	17 ) (Revenue \$	10,833 )						
4e	Total program serv	vice expenses ▶	612,979,5	98								

15

16

17

18

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14a

14b

15

16

17

18

19

20a

20b

21

Yes

Form **990** (2021)

Νo

No

No

Nο

Nο

Nο

Νo

Nο

Nο

Pai	Checklist of Required 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥦	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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		No
	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 2	11c		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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 . . . . . .

rm '	990 (2021)			Page 4
Parl	Checklist of Required Schedules (continued)			
_			Yes	No
	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	Yes	
	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	Yes	
	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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		No
	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		No
	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		No
	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		No
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
3	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
•	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	Yes	
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
	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		No
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Yes	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	. ;		ᆜ
			Yes	No

1a

1b

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1,179

0

1c

Yes

Statements Regarding Other RRS Fillings and Tax Compliance (continued)  2 a first the number of emproves reported on Form (%). Transmittad Wags and Tax Statements, files for the calendar year ending with or which the year covered by 2 a 2,480  3 b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines is and 2a is greater than 250, you may be recursed to effect se instructions.  3 b Old the organization have unrelated business gross income of \$1,000 or more during the year?  4 a dary time during the calendar year, did the organization have an interest in, or a signature or other authority over, or by 11 files, and the control of the complete account, or did not financial accounts (FBAR).  5 a Was the organization are from country by See Instructions for filing requirements for FnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 a Was the organization have an approximation that was or is a party to a prohibited tax shall be a repaired and the organization have an approximation for the complete account, or did not any time and the control actions?  5 a Obes the arganization have an approximation that was or is a party to a prohibited tax shall be a repaired to a device of the control actions?  5 a Obes the arganization have an all greas receipts that are normally greater than \$100,000, and did the organization for the control actions?  6 b Organizations that have not can dedictable as charactable control actions?  7 a promised to the payor?  7 organizations that have receive deductibile contributions under section 1,70(c).  8 bid the organization receive a supment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 b If If Yes, a light organization or active an apprent in excess of \$75 made party as a contribution and party for which it was required to file Form 1085 a required?  8 Spensoring organization makes apprent to greater than account of the service o	orm	990 (2021)			Page <b>5</b>
Tax Statements, filed for the calendar year ending with or within the year covered by  2 2,480  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the unry of lines is and 2a is greater than 250, you may be required to endie, See instructions.  3a Did the organization have unrelated business gross income of \$5,000 or more during the year?  3b If "ves," here if the all arm 900 or for this year?" file? or for the 2b, your day an explanation in Schedule 0 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; ush as a bank account, securities account, or their financial accounts (FRAR).  5b If "ex," enter the name of the foreign country; Explored and interest in the comparization and party to a promibited ask shelter transaction at any time during the tax year?  5b If any interest in the second party to a promibited ask shelter transaction at any time during the tax year?  5c If "fes," to line 5a of 5b, did the organization file form 8886-T?  5c Boses the organization have explored that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c If "fes," to line 5a of 5b, did the organization file form 8886-T?  5c Boses the organization receive a payment in excess of \$75 made party years stellerant that such contributions or gifts were not tax deductible?  5c Organizations that may receive deductible contributions under section 170(c).  5d If "fees," did the organization normal payment of the poyon of the poyon of the poyon of the goods or services provided?  5d If "fees," did the organization normal payment of the poyon of the organization selection of the poyon of the poyon of the poyon	Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Note. If the sum of lines 1a and 2a is greater than 250, you may be recuired to e-file. See instructions.  3 bit the organization have unrelated business gross income of \$1,000 or more during the year?  3 bit 1''ss, "has it filed a form 990-file this year?!! Wa' to fire 3b, provide an explanation in Schedule 0.  3 bit 1''ss, "has it filed a form 990-file this year?!! Wa' to fire 3b, provide an explanation in Schedule 0.  4 bit 1''ss, "has it the ame of the fire froging country." See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 bit 1'''ss, "has it the name of the froging country." See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 bit 1'''ss, "has it the ame of the froging country." See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5 bit 1'''ss, "has the see a probabled tax shelber transaction and any time during the tax year?  5 bit 1'''ss, "has the see or Sh, did the organization file Form 8858-17.  5 c		Tax Statements, filed for the calendar year ending with or within the year covered by			
b If "Yes," indicate the number of Promises and Street Provided to the system of the system of the organization in Schedule O.  A flat port time during the salandary year, did the organization have an interest in, or a signature or other authority over, a large interest or the system of the syst	b		2b	Yes	
a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (such as a bank account, securities account, or other financial accounts?)  b "I"ves," enter the name of the foreign country; (such as a bank account, securities account, or other financial accounts? (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization in party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxoele party notify the organization file Form 8886-T?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization select any order on tax deductible contributions under section \$170(c).  b I"Yes," to line Sa or Sb, did the organization file Form 8886-T?  organizations that may receive deductible contributions under section \$170(c).  b I"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not to deductible?  organizations that may receive deductible contributions under section \$170(c).  b If Wes, "did the organization notify the donor of the value of the goods or services provided?  organization state any payment in excess of \$15 made party as a contribution and party for goods and services provided to the payor?  7b If "Yes," indicate the number of Forms \$282 filed during the year  7b If "Yes," indicate the number of Forms \$282 filed during the year  7c If If the organization received a contribution of qualified intellectual property, did the organization file a form \$100 file organization received a contribution of qualified intellectual property, did the organization file a form \$100 file organization received a contribution of qualified intellectual property, did the organization file a form \$100 file organization received a contribution of qualified intellectual property, did the organization file a form \$100 file org	3a	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a		No
financial account in a foreign country (such as a bank account, securities account, or other financial account).  b If Yes, "note the name of the foreign country."  See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  b Id any taxable party notify the organization file Form 1986-7?  5 Was the organization have any building the organization file Form 8086-7?  5 If "Yes," to line 5 on 5b, did the organization file Form 8086-7?  5 If "Yes," to line 5 on 5b, did the organization file Form 8086-7?  5 If "Yes," to line 5 on 5b, did the organization file Form 8086-7?  5 If "Yes," to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Dd the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 If "Yes," indicate the rumber of Forms \$282 filed during the year.  8 If "Yes," indicate the rumber of Forms \$282 filed during the year.  9 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization make any taxable distributions under section 4966?  9 If the organization file Form 899 as required?  9 If the organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(12) organizations. Enter:  1 In Ida	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c 1f 'Yes," to line Sa or 5b, did the organization file Form 8865-T?  5c Cabose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Tyes," did the organization include with every selectation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8 Did the organization neceive a payment in excess of \$75 made party as a contribution and partiy for goods and services provided to the payor.  8 If 'Yes," did the organization notify the donor of the value of the goods or services provided?  9 If 'Yes," did the organization notify the donor of the value of the goods or services provided?  1 If 'Yes," indicate the number of Forms \$222 filed during the year.  1 If 'Yes," indicate the number of Forms \$222 filed during the year.  2 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If the organization neceived a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c) (20) qualified monprofit health insurance issuers.  1 If a Section 4947(a)(1) non-exempt		financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No
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-T7  5c ab Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible; as charitable contribution and partly for goods and services provided to the payor.  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If "Yes," include the number of Forms 8202 filed during the year.  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$202 the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$202 the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$202 the organization received as contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of qualified intellectual property, did the organization file a Form \$202 the file of the organization file and the property of the organization file a Form \$202 the file of the property of the organization file a Form \$202 the file of the property of the organization file a Form \$202 the file of the property of the organization file a Form \$202 the file of the property of the organization file a Form \$202 the file of the property of the organization file a Form \$202 the file of the property of the organization file a Form \$202 the file of the property of the file of the property of the organization file of Form \$202 the file of the property of the file of the property of the file of the property	F-		-		N-
If "Yes," to line 5a or 5b, did the organization file Form 8866-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charabide contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a 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?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  If "Yes," indicate the number of Forms 8292 field during the year  b Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization for forms 8292 field during the year  b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1096-C?  f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1096-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  8 Sponsoring organizations maintaining donor advised funds.  9 Did the sponsoring organization make any taxabile distributions under section 4966?  9 a Did the sponsoring organization make any taxabile distributions under section 4966?  9 a Did the sponsoring organization make any taxabile distributions under section 4966?  9 a Did the sponsoring organizations. Enter:  a Gross income from members or shareholders.  11a Initiation fees and capital contributions included on Part VIII, line 12  a Gross income from members or shareholders.  12b Section 501(c)(7) organizations. Enter:  a Gross income from members or shareholders.  5 Section					No No
6a Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solitist any contributions that were not tax deductible as charitable contributions?  b   I' Yes, '' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$37 made partly as a contribution and partly for goods and services provided to the payor?  7 b   I' Yes, '' did the organization notify the donor of the value of the goods or services provided?  7 b   I' Yes, '' indicate the number of Forms \$282 field during the year.  Pid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form \$282?  If I' Yes, '' indicate the number of Forms \$282 filed during the year.  Pid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 c   Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  8 Sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  10 Section \$301(c)(12) organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organizations make a distribution to a donor, donor advised, or related person?  9 possoring organization make any taxable distributions under section 4966?  9 a Did the sponsoring organizations make a distribution to a donor, donor adviser, or related person?  9 possoring organization make any taxable distributions under section 4966?  9 a Cross income from methers or shareholders  10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross receipts, inclu					
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a Gross income from members or shareholders	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
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Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	15	parachute payment(s) during the year?	15		No
that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No
If Yes, complete Form 6069.	17		17		

orm	990 (2021)			Page <b>6</b>
Pa	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	<b>✓</b>
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year   1a   10	$\overline{}$	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 9			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>∍ Code</u>		
10-	Did the averagination have lead shoutons burnshes an efficience?	10-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
	ction C. Disclosure			
17 18 19	List the states with which a copy of this Form 990 is required to be filed ►  Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  □ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records: STEVE LEFEVER 6363 DE ZAVALA RD SAN ANTONIO, TX 78249 (210) 431-6466

20

Part VII

DIRECTOR

**✓** 

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

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

- 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

of reportable compensation from the organization	n and any relate	d orga	nizati	ons.				•		
• List all of the organization's <b>former directo</b> organization, more than \$10,000 of reportable co	ompensation fro	m the								
See the instructions for the order in which to list	· ·									
Check this box if neither the organization no (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position that pers	on (do an on on is	(C) not e bo both	t che ox, u h an or/tr		ore er	(D) Reportable compensation from the organization (W-2/1099- MISC/1099- NEC)	Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JON ALLMAN	40.0	X		х				509,146	0	106,218
CEO (2) CHIP FULGHUM	1.0 40.0							400 1300		67.200
COO	1.0			X				469,139	0	67,200
(3) STEVEN LEFEVER CFO	1.0			x				395,658	0	78,836
(4) DANNIEL HERNANDEZ	40.0				Х			338,907	0	64,515
CHIEF HR OFFICER	1.0									
(5) ANDREW LORENZEN-STRAIT SR. DIRECTOR OF MIGRANT SERVIC	40.0					х		327,680	0	18,000
(6) CARMEN QUALIA SENIOR STRATEGIC ADVISOR	40.0					х		320,182	0	0
(7) ANDREA HELLING	40.0					х		303,887	0	10,907
SR. DIRECTOR OF MIGRANT SERVIC	0.0 40.0									
(8) DAVID HERNANDEZ SENIOR DIRECTOR OF EMERGENCY S	0.0					х		275,381	0	18,000
(9) BASEL MOUSSLLY DEPUTY DIRECTOR FOR MIGRANT SE	40.0					х		260,892	0	10,972
(10) TRACI BURKHART GOMEZ CHIEF OF DEVELOPMENT AND COMMU	40.0				х			190,493	0	17,000
(11) JEFFREY JEWELL DEPUTY CHIEF RISK / ETHICS OFF	40.0				х			153,705	0	0
(12) BERENICE VILLARREAL CHAIR	2.0	Х		х				0	0	0
(13) MAJOR GENERAL ALFRED FLOWERS VICE CHAIR	2.0	Х		x				0	0	0
(14) SHIRLEY SCHULTZ SECRETARY	0.0	X		x				0	0	0
(15) ANDY APPLE TREASURER	0.0	X		х				0	0	0
(16) AMY DAVIS DIRECTOR	0.0	X						0	0	0
(17) CHRIS TALLEY	1.0	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Page **8** 

Part VII Section A. Officers, Directors	s, Trustees, K	ey Em	рюу	ees	, an	ia Hig	ines	st Compens	ated	Employees (	coni	tinuea)	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than d	one b	ox, ι in of	t ch unle: ficer	and a	son	( <b>D</b> ) Reportabe compensate from the organizate	tion e on	(E) Reportable compensatio from relate organization	on d is	(F Estim amount comper from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/109 MISC/109 NEC)		(W-2/1099 MISC/1099 NEC)		organiza rela organiz	ted
(18) DORIS BEAULIEU	1.0	x							0		0		0
DIRECTOR	0.0												
(19) GARY SKIDMORE	1.0	x							О		0		0
DIRECTOR (20) JOHN SANDERS	0.0												
		×							О		0		0
DIRECTOR	0.0												
1b Sub-Total					Ц,	<u> </u> ▶					ᅱ		
1b Sub-Total				•		<b>-</b>					+		
d Total (add lines 1b and 1c)								3,545,070			0		391,648
2 Total number of individuals (including but of reportable compensation from the organization)	t not limited to	those li		abov	/e) v	vho re	ceive	ed more than	\$100	,000			
-												Yes	No
<b>3</b> Did the organization list any <b>former</b> offic			leave.		1-11-		ما ساند					Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	,		Key (	emp •	ioye •	e, or r	nigne •	est compensa	tea er	nployee on	3		No
For any individual listed on line 1a, is the organization and related organizations gr individual	sum of reporta eater than \$150	ble con 0,000? . •	npens If "Ye	atio s," o	n ar comp	nd othe plete S	er co Sched	ompensation f dule J for suc	rom tl <i>h</i>	ne 	4	Yes	
5 Did any person listed on line 1a receive of services rendered to the organization? If 1									individ	lual for	5		No
Section B. Independent Contractors	,										_		110
Complete this table for your five highest from the organization. Report compensat	compensated in										npen	sation	_
	(A)	, •		9	,			T		(B)		(0	
Name and I	ousiness address									ion of services ACT SER.		Compe	nsation ,259,924
300 EAST MAIN EL PASO, TX 79901												°	
JAY SHREE KRISN INC, 1760 S SUNRIDGE DR YUMA, AZ 85365								OTHER	CONTRA	ACT SER.			976,220
CHRISTY MERRELL, 7466 TEASDALE AVENUE ST LOUIS, MO 63130								OTHER	CONTRA	ACT SER.			533,306
CARLA L PROVOST, 227 GREYSTONE CIRCLE BOERNE, TX 78006								OTHER	CONTRA	ACT SER.			342,854
CHRISTINA EYRE, 1111 OSAGE STREET UNIT 32								OTHER	CONTRA	ACT SER.			284,968
DENVER, CO 80204  2. Total number of independent contractors (i	ncluding but no	t limite	d to t	hoss	lict	ed abo	) (AVA)	who received	more	than #100 00	n of		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 10

		(2021)								Page <b>9</b>
Part	VIII				rocno	nco or noto to any	line in this Part VIII			
		Check II Sched	uie	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512 - 514
. A	1a Federated campaigns 1a			.a			revenue		312 314	
Grants mounts	b	Membership dues		. 1	.b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		<u> </u>	.с					
Contributions, Gifts, and Other Similar A		Related organization Government grants (			.d .e	653,089,028				
ns, Sim		All other contribution	s, gifi	ts, grants,	-					
utio ier (		and similar amounts above			Lf	4,204,615				
trib Ott	g	Noncash contribution lines 1a - 1f:\$	s incl		.g					
Cor	h	<b>Total.</b> Add lines 1a	a-1f		•	•	657,293,643			
						Business Code	1.050.035	1 050 035		
o)	2a	PROGRAM FEES				900099	1,050,035	1,050,035		
venu	b	•								
e e										
rvice	C									
% %	d	I								
Program Service Revenue	e									
ĕ		All II								
		All other program  Total. Add lines 2				1,050,035				
	3	Investment income					2.04			2.046
		similar amounts). Income from invest		 nt of tax-exen	· not bo	nd proceeds		0		3,846
		Royalties	•				<b>-</b>	0		
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income	_							
		or (loss) I Net rental income	6c or	(loss)			0	0		
				(i) Securit		(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a			162,11	7			
	b	Less: cost or other basis and sales expenses	7b			90,00	3			
	С	Gain or (loss)	7c			72,11	4			
		d Net gain or (loss)					72,11	4		72,114
Other Revenue	<b>8</b> a	Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	of line 1c).	8a	C				
Re	Ŀ	Less: direct expen	ses		8b	(				
her	(	Net income or (los	s) fr	om fundraisii	ng eve	ents 🕨	<b>_</b>	0		
ō	9a	Gross income from	gam	ing activities.						
	_	See Part IV, line 19			9a	(	_			
		Less: direct expen Net income or (los			9b ctiviti	es		0		
						es <u> </u>				
	10	<b>a</b> Gross sales of inve returns and allowa	ento: ance:	ry, less s	10a	C				
	Ł	Less: cost of good	s so	ld	10b	(	)			
	(	Net income or (los Miscellaneo			nvent		1	0		
	11	Miscellaneo La <sub>MISCELL</sub> ANEOUS				Business Code 90009	9 25,30	3		25,303
		30								
	k	·								
	(									
	,	d All other revenue								
		e Total. Add lines 11a–11d				•	25.00	3		
	12 Total revenue. See instructions				25,30			0 101.353		
						•	658,444,94	1,050,035	<u>'I</u>	0 101,263 Form <b>990</b> (2021)

Form 990 (2021) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). ◪ Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. Total expenses general expenses expenses expenses 100,572,690 100,572,690 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . 9,284,527 9,284,527 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . . . . . . . 4 Benefits paid to or for members . . . . . . . 0 2,029,619 1,898,605 113,744 17,270 Compensation of current officers, directors, trustees, and key employees . 0 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 90,979,161 774,164 **7** Other salaries and wages . . . . . . . . 85.106.342 5.098,655 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . 189,653 9,145,648 8,689,072 266,923 **9** Other employee benefits . 6,888,256 6,522,745 309,658 55,853 10 Payroll taxes . 11 Fees for services (non-employees): a Management . . . 0 486,581 376,007 88,804 21,770 **b** Legal . 115,180 89,006 21,021 5,153 c Accounting . . . . 0 d Lobbying . . . . . 0 e Professional fundraising services. See Part IV, line 17 0 f Investment management fees . 362,742,836 499.719 g Other (If line 11g amount exceeds 10% of line 25, column 365,242,672 2.000.117 (A) amount, list line 11g expenses on Schedule O) 0 **12** Advertising and promotion . 13 Office expenses . 9,398,393 9,230,402 156,468 11,523 6,340,108 5,637,685 634,599 67,824 14 Information technology . 0 15 Royalties . 11,007,203 10,604,194 382,785 20,224 16 Occupancy . 48,083 10,524,488 10,472,635 3,770 Payments of travel or entertainment expenses for any 0 federal, state, or local public officials 659,650 324,657 277,437 57,556 19 Conferences, conventions, and meetings 406,629 406,629 **20** Interest . . . . 21 Payments to affiliates . . . 0

961,595

604,987

383,280

0

0

0

174,800

625,205,467

22 Depreciation, depletion, and amortization .

expenses on Schedule O.)

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

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).

23 Insurance .

a RECRUITING

e All other expenses

b

c.

d.

677,468

502,260

176,931

71,536

612,979,598

271,817

98,751

149,788

98,615

10,423,894

12,310

3,976

56,561

4,649

1.801.975

Form 990 (2021)

11

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18

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27

28

31

32

33

Liabilities 22

Fund Balances

5 29

Assets 30 23.690.780

0

0

0

0

0

0

0

5,352,869

24,679,615

2,011,636

137,813,903

88.784.608

88.807.528

48,306,532

49,006,375

137,813,903

Form 990 (2021)

699,843

22.920

0

0

(B) End of year

Beginning of year

7.672.706

0 6

0 7

0

0

0 13

n

0 18

0 19

0

0

0

0

4,569,373

35,411,621

45.819.939

12,717,047

2,446,985

15,164,032

60,983,971

458.716

18,196,618

24.890.202

60,983,971

5,838,945

8

9

10c

11 0

12

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33

1

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

Cash-non-interest-bearing .

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

Grants payable .

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 . . .

**Total assets.** Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here ▶ 🗹 and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

2	Savings and temporary cash investments	0	2	31,087,336
3	Pledges and grants receivable, net	7,553,094	3	11,549,918
4	Accounts receivable, net	2,212,635	4	39,441,749
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	0	5	0
				I

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets Inventories for sale or use . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D

10a 28,750,620

10b 4,071,005

22 0 23 0 0 24 25

Separate basis Consolidated basis ☐ Both consolidated and separate basis

**b** Were the organization's financial statements audited by an independent accountant? 2h Yes If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Yes

Yes

Yes Form 990 (2021)

3a

3h

Consolidated basis ☐ Separate basis ☐ Both consolidated and separate basis

2c

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

### Additional Data

Software ID:

Software Version: **EIN:** 23-7223078

Name: FAMILY ENDEAVORS INC.

Form 990 (2021)

Form 990, Part III, Line 4a: MIGRANT WELLNESS SERVICES-OUR SERVICES INCLUDED HOME STUDIES AND POST-RELEASE SERVICES FOR UNACCOMPANIED MIGRANT CHILDREN AND THEIR SPONSORS, MIGRANT WELLNESS SERVICES FOR FAMILIES AND INDIVIDUALS SEEKING ASYLUM (PARENTING EDUCATION/TRAINING, FAMILY AND INDIVIDUAL THERAPY, TRAFFICKING SCREENINGS), AND SHELTERING OF MIGRANT CHILDREN AND FAMILIES AT THE BORDER.

# Form 990, Part III, Line 4b: EMERGENCY SERVICES-DISASTER RELIEF - ENDEAVORS PROVIDES CLIENT-FOCUSED SERVICES FOR SHORT-TERM RELIEF AND LONG-TERM RECOVERY. OUR CASE

MANAGERS OFFER INDIVIDUALIZED RECOVERY PLANS, CREATE SAFE ENVIRONMENTS, AND PROVIDE RESOURCE REFERRALS FOR INDIVIDUALS IMPACTED BY PRESIDENTIALLY DECLARED NATURAL DISASTERS AND EMERGENCIES.

Form 990, Part III, Line 4c: VETERAN SERVICES - ENDEAVORS PROVIDES SUPPORTIVE SERVICES FOR VETERANS AND THEIR MILITARY FAMILIES FOCUSES ON HOMELESSNESS PREVENTION AND STABILIZATION, PARENTING SKILLS, AND MENTAL HEALTH CARE.

efile	e GRA	<u>APHIC prii</u>	t - DO NOT PROCESS	As Filed Data -			DLN: 9	3493319213262
SCI	1FD	ULE A	Dublic	Charity Statu	e and Dul	olic Supp		OMB No. 1545-0047
	m 990			Charity Statu				2021
		<i></i>	Complete ii the c	4947(a)(1) nonexe	mpt charitable	trust.	a section	<b>ZUZI</b>
		the Treasury ue Service	► Go to www.ir	Attach to Form ! s.gov/Form990 for it			ermation.	Open to Public
								Inspection
		n <b>e organiza</b> AVORS INC	tion				Employer identific	ation number
				(4)			23-7223078	
Par he o			for Public Charity State private foundation becaus				see instructions.	
1	. gaz		onvention of churches, or a	•	•		(A)(i).	
2		,	scribed in section 170(b)				(,(-,	
3					,	, ,	<b>.</b>	
			r a cooperative hospital ser	-			-	or have taken a language that the
4	Ш	name, city,	esearch organization operat and state:	ted in conjunction with	a nospital descri	bed in section :	1/U(b)(1)(A)(III). E	nter the nospital's
5	П	An organiza	ition operated for the benef	fit of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6	_		( <b>iv).</b> (Complete Part II.)			470(1)(4)(4)		
6			tate, or local government o	-				
7	✓		ition that normally receives <b>0(b)(1)(A)(vi).</b> (Complet		s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust described in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization d ant college of agriculture. S					ege or university or a
10		An organiza	tion that normally receives	: (1) more than 331/39	6 of its support f	rom contribution	s, membership fees,	
		from activit investment	ies related to its exempt fu income and unrelated busi	nctions—subject to cert ness taxable income (le	tain exceptions, a ess section 511 t	and (2) no more ax) from busines	than 33 1/3% of its s ses acquired by the c	upport from gross Irganization after June
		30, 1975. 9	see <b>section 509(a)(2).</b> (C	omplete Part III.)				
11		An organiza	ition organized and operate	d exclusively to test for	r public safety. S	ee section 509	(a)(4).	
12		more public	ition organized and operate ly supported organizations a through 12d that describe	described in section 5	09(a)(1) or sec	ction 509(a)(2	). See <mark>section 509(</mark> a	
а		<b>Type I.</b> A so	upporting organization open(s) the power to regularly Part IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiz	pervised or controlled in zation vested in the san				
•			olete Part IV, Sections A		n anaratad in car	nnaction with ar	od functionally into ara	tod with ita
	Ш		unctionally integrated. A organization(s) (see instruct					ited With, its
d		functionally	on-functionally integrate integrated. The organization ). You must complete Pa	on generally must satis	fy a distribution	requirement and		
e		Check this	pox if the organization rece or Type III non-functionally	ived a written determin	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations					
g	Provi	de the follow	ing information about the s	upported organization(	s).			
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			1					
Total			tion Act Notice, see the I					

Page 2

(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 failed						macri are III
S	ection A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	28,017,739	38,773,370	60,603,880	50,236,720	657,293,643	834,925,352
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	28,017,739	38,773,370	60,603,880	50,236,720	657,293,643	834,925,352
	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						0
	amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4.						834,925,352
_s	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4.	28,017,739	38,773,370	60,603,880	50,236,720	657,293,643	834,925,352
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,339	240,142	239,138	20,304	3,846	543,769
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	45,857	65,051	19,681	39,937	25,303	195,829
11	<b>Total support.</b> Add lines 7 through 10						835,664,950
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	17,944,718
13	First 5 years. If the Form 990 is for	-			•	, , , , -	ation, check
	this box and ${f stop\ here}$					▶□	
S	ection C. Computation of Publi	c Support Perc	entage				
14	Public support percentage for 2021 (li					14	99.911 %
	Public support percentage for 2020 Sc					15	99.467 %
16a	33 1/3% support test—2021. If the	e organization did	not check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	
b	and stop here. The organization qual 33 1/3% support test—2020. If the						
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization Part VI how the organization meets	t— <b>2021.</b> If the or on meets the "facts	ganization did not s-and-circumstance	check a box on lines" test, check this	e 13, 16a, or 16b, s box and <b>stop he</b> i	and line 14 r <b>e.</b> Explain	. ▶□
b	organization	<b>st—2020.</b> If the o zation meets the "	rganization did not facts-and-circumst	check a box on linated check	ne 13, 16a, 16b, o this box and <b>stop</b>	r 17a, and line here.	▶□

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

che	dule A (Form 990) 2021							Page <b>3</b>
P	Support Schedule for							
	(Complete only if you c						y under Part II	I. If
	the organization fails to	qualify under t	the tests listed	pelow, please co	omplete Part II.)	l		
Se	ction A. Public Support  Calendar year			1				
	(or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 20:	21 <b>(f)</b> T	otal
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
2	include any "unusual grants.") . Gross receipts from admissions,							
2	merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the							
3	organization's tax-exempt purpose Gross receipts from activities that are							
3	not an unrelated trade or business							
	under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
e	the organization without charge							
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and							
/ d	3 received from disqualified persons				<u>                                      </u>			
b	Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line							
	13 for the year.							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6.)							
36	ction B. Total Support			1				
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 20	21 <b>(f)</b> T	otal
9	Amounts from line 6							
.0a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
h	Unrelated business taxable income							
-	(less section 511 taxes) from							
	businesses acquired after June 30,							
_	1975.							
с 11	Add lines 10a and 10b.  Net income from unrelated business							
	activities not included on line 10b,							
	whether or not the business is							
	regularly carried on.							
12	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c,							
	11, and 12.) First 5 years. If the Form 990 is for the	ne organization's	iret second thir	   fourth or fifth t	av vear as a soction	n 501(a)(3	2) organization	
L4	•	-			•	. , ,	, .	
6-	check this box and stop here			<u> </u>			<u> </u>	<u> —</u>
<u>5e</u> l5	Public support percentage for 2021 (lin			column (f))		15		
	Public support percentage from 2020 S							
L6 <b>S</b> a						16		
	ction D. Computation of Investi Investment income percentage for 202			line 13 column (f	:))	4-		
L7		-		•		17		
18	Investment income percentage from 20					18	and line 47 :	-
	331/3% support tests—2021. If the							JU
	more than 33 1/3%, check this box and s							10:
b	33 1/3% support tests—2020. If the	-			· ·			16 18 is
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization	qualities as a publ	icly supported orga	anization .	▶⊔_	
20	Private foundation. If the organization	on did not check a	box on line 14. 1	9a. or 19b. check	this box and see i	instructions	: ▶∣	

6

7

8

10a

Part IV Supporting Organizations

checked box 12a or 12b in Part I, answer lines 4b and 4c below.

supervised by or in connection with its supported organizations.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

4a

4b

6

7

8

9a

9b

9с

10a

10b Schedule A (Form 990) 2021

Page 4

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

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

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

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

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

Section A. All Supporting Organizations

			Yes	N
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> 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			

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described		
	in section $509(a)(1)$ or $(2)$ .	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.	2-	

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 <b>Part VI</b> how the organization determined that the supported organization was described		
	in section $509(a)(1)$ or $(2)$ .	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and		
	3c below.		
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 <b>Part VI</b> when and how the organization made the		
	determination.	3b	

		_		ı
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and			
	3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination.	, or (6) and satisfied ganization made the 3b 70(c)(2)(B) purposes? 3c		
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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			

	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с	

5ch	nedule A (Form 990) 2021		F	Page <b>5</b>
Pa	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 on lines 11b and 11c below, governing body of a supported organization?	the 11a		
h	A family mambay of a negron described on 11a above?	11a		
	<ul> <li>A family member of a person described on 11a above?</li> <li>A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in P</li> </ul>			
	VI.	art 110		
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, 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 <b>Part VI</b> 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 an applied to such powers during the tax year.	<u></u>		
	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	organization.			
S	Section C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	; of		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	Section D. All Type III Supporting Organizations			<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing	the		
	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 organizatio (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	on2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant			
•	by reason of the relationship described in line 2 above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.			
S	Section 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 instr	uctions):		
	a  The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supporte organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	ed 2a		
	<b>b</b> Did the activities described on line 2a, above 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? If "Yes" or "No", provide details in <b>Part VI.</b>	of 3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	26		

Page **6** 

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgani	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying triinstructions. All other Type III non-functionally integrated supporting organiz				
	Section A - Adjusted Net Income		(A) Prior Year (B) Curre (optio		
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1			
а	Average monthly value of securities	1a			
b	Average monthly cash balances	<b>1</b> b			
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 0.015 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 0.035	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	<b>Distributable Amount.</b> 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-functionally-in instructions)	ntegrat	ed Type III supporting o	ganization (see	

e Excess from 2021. . . . .

Schedule A (Form 990) (2021)

Page 7

Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 7 Distributions to attentive supported organizations to which the organization is responsive (provide

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

7 Total annual distributions. Add lines 1 through 6. 8 details in Part VI). See instructions Distributable amount for 2021 from Section C, line 6 9 10 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (i) Underdistributions Distributable **Excess Distributions** (see instructions) Pre-2021 Amount for 2021

1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in **Part VI**). See instructions.

3 Excess distributions carryover, if any, to 2021: a From 2016. . . . . . **b** From 2017. . . . . . . **c** From 2018. . . . . . **d** From 2019. . . . . . e From 2020. . . . . . f Total of lines 3a through e

q Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$

a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 3j and 4c.

7 Excess distributions carryover to 2022. Add lines 8 Breakdown of line 7: a Excess from 2017. . . . . **b** Excess from 2018. . . . c Excess from 2019. . . . . d Excess from 2020.

Schedule A (	hedule A (Form 990) 2021 Page <b>8</b>						
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).						
	Facts And Circumstances Test						

SCHEDULE D

# **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.

► Attack to Form 990.

OMB No. 1545-0047

DLN: 93493319213262

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

	me of the organization IILY ENDEAVORS INC			Employer id	lentification	number	
ΓΑI	TILLY ENDEAVORS INC			23-7223078			
Pa	rt I Organizations Maintaining Donor Advi			r Accounts.			
	Complete if the organization answered "Ye	s" on Form 990, Part IV, lin (a) Donor advised fur		(h) F	سماهم اسمام		
	Total number at and of year	(a) Donor advised fur	nas	(b) Fun	ds and other	accounts	
	Total number at end of year						
	Aggregate value of contributions to (during year)						
•	Aggregate value of grants from (during year)						
	Aggregate value at end of year		1. 1				
•	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex	clusive legal control?				Yes 🗌 No	
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any oth	her purpose c			Yes 🗌 No	
Pa	rt II Conservation Easements.  Complete if the organization answered "Ye	s" on Form 990 Part IV lin	e 7				
	Purpose(s) of conservation easements held by the organ		C / .				
•	Preservation of land for public use (e.g., recreation		ryation of an	historically im	nortant land a	rea	
		· _		•	'	ai ea	
	☐ Protection of natural habitat	□ Prese	rvation of a c	ertified histori	structure		
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribut	ion in the for		ation at the End o	f the Very	
а	Total number of conservation easements		1	2a	at the End o	ithe fear	
b	Total acreage restricted by conservation easements		<u> </u>	2b			
c	Number of conservation easements on a certified histori		-	2c			
d	Number of conservation easements included in (c) acqui	` '	-	2d			
<u> </u>	structure listed in the National Register		L	Zu			
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or te	rminated by t	the organizatio	n during the		
ı	Number of states where property subject to conservation	n easement is located ►					
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		on, handling o	of violations,	☐ Yes	□ No	
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and	d enforcing co	nservation eas	sements durin	g the year	
,	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enfo	orcing conserv	/ation easeme	nts during the	year year	
3	Does each conservation easement reported on line 2(d)	above satisfy the requirements	of section 17	70(h)(4)(B)(i)			
	and section $170(h)(4)(B)(ii)$ ?				☐ Yes	□ No	
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's f					
ar	<b>Organizations Maintaining Collections</b> Complete if the organization answered "Ye			er Similar A	ssets.		
.a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for pub	C 958, not to report in its rever ic exhibition, education, or rese	nue statemen earch in furthe				
b	Part XIII, the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:						
(	(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, historic following amounts required to be reported under FASB	cal treasures, or other similar as	ssets for finar	_	ide the		
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$_			
b	Assets included in Form 990, Part X			<b>&gt;</b> \$			
	Panerwork Peduction Act Notice see the Instruction	a fau Faum 000	Cat Na	E2202D C-	andula D /Ea	000\ 202	

Pari	***	Organizations Ma	aintaining Col	lections of	f Art, Histo	rical T	reası	ires, o	<u>r Other</u>	Similar A	ssets (cor	itinued)
3		g the organization's acq s (check all that apply):		n, and other	records, chec	k any of	the fo	llowing 1	that are a	significant	use of its co	ollection
а		Public exhibition			d		Loan	or exch	ange prog	grams		
b		Scholarly research			e		Othe	ır				
С		Preservation for future	e generations									
4	Provi Part	de a description of the	organization's col	lections and	explain how t	hey furt	her th	e organiz	zation's e	xempt purpo	ose in	
5		ng the year, did the org ts to be sold to raise fur									☐ Yes	□ No
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			on Form 99	90, Parl	t IV, li	ine 9, o	r reporte	ed an amo		
La		e organization an agent ded on Form 990, Part I									☐ Yes	□ No
b	If "Ye	es," explain the arrange	ement in Part XIII	and complet	te the followin	ng table					Amount	
c		nning balance				-			1c			
d	_	ions during the year .							1d			
е		ibutions during the year							1e			
f		ng balance							1f			
2a		- he organization include							account li	ability?	☐ Yes	□ No
b	If "Y€	es," explain the arrange	ment in Part XIII	. Check here	if the explana	ation ha	s been	provide	d in Part	XIII	. 🗆	
Pa	rt V	Endowment Fund										
		Complete if the or	ganization ansv	vered "Yes" (a) Current		90, Part Prior ye			years back	(d) Three ye	arc back (a	) Four years back
la	Beainr	ning of year balance .		(a) Current	year (D)	<i>)</i> Pillol ye	aı	(C) TWO y	years back	(u) Tillee ye	edis back (e	) Four years back
	_	butions										
		vestment earnings, gair	ns. and losses									
		or scholarships										
		expenditures for faciliticograms	es									
f	Admin	istrative expenses .										
g	End of	year balance										
2	Provi	de the estimated perce	ntage of the curre	ent year end	balance (line	1g, colu	ımn (a	)) held a	as:			
а	Board	d designated or quasi-e	ndowment ►		••							
b	Perm	anent endowment 🛌										
С	Term	endowment 🟲										
		percentages on lines 2a	, 2b, and 2c shou	•								
3a		here endowment funds nization by:	not in the posses	sion of the o	rganization th	nat are h	neld an	ıd admin	istered fo	r the		Yes No
		nrelated organizations									3a(i	<del></del>
		Related organizations									3a(ii	)
b ‡		es" on 3a(ii), are the re ribe in Part XIII the inte	-								. 3b	
	t VI	Land, Buildings,			- 3 endowinen	it runus.						
e Cil	G VI	Complete if the or			on Form 99	90, Parl	t IV, li	ine 11a	. See Fo	rm 990, Pa	art X, line	10.
	Descr	iption of property	(a) Cost or oth (investme	ner basis	(b) Cost or oth					depreciation		Book value
 1a	Land					8	72,245					872,245
		ngs					28,643	<u> </u>		3,504,576		6,924,06
		nold improvements					52,749	<del>                                     </del>		197,560		2,455,189
		ment					12,136			368,869		1,243,267
4	-44.61		I			-,0	_,_50	1			l	-,,20

13,184,847

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

13,184,847

24,679,615

Part VII	<b>Investments - Other Securities.</b> Complete if the organization answered "Yes" on Form 990,	Part IV	. li	ine 11h.See Fo	rm 990. Part )	C. line 1	2.
	(a) Description of security or category (including name of security)	(b) Book	Κ.		(c) Method of v or end-of-year	aluation	:
(1) Financia	l derivatives						
	held equity interests						
(A)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
(H)							
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>•</b>					
Part VIII	<b>Investments - Program Related.</b> Complete if the organization answered 'Yes' on Form 990,	Part IV	. li	ine 11c. See Fc	orm 990. Part	X. line 1	13.
	(a) Description of investment			(b) Book value	<b>(c)</b> Met	hod of v	aluation: market value
(1)			<u> </u>		Cost of end	or-year	THATREC VALUE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•	_				
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990,	Dart IV	lir	ae 11d. Son For	m 990 Part V I	no 15	
	(a) Description	raic IV,		10 110. 500 1011	m 550, raic X, r		<b>)</b> Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.)  Other Liabilities.		•		<u> ▶</u>		
1.	Complete if the organization answered 'Yes' on Form 990,  (a) Description of liability		lir	<u>ne 11e or 11f.S</u>	See Form 990,	Part X,	line 25. (b) Book value
	income taxes	~,					(B) Book take
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col.(B) line 25.)				<b>•</b>		
	or uncertain tax positions. In Part XIII, provide the text of the footno			=			

Add lines 4a and 4b .

2

b

b

C

Part XII

5

1

2

c

d

e 3

b

C 5

Part XIII

4

Schedule D (Form 990) 2021

Page 4

893.052

658,444,941

658,444,941

625,314,157

108,690

625,205,467

625,205,467

Schedule D (Form 990) 2020

#### е 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . а

Other (Describe in Part XIII.) . . . . . .

Donated services and use of facilities .

Prior year adjustments . . . .

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

See Additional Data Table

ı	Donated services and use of facilities	
	Recoveries of prior year grants	
	Other (Describe in Part XIII.)	
	Add lines 2a through 2d	
	Subtract line <b>2e</b> from line <b>1</b>	

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . .

Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

2c

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

2d 4a 4b

2a

2b

2c

2d

4a

4b

Explanation

2a

2b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

4c Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

3

4c

5

1

2e

3

108,690

784,362

108,690

Page <b>5</b>				
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2021

## **Additional Data**

Software ID:

**Software Version: EIN:** 23-7223078

Name: FAMILY ENDEAVORS INC

## Supplemental Information

Return Reference	Explanation
	ASC 740 FOOTNOTE: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE I NCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCE
	RTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information					
Return Reference	Explanation				
FORM 990, SCHEDULE D, PART XI, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12: \$ 181,493 NET ASSETS R ELEASED FROM RESTRICTIONS \$ 602,869 CHANGE IN INTEREST RATE SWAP \$ 784,362 TOTA				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States** 

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493319213262

Open to Public Inspection

Treasury Internal Revenue Service		► Go to <u>ww</u>	<u>w.irs.gov/Form990</u> for	the latest informati	on.		
Name of the organization						Employer ident	tification number
FAMILY ENDEAVORS INC						23-7223078	
		and Assistance					
Does the organization mai the selection criteria used	ntain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ N
2 Describe in Part IV the org							Ŭ les □ N
			ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, I	ine 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
							8
- Enter total number of other	organizations liste	a m are mie i table.	<del></del>		<u> </u>		

(Form 990)

Department of the

90,397

INDIVIDUAL, RECORDS ARE MAINTAINED TO SUBSTANTIATE THE PEOPLE THAT RECEIVE ASSISTANCE.

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

MONITORING THE USE OF GRANT FUNDS: ENDEAVORS FOLLOWS THE POLICIES OF CFR 200 FOR ALL GRANT PAYMENTS.

GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS: THE ORGANIZATION PROVIDES ASSISTANCE TO INDIVIDUALS. NO GRANTS ARE GIVEN DIRECTLY TO AN

Page **2** 

Schedule I (Form 990) 2021

# GENERAL HOUSING STABILITY ASSISTANCE

Explanation

98

Schedule I (Form 990) 2021

(6) CHILDCARE

Part IV

Return Reference

SCHEDULE I, PART III

SCHEDULE I, PART I, LINE 2

(6)

(7)

#### Additional Data

FOUNDATION 6363 DE ZAVALA RD SAN ANTONIO, TX 78249 ENDEAVORS UNLIMITED INC

6363 DE ZAVALA RD SAN ANTONIO, TX 78249

Software ID: Software Version:

**EIN:** 23-7223078 Name: FAMILY ENDEAVORS INC

organization or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
FAMILY ENDEAVORS	87-1424761	501(C)(3)	100,000,000				BENEVOLENCE

500,000

(g) Description of

(h) Purpose of grant

GENERAL SUPPORT

(e) Amount of non-(f) Method of valuation (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash

501(C)(3)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

74-2618398

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance or government assistance other) FAYETTEVILLE STATE 23-7029901 501(C)(3) 10 0001 IGENERAL SUPPORT

LINE VERGITY FOUNDATION INC					
UNIVERSITY FOUNDATION INC					
1200 MURCHISON ROAD					
FAYETTEVILLE, NC 28301					
FATETTEVILLE, NC 20301					
Independent Housing	74-2731735	501(C)(3)	8.000		GENERAL SUPPORT
independent nodomg	/ 1 2/31/33	301(0)(3)	0,000		OLIVE SOLI OIL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Independent Housing Advocates Inc 3400 CAMINO REAL

SAN ANTONIO, TX 78238

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 53-0196605 501(C)(3) 21.247 RED CROSS WEST TEXAS IGENERAL SUPPORT 3620 ADMIRAL STREET EL PASO. TN 79925

GENERAL SUPPORT

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

EL PASO, TN 79925

TEXAS SOUTHERN 74-1620415 501(C)(3)
UNIVERSITY FOUNDATION 3100 CLEBURNE ST

HOUSTON, TX 77004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-2584682 501(C)(3) 8.000 URBAN ALLIANCE INC IGENERAL SUPPORT

169 DECHANTEL RD
SAN ANTONIO, TX 78201

VICEROY VILLAGE 74-2939624 501(C)(3) 8,000

GENERAL SUPPORT
APARTMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5802 PECAN VALLEY DR SAN ANTONIO, TX 78223

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	1 -	DLN: 93	49331	9213	262
	edule J	C	ompensati	on Information	10	ИВ No.	1545-	0047
(Forr	n 990)	For certain Office						
		► Complete if the org	Compensat ganization answe	ted Employees ered "Yes" on Form 990, Part IV,	line 23.	20	<b>[2</b> ]	
Danam	tur out of the Turnerum.		➤ Attach	to Form 990. instructions and the latest inform		Open t		
-	tment of the Treasury al Revenue Service	r do to <u>www.msigo</u>	<del>50/10/11/550</del> 10/1			Insp	ectio	n
	ne of the organiza ILY ENDEAVORS INC				Employer identifica	tion nu	ımber	
					23-7223078			
Pa	rt I Questio	ons Regarding Compensa	ition					
1a	Check the appro	opiate box(es) if the organization	n provided any of	the following to or for a person listed	d on Form		Yes	No_
				relevant information regarding thes				
	First-class	or charter travel		Housing allowance or residence for p	personal use			
		companions		Payments for business use of persor				
		nification and gross-up payment	_	Health or social club dues or initiatio				
	☐ Discretion	ary spending account		Personal services (e.g., maid, chauft	feur, chef)			
b				follow a written policy regarding payr				
2				re? If "No," complete Part III to explain allowing expenses incurred by all	ain	1b		
_				, regarding the items checked on Lin	e 1a?	2		
3	Indicate which	if any of the following the filing	, organization uses	d to establish the compensation of th				
3				ot check any boxes for methods	ie			
	used by a relate	d organization to establish com	pensation of the C	CEO/Executive Director, but explain in	n Part III.			
	Compensa	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	<b>☑</b> Form 990	of other organizations	✓	Approval by the board or compensat	tion committee			
4	During the year, related organiza		990, Part VII, Sec	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .			4a		No
b		r receive payment from, a supp				4b	Yes	
c	•			sation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the appl	licable amounts for each item in Part	III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations r	must complete lines 5-9.				
5				he organization pay or accrue any				
		ontingent on the revenues of:						
a		1?				5a		No
b		5a or 5b, describe in Part III.				5b		No
6		ed on Form 990, Part VII, Section		he organization pay or accrue any				
а	•	1?				6a		No
b	-					6b		No
	, -	6a or 6b, describe in Part III.						
7				he organization provide any nonfixed t III .		7	Yes	
8	subject to the in	itial contract exception describe	ed in Regulations s	ed pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				
	ın Part III .     .					8		No
9	If "Yes" on line 8 53.4958-6(c)? .			presumption procedure described in l		9		
For F		ction Act Notice, see the Ins			0053T Schedule J		990)	2021

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.  Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.								
(A) Name and Title			vn of W-2, 1099-MI and/or 1099-NE	SC compensation,	(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table					l	1		

Schedule J (Form 990) 2021	Page 3							
•	Part III Supplemental Information							
Provide the information, explanation	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
Return Reference	Explanation							
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN: THE ORGANIZATION ADOPTED A 457(F) PLAN COVERING CERTAIN KEY EMPLOYEES THAT PROVIDES UPON DISABILITY OR RETIREMENT A LUMP SUM PAYMENT. THE FOLLOWING INDIVIDUALS WERE PARTICIPANTS OF THIS PLAN, BUT RECEIVED NO BENEFITS FOR FISCAL YEAR 2021: JON ALLMAN CHIP FULGHUM STEVEN LEFEVER DANNIEL HERNANDEZ ANDREW STRAIT-LORENZEN DAVID HERNANDEZ ANNIE ERICKSON JILL PALMER TRACI BUCKHART GOMEZ							
SCHEDULE J, PART I, LINE 7	HOW BONUSES ARE DETERMINED: In any given year that Endeavors operates at a surge capacity and surge revenues increase by more than 15%, the bonus pool would become active or be "funded". At the end of the year, the CEO will make surge bonus recommendations for each eligible Executive and the Compensation Committee will (1) review and approve the CEO's recommendations for the executive team and (2) determine the amount of surge bonus for the CEO out of the bonus pool.							

Schedule J (Form 990) 2021

(i)

(i)

(i)

(ii)

(i)

(ii) (i)

(i)

(i)

(ii)

(i)

(ii) (i)

(ii)

(i)

SERVIC

ADVISOR

**SERVIC** 

1CARMEN QUALIA SENIOR STRATEGIC

2ANDREA HELLING

**3**DAVID HERNANDEZ

**4**BASEL MOUSSLLY

5JON ALLMAN

**6**CHIP FULGHUM

7STEVEN LEFEVER

CHIEF HR OFFICER

10JEFFREY JEWELL

DEPUTY CHIEF RISK / ETHICS OFF

AND COMMU

**8**DANNIEL HERNANDEZ

9TRACI BURKHART GOMEZ

CHIEF OF DEVELOPMENT

CEO

COO

CFO

SENIOR DIRECTOR OF **EMERGENCY S** 

DEPUTY DIRECTOR FOR MIGRANT SE

SR. DIRECTOR OF MIGRANT

**Software ID:** 

320,182

303,887

275,381

260,892

400,396

306,139

310,658

313,907

190,493

147,705

**Software Version:** 

**EIN:** 23-7223078

18,000

87,000

67,200

59,618

36,000

17,000

10,907

10,972

19,218

19,218

28,515

(E) Total of columns

(B)(i)-(D)

345,680

320,182

314,794

293,381

271,864

615,364

536,339

474,494

403,422

207,493

153,705

(F) Compensation in

column (B)

reported as deferred on prior Form 990

Name: FAMILY ENDEAVORS INC

Form 990, Schedule J,	Part II - Officers, Directors, Trustees, Key Employees, and	Highest Compensate	d Employees	
(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	

		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits
1 ANDREW LORENZEN-	(i)	327,680	0	0	18,000	0
STRAIT SR. DIRECTOR OF MIGRANT	(ii)	0	0	0	0	0

108,750

163,000

85,000

25,000

6,000

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493319213262
SCHEDUL (Form 990) Department of the Tallernal Revenue Se	990 or 990-EZ pecific questions on tal information.  information.  OMB No. 1545-0047  2021  Open to Public Inspection	
Name of the org FAMILY ENDEAVOI		Employer identification number 23-7223078
Return Reference	Explanation	
FORM 990, PART III, LINE 1	ORGANIZATION MISSION: THE MISSION OF FAMILY ENDEAVORS IS TO VE, AND INNOVATIVE SERVICES THAT EMPOWER PEOPLE TO BUILD R FAMILIES, AND THEIR COMMUNITIES. ENDEAVORS PASSIONATEL' IS THROUGH OUR INNOVATIVE, PERSONALIZED APPROACH. WE SE IVE, AND INNOVATIVE SERVICES THAT ENCOURAGE GROWTH, AND ES FOR THEMSELVES, THEIR FAMILIES, AND THEIR COMMUNITIES. RYONE HOLDS THE CAPACITY TO GROW, HEAL, CHANGE, SUCCEEN	BETTER LIVES FOR THEMSELVES, THEI Y SERVES VULNERABLE PEOPLE IN CRIS EK TO PROVIDE COMPREHENSIVE, EFFECT EMPOWER PEOPLE TO BUILD BETTER LIV WHY? BECAUSE WE BELIEVE THAT EVE

Return Explanation
Reference

FORM 990,	PROGRAM SERVICE ACCOMPLISHMENTS: MORE THAN JUST MENTAL HEALTH CARE, OUR MILITARY FAMILY CL
PART III,	INICS HELP VETERAN FAMILIES WITH SUPPORT AND REFERRALS FOR RELATED NEEDS, INCLUDING UNEMPL
LINE 4C	OYMENT, HOUSING, FINANCE, AND EDUCATION.

Return Reference	Explanation
FORM 990, PART III, LINE 4D	OTHER PROGRAMS DESCRIPTION: FAIRWEATHER FAMILY LODGE (FFL) - PROVIDES SHELTER AND TRAINING FOR HOMELESS WOMEN WITH CHRONIC MENTAL ILLNESS AND THEIR CHILDREN. IT SERVES AS A PERMANE NT LIVING FACILITY FOR ITS RESIDENTS. THIS PROGRAM IS FUNDED THROUGH GOVERNMENT AND PRIVAT E GRANTS AND CONTRACTS. FAIRWEATHER LODGE PROGRAM (FWL) - PROVIDES HOUSING, TRAINING, AND EMPLOYMENT FOR ADULTS WITH CHRONIC MENTAL ILLNESS WHO HAVE BEEN DISCHARGED FROM A PSYCHIAT RIC FACILITY. THIS PROGRAM IS FUNDED THROUGH GOVERNMENT AND PRIVATE GRANTS AND CONTRACTS. COMMUNITY BASED SERVICE - OUR COMMUNITY SERVICES PROVIDE AN ARRAY OF SUPPORTIVE SERVICES. THIS INCLUDES CASE MANAGEMENT, PROFESSIONAL COUNSELING, AND CRISIS INTERVENTION FOR FAMILI ES, SENIORS, CHILDREN, AND INDIVIDUALS WITH DISABILITIES. WE ALSO PROVIDE SUPPORT TO OVER 2,500 ABUSED AND/OR NEGLECTED CHILDREN ACROSS TEXAS EACH YEAR. OUR STAFF PROVIDES ESSENTIA L SUPPORTIVE SERVICES TO IMPROVE THE QUALITY OF LIFE FOR OVER 150 LOW-INCOME SENIORS, SHUT INS, AND ADULTS WITH DISABILITIES EACH YEAR THROUGH REGULARLY SCHEDULED IN HOME VISITS.

Return Explanation

FORM 990,	REVIEW OF THE FORM 990: THE ORGANIZATION'S BOARD OF DIRECTORS WILL CONDUCT A REVIEW OF FOR
PART VI,	M 990 AND IT WILL DOCUMENT THE REVIEW PROCESS IN THE BOARD MEETING MINUTES PRIOR TO FILING
SECTION B,	
LINE 11B	

Return Explanation
Reference

FORM 990,	MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST: THE ORGANIZATION HAS A WRITTEN CONFLI
PART VI,	CT OF INTEREST POLICY THAT IS REGULARLY MONITORED BY THE GOVERNING BODY. IN THE EVENT OF A
SECTION B,	CONFLICT OF INTEREST, THE MEMBER WITH THE CONFLICT SHALL NOTIFY THE BOARD AND REFRAIN FRO
LINE 12C	M VOTING.

Return Explanation
Reference

FORM 990, COMPENSATION OF THE CEO AND TOP MANAGEMENT: THE COMPENSATION IS DETERMINED USING COMPARABI LITY DATA, AT A LOCAL AS WELL AS A NATIONAL LEVEL. THE BOARD OF DIRECTORS APPROVES THE COM SECTION B, PENSATION. THIS IS DOCUMENTED IN THE MEETING MINUTES OF THE BOARD.

Return Explanation
Reference

FORM 990.	COMPENSATION OF OFFICERS AND KEY EMPLOYEES: THE ORGANIZATION DETERMINES THE COMPENSATION L
,	EVELS BY USING LOCAL MARKET DATA WHICH IS OBTAINED BY PARTICIPATING IN AN ANNUAL NOT-FOR-P
,	ROFIT WAGE AND BENEFIT SURVEY. CURRENT MARKETPLACE ISSUES AND TRENDS ARE REVIEWED. THIS MO
	DIFIED MARKET-BASED PROCESS ENABLES THE ORGANIZATION TO ESTABLISH A BASE PAY SCALE USING T
	WO SETS OF INFORMATION: MARKET DATA AND JOB CHARACTERISTICS. THIS IS DOCUMENTED IN THE MEE
	TING MINUTES OF THE BOARD.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

FORM 990, PART XI, LINE 9

Return Explanation
Reference

FORM 990 DESCRIPTION:CONTRACT SERVICES TOTAL FEES:356189499
PART IX
LINE 11G

Return Explanation
Reference

FORM 990 DESCRIPTION:OTHER PROFESSIONAL FEES TOTAL FEES:9053173
PART IX
LINE 11G

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

FAMILY ENDEAVORS INC

### **Related Organizations and Unrelated Partnerships**

As Filed Data -

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

▶ Attach to Form 990.

OMB No. 1545-0047

DLN: 93493319213262

Open to Public Inspection

**Employer identification number** 

Part I Identification of Disregarded Entities. Comple	ete if the organization ansv	vered "Yes" on Form	n 990, Part IV, line	23-7223078			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)	(e) End-of-year assets	(f) Direct controlling entity	)	
(1) INTREPID STAFFING SERVICES LLC - TX 6363 DE ZAVALA RD SAN ANTONIO, TX 78249 82-5104710	STAFFING COM	TX	720,507	10,868,853	ENDEAVORS		_
(2) INTREPID STAFFING SERVICES LLC - PR 6363 DE ZAVALA RD SAN ANTONIO, TX 78249 66-0907696	STAFFING COM	PR	-296,778	14,978,674	ENDEAVORS		
							-
							_
Part II Identification of Related Tax-Exempt Organize	ations Complete if the err	anization answered	"Yos" on Form Of	O Part IV line 24	because it had one o	r moro	
related tax-exempt organizations during the tax ye		janization answered	res on ronni 9:	o, Part IV, lille 34	because it had one o	i illore	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co ent	512(b
(1)ENDEAVORS UNLIMITED 6363 DE ZAVALA RD	ADULT SERVICE	TX	501(C)(3)	10	ENDEAVORS	Yes Yes	No
SAN ANTONIO, TX 78249 74-2618398							
(2)FAMILY ENDEAVORS FOUNDATION 6363 DE ZAVALA RD	SUPP. ORG.	TX	501(C)(3)	12 TYPE I	ENDEAVORS	Yes	
SAN ANTONIO, TX 78249 87-1424761							
For Paperwork Reduction Act Notice, see the Instructions for Fo	orm 990.	Cat. No. 5013	5Y	-	Schedule R (Form	990) 20	21

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro alloc	(h) prtionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana	j) Iral or aging Iner?	(k) Percent owners
					314)			Yes	No		Yes	No	
<b>Identification of Related Orga</b> because it had one or more related	anizations Ta ed organizatio	L <b>xable as a</b> ns treated	Corporati as a corpor	on or Trus ation or tru	<b>st.</b> Complete in st during the	f the org tax year	I anization	answere	d "Yes" or	Form 990,	Part IV	, line 34	
(a) Name, address, and EIN of related organization	(b) Primary a	ctivity	(c) Lega domic	ı <b>l</b> ile	(d) Direct controllin entity	(C co	entity Sh	(f) are of total income	(g) Share of er of-year		ntage	Section contro	(i) n 512(b)(: olled entit
			(state or f count	oreign γ)		cor or tr	р,		assets			Yes	N
	1				l	1	1		I	ı		l	- 1

(1)FAMILY ENDEAVORS FOUNDATION

(2)ENDEAVORS UNLIMITED INC

Schedule R (Form 990) 2021		Pag	ge <b>3</b>
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	<b>1</b> f	i	No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No

d	Loans or loan guarantees to or for related organization(s)	Ta	NO
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	<b>1</b> f	No
g	Sale of assets to related organization(s)	<b>1</b> g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	<b>1</b> f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	,	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	<b>T</b>	No

(b) Transaction

type (a-s)

В

В

(c) Amount involved

100,000,000

500,000

AMOUNTS PAID

AMOUNTS PAID

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

1r

1s

Schedule R (Form 990) 2021

(d) Method of determining amount involved

No

No

(a) Name of related organization

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

was not a related organization. See instructions regarding													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	<b>(h</b> Dispropr allocat	Γ	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> Gener mana partn	ging ner?	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
						·				Sche	edule R (	Form 99	90) 2021

chedule R (Fo	Pagedule R (Form 990) 2021								
Part VII	Supplemental Info	Supplemental Information							
	Provide additional infor	mation for responses to questions on Schedule R. See instructions.							
Retu	rn Reference	Explanation							

DLN: 93493319145333 OMB No. 1545-0047

Form **990** 

#### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

A F	or th	e 2022 d	alendar year, or tax year b	peginning 01-01-2022 , and endin	g 12-31-	2022				
<b>B</b> Che	ck if a	applicable:	C Name of organization				D Employer	identifi	cation number	
		change	FAMILY ENDEAVORS INC				23-72230	178		
		nange	% STEVE LEFEVER Doing business as					,,0		
☐ Ini			ENDEAVORS							
		rn/terminated d return		ex if mail is not delivered to street address)	Room/suite		E Telephone	number		
		ion pending	6363 DE 7AVALA PD	,	,		(210) 43:	1-6466		
			City or town, state or province	e, country, and ZIP or foreign postal code						
			SAN ANTONIO, TX 78249				<b>G</b> Gross rece	ipts \$ 1,	187,899,206	
			F Name and address of pri	incipal officer:	1	H(a) Is	this a group retu	rn for		
			JON ALLMAN 6363 DE ZAVALA RD				ubordinates?		□Yes ☑No	
			SAN ANTONIO, TX 78249				re all subordinate: ncluded?	5	☐ Yes ☐No	
I Ta	x-exe	mpt status:	: <b>Z</b> 501(c)(3)	) <b>◄</b> (insert no.) ☐ 4947(a)(1) or ☐	527		"No," attach a lis	t. See i	nstructions.	
J W	ebsi	te:► WV	WW.ENDEAVORS.ORG			H(c) G	roup exemption n	umber	<b>&gt;</b>	
<b>K</b> Forr	n of o	rganization	n: 🗹 Corporation 🗌 Trust 🗌	Association ☐ Other ►		Year of f	formation: 1971	<b>1</b> State (	of legal domicile: TX	
Ps	art I	Sum	ımary							
1 6			•	ion or most significant activities:						
		Endeavor	s passionately serves vulnera	ble people in crisis through our innovat	tive, perso	nalized	approach. We see	ek to pr	ovide	
ce		comprehe	ensive, effective, (Continued o	on Schedule O)						
Ę										
le l										
Governance				on discontinued its operations or dispos						
	l		-	verning body (Part VI, line 1a)				3	12	
Se <sub>S</sub>	l			ers of the governing body (Part VI, line	•			4	10	
Activities &	l			in calendar year 2022 (Part V, line 2a)				5	3,184	
YCE.	6	Total nu	mber of volunteers (estimate	if necessary)				6	26	
•	l			n Part VIII, column (C), line 12				7a	0	
	b	Net unre	elated business taxable income	e from Form 990-T, Part I, line 11 .				7b	0	
							Prior Year		Current Year	
<u>a</u> i	8	Contribu	tions and grants (Part VIII, lin	e 1h)	•		657,293,64	.3	1,185,775,350	
nue	9	Program	service revenue (Part VIII, lin		1,050,03	1,050,035				
Rəvenue	10	Investm	ent income (Part VIII, column	(A), lines 3, 4, and 7d )			75,96	60	769,538	
_	11	Other re	venue (Part VIII, column (A), l	lines 5, 6d, 8c, 9c, 10c, and 11e)			25,30	191,0		
	12	Total rev	enue—add lines 8 through 11	. (must equal Part VIII, column (A), line	e 12)		658,444,94	1	1,187,899,206	
	13	Grants a	ınd similar amounts paid (Pari	t IX, column (A), lines 1–3 )			109,857,21	.7	210,655,391	
	14	Benefits	paid to or for members (Part	IX, column (A), line 4)				0	0	
8	15	Salaries,	other compensation, employ	ee benefits (Part IX, column (A), lines !	5-10)		109,042,68	34	180,024,131	
us(	16a	a Professi	onal fundraising fees (Part IX,	column (A), line 11e)				0	0	
Expenses	b	Total fund	Iraising expenses (Part IX, columr	(D), line 25) ▶3,021,935						
Ω.	17	Other ex	penses (Part IX, column (A),	lines 11a–11d, 11f–24e)			406,305,56	6	685,624,411	
	18	Total exp	penses. Add lines 13–17 (mus	st equal Part IX, column (A), line 25)			625,205,46	57	1,076,303,933	
	19	Revenue	e less expenses. Subtract line	18 from line 12			33,239,47	'4	111,595,273	
8 8						Begin	ning of Current Yea	ar	End of Year	
Net Assets or Fund Balances										
Ass Ba	l		sets (Part X, line 16)		•		137,813,90	_	218,077,391	
₹ <u>₽</u>	l		bilities (Part X, line 26)				88,807,52		57,475,743	
			ts or fund balances. Subtract	line 21 from line 20			49,006,37	'5	160,601,648	
	rt II		nature Block			م ما راه ما			+l   + + ·	
				examined this return, including accomp plete. Declaration of preparer (other the						
any k	nowl	edge.				•				
		*****	<*				2023-11-15			
c:		Signat	ture of officer				Date			
Sign Here		L CTEVE	-N   FFF\/FD							
	-		EN LEFEVER CFO or print name and title							
		17	Print/Type preparer's name	Preparer's signature	Date		□ PT	IN		
Paid	1					3-11-15		1953132	!	
Pre		er	Firm's name FORVIS LLP				Firm's EIN >			
Use		H	m 1 11 h associa	10.0 % 000						
USE	Ji	''y	Firm's address > 8200 W Interstat	e 10 Suite 900			Phone no. (210) 34	1-9400		
			San Antonio, TX	782303806						
				shown above? (see instructions) .	<u></u> .	<u> </u>	<u> </u>	<b>✓</b> Y	es 🗆 No	
For P	apei	rwork Re	eduction Act Notice, see the	e separate instructions.		Cat. N	No. 11282Y		Form <b>990</b> (2022)	

Form	990 (2022)					Page <b>2</b>					
Pa	rt III Statement	of Program Serv	ice Accomplis	hments							
	Check if Sche	dule O contains a res	ponse or note to	any line in this Part III		🗹					
1	Briefly describe the o	organization's missior	:	•							
					ND INNOVATIVE SERVICES THAT I CONTINUED ON SCHEDULE O)	EMPOWER PEOPLE TO					
2	Did the organization	undertake any signif	cant program ser	vices during the year w	hich were not listed on						
	the prior Form 990 or 990-EZ?										
	If "Yes," describe the	ese new services on S	chedule O.								
3			make significant	changes in how it cond	ucts, any program						
	services?										
	If "Yes," describe the	ese changes on Sched	lule O.								
4		d 501(c)(4) organiza	tions are required	to report the amount	largest program services, as mea of grants and allocations to others						
4a	(Code:	) (Expenses \$	1,004,883,789	including grants of \$	1,854,398 ) (Revenue \$	1,122,400 )					
	See Additional Data										
4b	(Code:	) (Expenses \$	39,081,815	including grants of \$	135,607,212 ) (Revenue \$	29,779 )					
	See Additional Data										
4c	(Code:	) (Expenses \$	12,495,081	including grants of \$	73,193,781 ) (Revenue \$	11,138 )					
	See Additional Data										
4d	Other program servi	ces (Describe in Sche	dule O.)			_					
	(Expenses \$	ir	cluding grants of	\$	) (Revenue \$	)					
4e	Total program serv	vice expenses >	1,056,460,6	85							

**Checklist of Required Schedules** 

No

Yes

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 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 Yes 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 🔧 . . Nο 5 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 No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part Il 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," No complete Schedule D, Part III 🥞 . . . . . . . . . . . . . . . . . . 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 Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 No permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 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 Nο 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦 . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 . . . . . . . . . . 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 Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes 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

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 

**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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥞

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII.

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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 . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions. . . . .

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Nο

Yes

Nο

Nο

No

No

No

Nο

No

Νo

Nο

Νo

12a

12b

13

14a

14b

15

16

18

19

20a

20b

21

Yes

Form **990** (2022)

Form	990 (2022)			Page 4
Par	t IV 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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes,"</i> complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b>	3.0	Yes	

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . 1,709 **1**a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming **1**c Yes Form **990** (2022)

	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 3
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?  If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
16	If "Yes," see the instructions and file Form 4720, Schedule N.  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		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

rm	990 (2022)			Page <b>6</b>
Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	lo" resp	onse to	<b>✓</b>
Se	ction 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 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 10			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
5	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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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		
	ction C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records:  STEVE LEFEVER 6363 DE ZAVALA RD SAN ANTONIO. TX 78249 (210) 431-6466			

Part VII

DIRECTOR

**✓** 

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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 the instructions for the order in which to list the persons above.

See the instructions for the order in which to list  Check this box if neither the organization no			ion c	ome	ens	ated a	anv i	current officer, dire	ctor. or trustee.		
(A)  Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) not e bot	) t ch οx, ι h ar		ore er	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations	
(1) JON ALLMAN CEO	40.0	Х		х				696,123	0	33,762	
(2) CHIP FULGHUM PRESIDENT AND COO	40.0			х				582,054	0	13,989	
(3) Steven Lefever CFO	40.0			×				462,463	0	33,762	
(4) JOANN MCGRATH CRAZE PROGRAM COMPLIANCE SPECIALIST	40.0					х		469,519	0	13,725	
(5) EDUARDO OROZCO DEPUTY DIRECTOR FOR MEDICAL OP	40.0					х		413,424	0	5,118	
(6) CARMEN QUALIA SENIOR STRATEGIC ADVISOR	40.0					х		378,500	0	14,530	
(7) DANNIEL HERNANDEZ CHIEF HUMAN RESOURCE OFFICER	40.0				х			347,453	0	41,878	
(8) TIM ANTHONY PERKINS SITE DIRECTOR	40.0					х		381,587	0	0	
(9) ALICIA YVETTE MARTINEZ ASSOC. DIRECTOR OF CASE MNGMT.	40.0					х		361,414	0	7,623	
(10) MARK PITRE DIRECTOR	1.0	Х						46,696	0	12,213	
(11) AMY DAVIS DIRECTOR	0.0	Х						0	0	0	
(12) ANDREW APPLE TREASURER	1.0	Х		х				0	0	0	
(13) BERENICE VILLARREAL CHAIR	1.0	Х		x				0	0	0	
(14) CHRIS CRAWFORD DIRECTOR	1.0							0	0	0	
(15) DORIS BEAULIEU DIRECTOR	1.0	Х						0	0	0	
(16) GARY SKIDMORE DIRECTOR	0.0	X						0	0	0	
(17) JOHN SANDERS	1.0	х						0	0	0	

Page 8

1,211,943

973,794

Form **990** (2022)

Transport. Service

Housing Supplies

10111 330 (2022)													Page 6
Part VII Section A. Officers, Director	s, Trustees, K	ey Em	ploy	ees	, an	d Hig	hes	t Compens	ated	Employees (	cont	tinued)	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	than d	one b	ox, ι ın of	t che unles ficer	and a	son	(D) Reportab compensat from the organizati	tion compensation from relate ion organization		ation amount of otleated compensations from the		ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	(W-2/109 MISC/109 NEC)		(W-2/1099 MISC/1099 NEC)		relai organiz	ed
(18) MAJOR GENERAL ALFRED FLOWERS	1.0	x		х					0		0		0
VICE CHAIR	1.0												
(19) CHRIS TALLEY	1.0	x							0		0		0
DIRECTOR	0.0												
(20) SHIRLEY SCHULTZ	1.0	x		x					0		0		0
SECRETARY	1.0												
1b Sub-Total	VII, Section A				*	-		4,139,233			0		176,600
2 Total number of individuals (including be of reportable compensation from the organization)			sted a	abov	/e) v	/ho re	ceive	ed more than	\$100	,000			
3 Did the organization list any former offi line 1a? If "Yes," complete Schedule J fo	,	,	,		,	•	nighe	est compensa	ted er	nployee on	3	Yes	No No
4 For any individual listed on line 1a, is the organization and related organizations gindividual										he			110
5 Did any person listed on line 1a receive services rendered to the organization? If								janization or	individ	dual for	5	Yes	No
Section B. Independent Contractor	<u> </u>										5		NO
Complete this table for your five highest from the organization. Report compensa	compensated in										npen	sation	
Name and	(A) business address							г	)escrini	(B) tion of services		(C Comper	
Velosource Allied LLC, 20 South Sarah Street ST LOUIS, MO 63108	_ 20200 (444) (232							Medical					,075,769
E3 Federal Solutions LLC, 8281 Greensboro Dr Ste 400 MCLEAN, WA 22102								consulta	int			4	,695,394
Lutheran Family Services of Nebrask, 124 S 24th Street Suite 230 OMAHA, NE 68102								Therapy					,239,243
Acadian Ambulance service Inc.								ITranspo	rt. Sen	/ice		1	211 943

compensation from the organization ▶ 38

Acadian Ambulance service Inc,

PO Box 92881 LAFAYETTE, LA 70508 JAB Trading Industries LLC, 4907 Callaghan Rd 119 SAN ANTONIO, TX 78228

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

from the organization. Report compensation for the calendar year ending with or within the organization s tax year.								
	(A)	(B)	(C)					
	Name and business address	Description of services	Compensation					
Velosource Allied LLC,		Medical Staffing	5,075,769					
20 South Sarah Street								

		(2022)	- f F							Page <b>9</b>
Part	VIII				resno	nse or note to any	line in this Part VIII			
		Check if Sched	auic	o comanis a	respo	inse of flote to diff	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1a	Federated campaig	gns	1	.a	l	I	revenue		312 314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			b					
s, Grants Amounts	С	Fundraising events	5.	. 1	.с					
iffs,	u	Related organizati		<u> </u>	d					
Contributions, Gift and Other Similar		Government grants (		<u> </u>	.e	1,180,893,237				
lion r Si	t	All other contributions and similar amounts above	not ir	schildod	.f	4,882,113				
ibur Othe	g	Noncash contribution: lines 1a - 1f:\$	s incl		ĺ					
ontr nd C	<b>L</b>	Total. Add lines 1a	. 16		g	18,384				
<u>ة ت</u>	_"	Total. Add lines 18	3-11		•	Business Code	1,185,775,350		T	<u> </u>
	) 2a	PROGRAM FEES					1,163,317	1,163,31	7	
ë						900099				
Program Service Revenue	ь									
an G∓	_									
ar vic	C									
Š	d									
graf	e e									
Æ										
		All other program								
	—	Total. Add lines 2 Investment income				1,163,317	1	1		
	s	similar amounts) .	•			•	/69,53			769,538
		Income from investr			npt bo	ond proceeds		0		
		Royalties	r i	(i) Real	•	(ii) Personal				
	6-	Cross route	ا ا	()						
		Gross rents Less: rental	6a				_			
		expenses	6b							
	c	Rental income or (loss)	6с		0		0			
	ď	Net rental income	or (	(loss)				0		
			(i) Securit	ies	(ii) Other	_				
	7a	Gross amount from sales of	7a							
		assets other than inventory	Ш							
	b	Less: cost or other basis and	7b							
		sales expenses	Н				4			
		Gain or (loss)	7c							
		d Net gain or (loss)					'	0		
ne	Ga			of						
.≺e⊞		See Part IV, line 18			8a	(	)			
Other Revenue	l b	<b>b</b> Less: direct expenses			8b	(	)			
the	۰	: Net income or (los	s) fr	om fundraisir	ng eve	ents 🕨		0		
	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19			9a	(				
	l	<ul><li>b Less: direct expenses</li><li>c Net income or (loss) from gaming</li></ul>			9b ctiviti	(				
	`	. Net income or (los	5) 11	om gaming a		es <u> </u>	1			
	10	Gross sales of inve	entor	y, less		C				
	l b	_			10a 10b	(				
		Net income or (los				ory <b>&gt;</b>		0		
		Miscellaneo	us R	evenue		Business Code				
	11	11aMISCELLANEOUS REVENUE				90009	9 191,00	1		191,001
	E	•								
	ا (	1								
	6	All other revenue								
	•	<b>Total.</b> Add lines 1	1a-1	l1d		•	191,00	1		
	12	<b>Total revenue.</b> S	ee ir	structions .			1,187,899,20		17	960,539
							1,107,055,20	-1 1,100,0	-· I	500,339 Farma 000 (3033)

Form 990 (2022)				Page <b>10</b>					
Part IX Statement of Functional Expenses									
Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	. All other organizatio	ons must complete co	lumn (A).					
Check if Schedule O contains a response or note to any line in this Part IX									
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	188,371,315	188,371,315							
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	22,284,076	22,284,076							
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0								
<b>4</b> Benefits paid to or for members	0								
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,211,483	2,075,964	117,458	18,061					

85,412,497

3,283,151

1,405,723

1,243,447

1,032,736

763,618

387,145

1,076,303,933

0

0

24,104

0

0 1,173,089 84,446,418

2,976,179

448,619

923,983

971,044

305,528

763,618

137,664

1,056,460,685

24,123

22,860

424,711

4,721

6,695

136,671

2,332

3,021,935

Form 990 (2022)

941,956

284,112

532,393

24,104

244,385

265,708

590,537

247,149

16,821,313

7 Other salaries and wages	115,510,555	140,100,132	7,550,740	1,213
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,370,518	2,225,253	125,905	19,
9 Other employee benefits	15,016,534	14,114,192	649,698	252
10 Payroll taxes	11,107,201	10,520,317	495,142	91
11 Fees for services (non-employees):				
a Management	0			
<b>b</b> Legal	708,170	315,947	324,391	67
c Accounting	274,720	122,565	125,841	26
<b>d</b> Lobbying	722,167	336,966	318,655	66
e Professional fundraising services. See Part IV, line 17	0			

15 Royalties .

16 Occupancy .

23 Insurance .

a RECRUITING

С.

d.

**20** Interest . . . .

21 Payments to affiliates . . .

expenses on Schedule O.)

**b** PROGRAM ACTIVITIES

e All other expenses

18 Payments of travel or entertainment expenses for any

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

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).

federal, state, or local public officials . 19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

131.237.934

676,422

11.136.519

30.157.003

0

0

0

0

7,724,285

36,133,477

1,011,751

218,077,391

49.141.507

22.270

0

0

0

0

8,311,966

718,608

160,601,648

218,077,391

Form 990 (2022)

(B)

End of year

Beginning of year

23.690.780

31,087,336

11.549.918

39.441.749

2

3

4

9

10c

11 0 12

15

16

17 0 18

19

20 0

21

24

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27

28

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31

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33

0 5

0 0 7

0 8

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0 13

n 14

5.352.869

24,679,615

2.011.636

137,813,903

88.784.608

22.920

0

0 22

0 23

0

0 25

88.807.528

48,306,532

49,006,375

137,813,903

699.843

41,415,523

5,282,046

Page **11** 

Check if Schedule O contains a response or note to any line in this Part IX	_	

1

Assets

Fund Balances

5 29

Assets 30

27

28

31

32

33

Savings and temporary cash investments . . . . . Pledges and grants receivable, net . . . .

Accounts receivable, net .

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 Loans and other receivables from other disqualified persons (as defined under Notes and loans receivable, net . . . . Inventories for sale or use . . . . .

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Prepaid expenses and deferred charges . . basis. Complete Part VI of Schedule D

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation

Investments—publicly traded securities .

10a

10b

11 Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 . 

12 Other assets. See Part IV, line 11 . . . . . . . Total assets. Add lines 1 through 15 (must equal line 33) . . . .

13 14 15 16 17 Accounts payable and accrued expenses . 18 Grants payable .

19 Deferred revenue . . .

20 Tax-exempt bond liabilities . . . 21 Liabilities

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

22

23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . 25

and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Other liabilities (including federal income tax, payables to related third parties, Total liabilities. Add lines 17 through 25 . .

26

Organizations that follow FASB ASC 958, check here ▶ 🗹 and

Capital stock or trust principal, or current funds . . .

Total liabilities and net assets/fund balances .

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

57.475.743 159,883,040

Prior period adjustments . . .

**1** Accounting method used to prepare the Form 990:

separate basis, consolidated basis, or both:

Separate basis

consolidated basis, or both:

Audit Act and OMB Circular A-133?

☐ Separate basis

Form 990 (2022)

3

5

7

Part XII

Schedule O.

# **Reconcilliation of Net Assets**

Total revenue (must equal Part VIII, column (A), line 12) . . . .

1 2 1,187,899,206 1,076,303,933 111,595,273 49,006,375

Page **12** 

3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . 4 5 Donated services and use of facilities . . . 6 7 Investment expenses . . . . . .

If the organization changed its method of accounting from a prior year or checked "Other," explain on

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

8

9

10

Other changes in net assets or fund balances (explain in Schedule O) . . . . . . 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . . . . . . . . . .

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☑ Both consolidated and separate basis

	160	,601,64
	Yes	No
·		

Nο

2h Yes Yes 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

Yes

Yes Form 990 (2022)

2a

3a

3h

### Additional Data

Software ID:

Software Version:

Name: FAMILY ENDEAVORS INC.

**EIN:** 23-7223078

Form 990 (2022)

TRAFFICKING SCREENINGS), AND SHELTERING OF MIGRANT CHILDREN AND FAMILIES AT THE BORDER.

Form 990, Part III, Line 4a: MIGRANT WELLNESS SERVICES-OUR SERVICES INCLUDED HOME STUDIES AND POST-RELEASE SERVICES FOR UNACCOMPANIED MIGRANT CHILDREN AND THEIR SPONSORS, MIGRANT WELLNESS SERVICES FOR FAMILIES AND INDIVIDUALS SEEKING ASYLUM (PARENTING EDUCATION/TRAINING, FAMILY AND INDIVIDUAL THERAPY,

### Form 990, Part III, Line 4b: EMERGENCY SERVICES-DISASTER RELIEF - ENDEAVORS PROVIDES CLIENT-FOCUSED SERVICES FOR SHORT-TERM RELIEF AND LONG-TERM RECOVERY. OUR CASE MANAGERS OFFER INDIVIDUALIZED RECOVERY PLANS, CREATE SAFE ENVIRONMENTS, AND PROVIDE RESOURCE REFERRALS FOR INDIVIDUALS IMPACTED BY

PRESIDENTIALLY DECLARED NATURAL DISASTERS AND EMERGENCIES.

### Form 990, Part III, Line 4c: VETERAN SERVICES - ENDEAVORS PROVIDES SUPPORTIVE SERVICES FOR VETERANS AND THEIR MILITARY FAMILIES FOCUSES ON HOMELESSNESS PREVENTION AND STABILIZATION, PARENTING SKILLS, AND MENTAL HEALTH CARE. (CONTINUED ON SCHEDULE O)

efile	e GRA	APHIC pri	t - DO NOT PROCESS	As Filed Data -			DLN: 9	3493319145333
SCI	1FD	ULE A	Dublia	Charity Statu	e and Dul	olic Supp		OMB No. 1545-0047
	m 990			Charity Statu				2022
		<i></i>	complete if the o	4947(a)(1) nonexe	mpt charitable	trust.	a section	ZUZZ
		the Treasury nue Service	▶ Go to www.ir	Attach to Form ! s.gov/Form990 for in			ermation.	Open to Public
								Inspection
		n <b>e organiza</b> AVORS INC	tion				Employer identific	ation number
				(11)			23-7223078	
Pa he o			for Public Charity Stat a private foundation because				see instructions.	
1	. ga <u>2</u>		onvention of churches, or a	•	•		(A)(i).	
2		·	scribed in section 170(b)				(,(-,	
3			or a cooperative hospital ser		,	, ,	iii)	
4			·	-			-	
•	Ш	name, city,	esearch organization operat and state:	ed in conjunction with	a nospital descri	bed in <b>section</b> .	170(B)(1)(A)(III). E	nter the nospital s
5	П	An organiza	ition operated for the benef	it of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6	_		( <b>iv).</b> (Complete Part II.)			470(1)(4)(4)		
6	Ш		tate, or local government o	_				
7	✓		ition that normally receives $\mathbf{0(b)(1)(A)(vi)}.$ (Complete		s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust described in <b>sectio</b>	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ıral research organization d ant college of agriculture. S					ege or university or a
10			tion that normally receives					
		investment	ies related to its exempt fur income and unrelated busir	nctions—subject to ceri ness taxable income (le	tain exceptions, ess section 511 t	and (2) no more ax) from busines	than 33 1/3% of its s sses acquired by the c	upport from gross rganization after June
		30, 1975. 9	see <b>section 509(a)(2).</b> (Co	omplete Part III.)				
11		-	ition organized and operate	•				
12		more public	ition organized and operate lly supported organizations a through 12d that describe	described in section 5	09(a)(1) or se	ction 509(a)(2	). See <mark>section 509(</mark> a	
а		organizatio	upporting organization oper n(s) the power to regularly Part IV, Sections A and B	appoint or elect a majo				
b		Type II. A manageme	supporting organization sup nt of the supporting organiz	pervised or controlled in ation vested in the san				
С	П		olete Part IV, Sections A unctionally integrated. A		n operated in co	nnection with, ar	nd functionally integra	ted with, its
	ш	supported o	organization(s) (see instruct	ions). <b>You must com</b>	plete Part IV, S	Sections A, D, a	nd E.	•
d		functionally	on-functionally integrate integrated. The organizatio ). You must complete Pa	n generally must satis	fy a distribution	requirement and		
e		Check this	pox if the organization recei or Type III non-functionally	ved a written determin	ation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations				<u></u>	
g	Provi	de the follow	ing information about the s	upported organization(	s).			
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Total		work Reduc						1

Net income from unrelated business activities, whether or not

10

11

through 10

the business is regularly carried on

Other income. Do not include gain or loss from the sale of capital

12 Gross receipts from related activities, etc. (see instructions) . . .

Section C. Computation of Public Support Percentage

assets (Explain in Part VI.). . Total support. Add lines 7

Page 2

0

340,973

1,994,296,904

13,281,901

99.919 %

99.911 %

Section A. Public Support Calendar vear

	(or fiscal year beginning in) ▶	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	38,773,370	60,603,880	50,236,720	657,293,643	1,185,775,350	1,992,682,963
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	38,773,370	60,603,880	50,236,720	657,293,643	1,185,775,350	1,992,682,963
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).						0
6	<b>Public support.</b> Subtract line 5 from line 4.						1,992,682,963
-	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	38,773,370	60,603,880	50,236,720	657,293,643	1,185,775,350	1,992,682,963
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	240,142	239,138	20,304	3,846	769,538	1,272,968

19,681

13 First 5 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

16a 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test-2022. 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 organization . . . . . . . . . . . . . . . 10%-facts-and-circumstances test—2021. 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 supported organization . . . . . . . . . . . . .

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

39,937

25,303

191,001

Schedule A (Form 990) 2022

12

14

15

65,051

Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . .

Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . . . . . . . .

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 failed to qualify under the tests listed below, please complete Part III.)

20

Р	art IIII Support Schedule for						
	(Complete only if you ch						er Part II. If
	the organization fails to	quality under	the tests listed i	below, please co	ompiete Part II.	)	
36	ection A. Public Support  Calendar year		T				
	(or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line						
	13 for the year.						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6.)						
Se	ction B. Total Support						
	Calendar year	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(or fiscal year beginning in) ▶	(a) 2010	(0) 2019	(0) 2020	(d) 2021	(e) 2022	(I) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
ь	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.) [		final area and thing			501/-\/2\	nination desale
14	First 5 years. If the Form 990 is for th	-	,		•	.,.,	· . —
	this box and <b>stop here</b>						▶ ⊔
Se	ection C. Computation of Public S						
15	Public support percentage for 2022 (lin		•			15	
16	Public support percentage from 2021 S	chedule A, Part I	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 202	<b>2</b> (line 10c, colu	mn (f) divided by	line 13, column (f	))	17	
18	Investment income percentage from 20	<b>D21</b> Schedule A,	Part III, line 17 .			18	
10 19a							e 17 is not
1 <i>7</i> d	• • • • • • • • • • • • • • • • • • • •	-		•			
1.	more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the						
b	33 1/370 support tests—2021. If the	. organizacion dic	HOL CHECK & DOX	on mie 14 of mie .	. , a ilu iiile 10 is	, more unan 33 1/.	, ,o and fine 10 IS

Part IV Supporting Organizations

Yes

2

3a

3b

3с

4a

4b

4с

5a

5b

5c

6

7

9b

9с

10a

10b Schedule A (Form 990) 2022

Page 4

No

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

Section A. All Supporting Organizations 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 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2

(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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and

3c below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied

determination.

the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

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.

5a

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b

and 5c 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). 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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 7

organization's supported organizations? If "Yes," provide detail in Part VI.

8 complete Part I of Schedule L (Form 990).

provide detail in Part VI.

answer line 10b below.

10a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

the organization had excess business holdings).

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

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,"

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

9a

8

>cn	eal	ule A (Form 990) 2022		F	age :
Pa	rt	Supporting Organizations (continued)			
				Yes	No
		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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b		<u> </u>	11b		
		' '	11c		
	-	VI. ction B. Type I Supporting Organizations			
3	ec	Lion B. Type I Supporting Organizations		Yes	No
1	; ;	Did the officers, 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 <b>Part VI</b> 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,		163	140
	•	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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization.		2		ĺ
-5	ec				
_		island of Type 12 Supporting Organizations		Yes	No
1	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_		ction D. All Type III Supporting Organizations			
		Clott D. All Type III Supporting Organizations		Yes	No
1	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 organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).				
_			2		<u> </u>
3	,	By reason of the relationship described in line 2 above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ec	tion 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 instruction	ons):		
	а	The organization satisfied the Activities Test. Complete line 2 below.			
	b	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see i	nstru	ctions)	
2	,	Activities Test. Answer lines 2a and 2b below.		Yes	No
	:	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	1	Did the activities described on line 2a, above 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	ı	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	a l	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? If "Yes" or "No", provide details in <b>Part VI</b> .	3a		
	Ь	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 <b>Part VI.</b> the role played by the organization in this regard.	2h		

Page **6** 

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ) instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
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):	1			
а	Average monthly value of securities	1a			
b	Average monthly cash balances	<b>1</b> b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
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 0.015 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 0.035	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	<b>Distributable Amount.</b> 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-functionally-in instructions)	tegrat	ed Type III supporting org	anization (see	

4 Distributions for 2022 from Section D, line 7:

**a** Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Excess from 2020. . . . .

e Excess from 2022. . . . .

**d** Excess from 2021.

c Remainder. Subtract lines 4a and 4b from line 4.

Section D - Distributions

Schedule A (Form 990) (2022)

Page **7** 

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	8	
	Distribute ble account for 2022 from Carting C. line C.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

<b>7 Total annual distributions.</b> Add lines 1 through 6.	7			
8 Distributions to attentive supported organizations to what details in <b>Part VI</b> ). See instructions	8			
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2022:				
a From 2017				
<b>b</b> From 2018				
c From 2019			·	
<b>d</b> From 2020				
e From 2021				

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistributions Pre-2022	(III) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022:			
a From 2017			
<b>b</b> From 2018			
c From 2019			
<b>d</b> From 2020			
e From 2021			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			

5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2018		
<b>b</b> Excess from 2019		

Schedule A (	(Form 990) 2022 Page <b>8</b>
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).
_	Facts And Circumstances Test

SCHEDULE C

(Form 990)

If "Yes," describe in Part IV.

2

3

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493319145333

Open to Public Inspection

Department of the Treasury ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** FAMILY ENDEAVORS INC 23-7223078 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." Political campaign activity expenditures. See instructions ..... 2 3 Volunteer hours for political campaign activities. See instructions ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... 3 ☐ Yes ☐ No Was a correction made? ☐ Yes ☐ No

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the amount directly expended by the filing organization for section 527 exempt function activities .....

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.........

4	4 Did the filing organization file Form 1120-POL for this year?									
5	5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the a of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate seg fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.									
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0					
1										
2										
3										
4										
5										
6										

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	Sche	edule C (Form 990) 2022							Page <b>2</b>
expenses, and share of excess lobbying expenditures)    Check	Pā		is exemp	ot under secti	on 501(c)(3)	and filed	Form 5768 (el	ection unde	er
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	A				in Part IV each a	affiliated gro	up member's nam	e, address, EII	Ν,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  1a Total lobbying expenditures to influence public opinion (grass roots lobbying)  1b Total lobbying expenditures to influence a legislative body (direct lobbying)  1 Total lobbying expenditures to influence a legislative body (direct lobbying)  2 Total lobbying expenditures (add lines 1a and 1b)  3 Other exempt purpose expenditures  4 Lobbying nontaxable amount. Enter the amount from the following table in both columns.  16 Lobbying nontaxable amount (a) or (b) is: The lobbying nontaxable amount is:  17 In the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:  18 Not over \$500,000 but not over \$1,000,000  20 Over \$1,000,000 Over \$1,000,000	В	Check $lacktriangle$ if the filing organization checked bo	ox A and "l	imited control" p	rovisions apply.				
b Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:  Not over \$500,000 but not over \$1,000,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,000,000  Ove					ırred.)		organization's	(b) Affiliated totals	
C Total lobbying expenditures (add lines 1a and 1b)  d Other exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,700,000  Over \$1,000,000 but not over \$1,700,000  Over \$1,000,000 but not over \$1,700,000  Over \$1,000,000  Over \$1,000,000 but not over \$1,700,000  Over \$1,000,000  Over \$1,000	1a	Total lobbying expenditures to influence public op	inion (gra	ss roots lobbying					
d Other exempt purpose expenditures  Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,000,000 but not over \$1,500,000  Over \$1,700,000  Over \$1,700,000  Over \$1,700,000  Over \$1,700,000  Over \$1,700,000  Over \$1,700,000  Over \$1,000,000  S1,000,000  S1,000,	b	Total lobbying expenditures to influence a legislat	ive body (	direct lobbying) .					
Total exempt purpose expenditures (add lines 1c and 1d)  f Lobbying nontaxable amount. Enter the amount from the following table in both columns.  If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:  Not over \$500,000  Over \$500,000 but not over \$1,000,000  S100,000 plus 15% of the excess over \$500,000.  Over \$1,000,000 but not over \$1,000,000  Over \$1,000,000  Over \$1,000,000  Is 1,000,000.   Grassroots nontaxable amount (enter 25% of line 1f)  Subtract line 1g from line 1a. If zero or less, enter -0-  Is Subtract line 1g from line 1a. If zero or less, enter -0-  Is Subtract line 1g from line 1a. If zero or less, enter -0-  Is Subtract line 1g from line 1a. If zero or less, enter -0-  Is Subtract line 1g from line 1a. If zero or less, enter -0-  Is Subtract line 1g from line 1a. If zero or less, enter -0-  Is Subtract line 1g from line 1a. If zero or less, enter -0-  Is Subtract line 1g from line 2a. If zero or less, enter -0-  Is Subtract line 1g from line 1a. If zero or less, enter -0-  Is Subtract line 1g from line 2a. If zero or less, enter -0-  Is Subtract line 1g from line 2a. If zero or less, enter -0-  Is Subtract line 1g from line 2a. If zero or less, enter -0-  Is Subtract line 2g from line 2a. If zero or less, enter -0-  Is Subtract line 2g from line 2a. If zero or less, enter -0-  Is Subtract line 2g from line 2a. Column(e))  Calculate the amount of the excess over \$1,000,000  Calculate t	_								
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.    If the amount on line 1e, column (a) or (b) is:   The lobbying nontaxable amount is:									
If the amount on line 1e, column (a) or (b) is:   The lobbying nontaxable amount is:		Lobbying nontaxable amount. Enter the amount fi	,						
Over \$500,000 but not over \$1,000,000			s: The lo	bbying nontaxa	ble amount is:				
Over \$1,000,000 but not over \$1,500,000		Not over \$500,000	20% of	the amount on line	1e.				
Over \$1,500,000 but not over \$17,000,000		Over \$500,000 but not over \$1,000,000	\$100,00	00 plus 15% of the	excess over \$500,00	0.			
Over \$17,000,000		Over \$1,000,000 but not over \$1,500,000	\$175,00	00 plus 10% of the	excess over \$1,000,	000.			
g Grassroots nontaxable amount (enter 25% of line 1f)		Over \$1,500,000 but not over \$17,000,000	\$225,00	00 plus 5% of the ex	cess over \$1,500,0	00.			
h Subtract line 1g from line 1a. If zero or less, enter -0		Over \$17,000,000	\$1,000,	000.					
Lobbying Expenditures During 4-Year Averaging Period  Calendar year (or fiscal year beginning in)  (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e)  Lobbying nontaxable amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount (150% of line 2d, column (e))	j —	4-Year (Some organizations that made	Averagi a sectio	ng Period Und n 501(h) eled	ler Section 50	)1(h) ave to co	mplete all of th	Yes 🗆	No
Calendar year (or fiscal year beginning in)  (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e)  Lobbying nontaxable amount  b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))									
beginning in)  (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e)  2a Lobbying nontaxable amount  b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount (150% of line 2d, column (e))									
b Lobbying ceiling amount (150% of line 2a, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))		, , ,		(a) 2019	<b>(b)</b> 2020	(c) 202	(d) 2022	2 (e) To	otal
(150% of line Za, column(e))  c Total lobbying expenditures  d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))	<u>2a</u>	Lobbying nontaxable amount							
d Grassroots nontaxable amount  e Grassroots ceiling amount (150% of line 2d, column (e))	b 								
e Grassroots ceiling amount (150% of line 2d, column (e))	_с	Total lobbying expenditures							
(150% of line 2d, column (e))	d	Grassroots nontaxable amount							
f Grassroots lobbying expenditures	е —								
Schedule C (Form 99	f	Grassroots lobbying expenditures					Cab advil-	C (Form 000	\ 2022

SCH C, PART II-B, LINE 11:

Sche	dule C (Form 990) 2022					P	age <b>3</b>
Pa		ganization is exempt under section 501(c)(3) and has NOT fi on under section 501(h)).					
For e	ach "Yes" response on lines 1a thr	ough 1i below, provide in Part IV a detailed description of the lobbying	(	a)	-	(b)	
activ	•	Yes	No	/	Amour	nt	
1		ganization attempt to influence foreign, national, state or local legislation, se public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?			No			
b	Paid staff or management (includ	de compensation in expenses reported on lines 1c through 1i)?	Yes		1		
C	Media advertisements?			No	1		
d	Mailings to members, legislators,	or the public?		No			
е	Publications, or published or broa	adcast statements?		No			
f	Grants to other organizations for	lobbying purposes?		No			
g	Direct contact with legislators, th	eir staffs, government officials, or a legislative body?	Yes			2	29,994
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?		Yes			69	92,173
j	Total. Add lines 1c through 1i					72	22,167
2a	Did the activities in line 1 cause t	the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any	tax incurred under section 4912			1		
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?					
ΓŒ	t III-A Complete if the or 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)	,(3), 0	, sect	1011	Yes	No
1	Were substantially all (90% or m	ore) dues received nondeductible by members?		Г	1	res	NO
2	, ,	n-house lobbying expenditures of \$2,000 or less?		F	2		
3	- ,	ry over lobbying and political expenditures from the prior year?		F	3		
		ganization is exempt under section 501(c)(4), section 501(c)				501(c	\ <u>(6)</u>
Га		SOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				)1U.C	)(0)
1		mounts from members	1				
2	Section 162(e) nondeductible lob expenses for which the section	bying and political expenditures (do not include amounts of political on 527(f) tax was paid).					
a			2a				
b	•		2b				
С			2c				
3		ection 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	the organization agree to carryov	ount on line 2c exceeds the amount on line 3, what portion of the excess does wer to the reasonable estimate of nondeductible lobbying and political	4				
5	'	political expenditures. See Instructions	5				
	rt IV Supplemental Info	•					
Pro	vide the descriptions required for F	Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list);	Part II	-A, lines	1 an	d 2 (se	
ins	· · · · · · · · · · · · · · · · · · ·	o, complete this part for any additional information.					
	Return Reference	Explanation				(EDN::-	
SCH	C, PART II-B, LINE 1G:	ENDEAVORS SENIOR MANAGEMENT OFFICIALS PARTICIPATED IN VARIOUS OFFICIALS RELATING TO ENDEAVORS CHARITABLE MISSION AND ACTIVITIE		GS WIT	H GO	VEKNM	ı⊨NT

FEES TO OUTSIDE LOBBYISTS.

efile GRAPHIC print - DO NOT PROCESS
SCHEDULE D

As Filed Data -

# **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.

OMB No. 1545-0047

DLN: 93493319145333

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Open to Public Inspection

	ME OF the organization MILY ENDEAVORS INC		Employer identification number
			23-7223078
Pa	ort I Organizations Maintaining Donor Adv		r Accounts.
	Complete if the organization answered "Ye		
		(a) Donor advised funds	(b) Funds and other accounts
L	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisorganization's property, subject to the organization's e		
5	Did the organization inform all grantees, donors, and d charitable purposes and not for the benefit of the dono private benefit?	r or donor advisor, or for any other purpose of	
Pa	rt II Conservation Easements.		Tes NO
	Complete if the organization answered "Ye	es" on Form 990, Part IV, line 7.	
L	Purpose(s) of conservation easements held by the orga		
	Preservation of land for public use (e.g., recreation		historically important land area
	Protection of natural habitat		tertified historic structure
	Preservation of open space		actured motoric structure
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the for	m of a conservation  Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified histor	ic structure included in (a)	2c
d	Number of conservation easements included in (c) acqu historic structure listed in the National Register	aired after July 25, 2006, and not on a	2d
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished, or terminated by	the organization during the
1	Number of states where property subject to conservati	on easement is located <b>&gt;</b>	
5	Does the organization have a written policy regarding t and enforcement of the conservation easements it hold		of violations,  Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, handling of violations, and enforcing co	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting  \$ \\$	, handling of violations, and enforcing conserv	vation easements during the year
3	Does each conservation easement reported on line 2(d	) above satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section $170(h)(4)(B)(ii)$ ?	· · · · · · · · · · · · · · · · · · ·	Yes No
•	In Part XIII, describe how the organization reports con balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financial state	nse statement, and
ar	Organizations Maintaining Collections Complete if the organization answered "Yo	of Art, Historical Treasures, or Oth	er Similar Assets.
La	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for put Part XIII, the text of the footnote to its financial staten	olic exhibition, education, or research in furth	
b	If the organization elected, as permitted under FASB A historical treasures, or other similar assets held for put following amounts relating to these items:	SC 958, to report in its revenue statement ar	
(	(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, histor following amounts required to be reported under FASB	ical treasures, or other similar assets for final	
а	Revenue included on Form 990, Part VIII, line 1	-	▶\$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
	Panerwork Reduction Act Notice, see the Instruction	and for Form 000	52282D Schodulo D (Form 900) 202

 ${f e}$  Other .

	t IIII	Organizations Maintaining Col	lections of Art. Histo	rical I	reac	ures o	r Other Si	milar Ac	eate (conti	nuod)	rage Z
3 3		the organization's acquisition, accessio									
		(check all that apply):	n, and other records, chec	•		_		-	se of its com	ection	
а	Ш	Public exhibition	•	' ⊔	Loar	or exch	ange progra	ms			
b		Scholarly research	€	• 🗆	Othe	er					
С		Preservation for future generations									
4	Provid Part X	de a description of the organization's co <pre>KIII.</pre>	lections and explain how	they fur	ther th	e organi:	zation's exe	mpt purpo:	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							☐ Yes	□ N	ln.
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		90, Par	t IV, I	ine 9, o	r reported	an amou		990,	Part
1a		e organization an agent, trustee, custodi									
	includ	led on Form 990, Part X?							☐ Yes	□и	lo
b	If "Ye	es," explain the arrangement in Part XII:	and complete the followi	ng table	:			Aı	nount		_
c	Begin	ning balance	· · · · · · · · · · · · · · · ·				1c				_
d	Additi	ons during the year					1d				_
e		butions during the year					1e				
f		g balance					1f				_
2a		ne organization include an amount on Fo					account linki	li+v2		□ N	_
		•						•		ШΝ	10
	_	s," explain the arrangement in Part XIII	. Check here if the explan	ation ha	s beer	provide	ed in Part XII	1			
Pa	rt V	<b>Endowment Funds.</b> Complete if the organization answ	vered "Yes" on Form 9	90 Par	+ T\/	ine 10					
		Complete if the organization units		Prior ye			years back (	i) Three yea	rs back (e) F	our yea	ırs back
<b>1</b> a	Beginn	ing of year balance									
b	Contrib	outions									
С	Net inv	estment earnings, gains, and losses									
		or scholarships									
	Other e	expenditures for facilities									
f	Admini	strative expenses									
а	End of	year balance									
2		de the estimated percentage of the curr	ent vear end halance (line	1a coli	ımn (a	u)) held =					
ے a		designated or quasi-endowment >	ent year end balance (illie	ig, con	aiiiii (e	i)) Held e					
_		anent endowment ►									
b											
С		endowment ► ercentages on lines 2a, 2b, and 2c shou	.ld								
3a	Are th	nere endowment funds not in the posses	•	hat are l	held ar	nd admin	istered for t	he		V	NI-
	_	nization by:							3a(i)	Yes	No
	. ,					• •			3a(ii)		
b		elated organizations	ns listed as required on So	· · · :hedule I	R? .				3b		
4		ibe in Part XIII the intended uses of the	· ·			- •					
Pai	rt VI	Land, Buildings, and Equipme									
		Complete if the organization answ	vered "Yes" on Form 9								
	Descri	ption of property (a) Cost or ot (investme		ner basis	(other)	(c) Acc	cumulated dep	reciation	( <b>d)</b> Bo	ook valu	e
<b>1</b> a	Land			4.3	367,050			+			1,367,050
	Building				540,117	1		3,553,577			7,986,540
		old improvements			217,226	_		757,334			2,459,892
		nent			508,995	_		971,135			1,637,860
u	-4a:bil		1	-,	,	i		,		-	, , , , , , , ,

9,682,135

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

9,682,135

36,133,477

Part VII	<b>Investments - Other Securities.</b> Complete if the organization answered "Yes" on Form 990, F	Part TV	line 11h See Fo	rm 990 Part	Y line 12
	(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of v t or end-of-year	/aluation:
(1) Financia	l derivatives				
	held equity interests				
(A)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.  Complete if the organization answered 'Yes' on Form 990, F	Part IV	, line 11c. See Fo	orm 990, Part	X, line 13.
	(a) Description of investment		(b) Book value		thod of valuation: -of-year market value
(1)					,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	<b>-</b>			
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P  (a) Description	art IV,	line 11d. See For	m 990, Part X, l	ine 15.  (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colu				•	•
1.	Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability	art IV,	line 11e or 11f.S	See Form 990,	Part X, line 25. (b) Book value
	income taxes				7 476 762
OPERATING	RTY PAYABLES LEASE LIABILITIES				7,476,762 835,204
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the	organization's fina	ncial statement	8,311,966 s that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740). Check l				

2

а

b

d

e

3

4

1

2

c

d

e 3

b

C

4

Schedule D (Form 990) 2022

Page 4

246.796

265,561

1,076,303,933

1.076.303.933

Schedule D (Form 990) 2022

1,187,899,206

#### Investment expenses not included on Form 990, Part VIII, line 7b . 4a b 4b Add lines **4a** and **4b** . . . . . . . C 40 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

265,561

-18,765

265,561

2e

3

2e

3

4c

5

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total expenses and losses per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . .

Net unrealized gains (losses) on investments . . .

Other (Describe in Part XIII.) . . . . . .

Donated services and use of facilities . .

Recoveries of prior year grants . . .

Donated services and use of facilities .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) .

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Add lines 2a through 2d . .

1,187,899,206 1 1,076,569,494

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . 5 Part XIII **Supplemental Information** Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation See Additional Data Table

chedule D (Form 990) 2022		Page <b>5</b>		
Part XIII Supplemental Info	ormation (continued)			
Return Reference	Explanation			

Schedule D (Form 990) 2022

## **Additional Data**

Software ID:

**Software Version: EIN:** 23-7223078

Name: FAMILY ENDEAVORS INC

## Supplemental Information

Return Reference	Explanation
	ASC 740 FOOTNOTE: MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE I NCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCE
	RTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

Supplemental Information								
Return Reference	Explanation							
FORM 990, SCHEDULE D, PART XI, LINE 2D	AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12: \$ (18,765) NET ASSETS RELEASED FROM RESTRICTIONS							

S

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

## **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

DLN: 93493319145333

Open to Public

Department of the Treasury Internal Revenue Service		► Go to <u>wu</u>	w.irs.gov/Form990 for		on.		Inspection
Name of the organization						Employer identific	ation number
FAMILY ENDEAVORS INC						23-7223078	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used						e, and	☑ Yes ☐ No
2 Describe in Part IV the org	<u>'</u>						
			ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other</li></ul>							9

(Form 990)

Page **2** 

Schedule I (Form 990) 2022

901 1,432,916 GENERAL HOUSING STABILITY ASSISTANCE 237 146,730

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

MONITORING THE USE OF GRANT FUNDS: ENDEAVORS FOLLOWS THE POLICIES OF CFR 200 FOR ALL GRANT PAYMENTS.

INDIVIDUAL. RECORDS ARE MAINTAINED TO SUBSTANTIATE THE PEOPLE THAT RECEIVE ASSISTANCE.

GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS: THE ORGANIZATION PROVIDES ASSISTANCE TO INDIVIDUALS. NO GRANTS ARE GIVEN DIRECTLY TO AN

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(6) OTHER ASSISTANCE (6)

Schedule I (Form 990) 2022

Part III

(7)

Part IV

Return Reference

SCHEDULE I, PART III

SCHEDULE I, PART I, LINE 2

Explanation

### **Additional Data**

FAMILY ENDEAVORS

6363 DE ZAVALA RD SAN ANTONIO, TX 78249

FOUNDATION 6363 DE ZAVALA RD SAN ANTONIO, TX 78249 ENDEAVORS UNLIMITED INC

Software ID: Software Version:

87-1424761

74-2618398

**EIN:** 23-7223078

Name: FAMILY ENDEAVORS INC

187,500,000

500,000

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance

(h) Purpose of grant or assistance

BENEVOLENCE

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

501(C)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-2731735 501(C)(3) 78.825 FMV BUS PASSES INDEPENDENT HOUSING IGENERAL SUPPORT ADVOCATES INC 3400 CAMINO REAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN ANTONIO, TX 78238

RED CROSS WEST TEXAS 53-0196605 501(C)(3) 7.448 IGENERAL SUPPORT 3620 ADMIRAL STREET EL PASO, TX 79925

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 74-2584682 501(C)(3) 78.867 FMV BUS PASSES URBAN ALLIANCE INC IGENERAL SUPPORT 169 DECHANTEL RD

SAN ANTONIO, TX 78201 VICEROY VILLAGE 74-2939624 501(C)(3) 78,867 FMV BUS PASSES APARTMENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

General Support 5802 PECAN VALLEY DR SAN ANTONIO, TX 78223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 20-2012491 501(C)(3) 25.000l IGENERAL SUPPORT CEO FORUM 2840 VILLAGE PKWY 100

IGENERAL SUPPORT

25.000l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

HIGHLAND VILLAGE, TX 75077

1102 SANTA MARIA AVE LARADO, TX 78040 74-0687050

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance assistance other) or government

CATHOLIC CHARITIES 74-1109743 501(C)(3) 25,000
ARCHDIOCESE OF SAN
ANTONIO
202 WEST FRENCH PLACE
SAN ANTONIO, TX 78040

Form 990. Schedule I. Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments.

efile GF	RAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	9331	9145	333
Schedule J (Form 990)		C	ompensati	ion Information	ОМ	B No. :	1545-(	)047
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  Complete if the organization answered "Yes" on Form 990, Part IV, line 23.						
								2
		·	► Attach	to Form 990.				
-	of the Treasury enue Service	► Go to <u>www.irs.go</u>	<u>ov/<i>Form</i>990</u> for	instructions and the latest informatio		pen t Insp		
	the organiza			Emp	loyer identificati	on nu	mber	
TAMILITE	NDEAVORS INC	,		23-7	223078			
Part I	Questic	ons Regarding Compensa	ition					
1- Ch-	al the serve	ninto hov(on) if the organization	n neovided any of	the fellowing to be for a porcen listed on l	E [		Yes	No
	), Part VII, Se	ection A, line 1a. Complete Part	: IİI to provide an	the following to or for a person listed on y relevant information regarding these ite	ms.			
님		or charter travel		Housing allowance or residence for perso				
H		companions	L □	Payments for business use of personal re				
片		nification and gross-up payment	is $\square$	Health or social club dues or initiation fee				
Ш	Discretion	ary spending account		Personal services (e.g., maid, chauffeur,	cner)			
				follow a written policy regarding payment ve? If "No," complete Part III to explain	or	<b>1</b> b		
				or allowing expenses incurred by all r, regarding the items checked on Line 1a?	,	2		
une	ctors, truste	es, officers, including the CLO/I	Executive Director	r, regarding the items checked on line 1a:				
				d to establish the compensation of the				
_		•	''''	not check any boxes for methods CEO/Executive Director, but explain in Par	t III.			
	Compose	tion committee	✓	Written ampleyment centract				
<b>\sqrt</b>		ition committee ent compensation consultant	₹	Written employment contract Compensation survey or study				
<b>✓</b>		of other organizations	<u>.</u>	Approval by the board or compensation of	committee			
		-						
	ring the year, Ited organiza		990, Part VII, Se	ction A, line 1a, with respect to the filing o	organization or a			
	_	ance payment or change-of-con	ntrol payment?			4a		No
		· ·		ified retirement plan?	. `	4b	Yes	
	•		•	nsation arrangement?		4c		No
If "۱	Yes" to any o	f lines 4a-c, list the persons an	d provide the app	olicable amounts for each item in Part III.				
01	F04(-)(0)	> F04(-)(4)	<b>.</b>	week assessed to the Control of O				
		), <b>501(c)(4), and 501(c)(29</b> )		must complete lines 5-9. the organization pay or accrue any				
		ontingent on the revenues of:	on A, inte 1a, dia	the organization pay or accrue any				
a The	organization	1?				5a		No
						5b		No
If "Y	Yes," on line	5a or 5b, describe in Part III.						
		d on Form 990, Part VII, Section		the organization pay or accrue any				
a The	organization	1?				6a		No
•	_					6b		No
	•	6a or 6b, describe in Part III.						
				the organization provide any nonfixed rt III		7	Yes	
				red pursuant to a contract that was				
	subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							No
9 If "\	Yes" on line 9	3 did the organization also follo	ow the rebuttable	presumption procedure described in Regu	lations section	8		110
				· · · · · · · · · · · · · · · · · · ·		9		
For Paper	rwork Redu	ction Act Notice, see the Ins	structions for Fo	orm <b>990.</b> Cat. No. 50053	T Schedule J	Form	990)	2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

<b>Note.</b> The sum of column			: are not listed on Form 99 dividual must equal the to		Part VII, Section A, line	la, applicable column (D)	and (E) amounts for tha	t individual.
(A) Name and Title			2, 1099-MISC compensati		(C) Retirement and	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		column (B) reported as deferred on prior Form 990
1 CHIP FULGHUM PRESIDENT AND COO	(i)	362,712	174,000	45,342	13,725	264	596,043	
	(ii)	0	0	0	0	0	0	
2 JON ALLMAN CEO	(i)	431,555	240,000	24,568	13,725	20,037	729,885	
	(ii)	0	0	0	0	0	0	
3 Steven Lefever CFO	(i)	294,643	134,000	33,820	13,725	20,037	496,225	
	(ii)	0	0	0	0	0	0	
4 ALICIA YVETTE MARTINEZ ASSOC. DIRECTOR OF CASE		361,414	0	0	7,282	341	369,037	
MNGMT.	(ii)	0	0	0	0	0	0	
5 CARMEN QUALIA SENIOR STRATEGIC	(i)	378,500	0	0	13,725	805	393,030	
ADVISOR	(ii)	0	0	0	0	0	0	
6 EDUARDO OROZCO DEPUTY DIRECTOR FOR	(i)	413,424	0	0	5,118	0	418,542	
MEDICAL OP	(ii)	0	0	0	0	0	0	
7 JOANN MCGRATH CRAZE PROGRAM COMPLIANCE	(i)	469,519	0	0	13,725	0	483,244	
SPECIALIST	(ii)	0	0	0	0	0	0	
8 TIM ANTHONY PERKINS SITE DIRECTOR	(i)	381,587	0	0	0	0	381,587	
	(ii)	0	0	0	0	0	0	
9 DANNIEL HERNANDEZ CHIEF HUMAN RESOURCE	(i)	235,646	84,000	27,807	13,725	28,153	389,331	
OFFICER	(ii)	0	0	0	0	0	0	
	T							
				<u>'</u>				
	$\vdash$							
	_						Schedule	J (Form 990) 2022

Schedule J (Form 990) 2022 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation SCHEDULE J. PART I. LINE 4B INONQUALIFIED RETIREMENT PLAN: THE ORGANIZATION ADOPTED A 457(F) PLAN COVERING CERTAIN KEY EMPLOYEES THAT PROVIDES UPON DISABILITY OR RETIREMENT A LUMP SUM PAYMENT. THE FOLLOWING INDIVIDUALS WERE PARTICIPANTS OF THIS PLAN. BUT RECEIVED NO BENEFITS FOR FISCAL YEAR 2022: JON ALLMAN CHIP FULGHUM STEVEN LEFEVER DANNIEL HERNANDEZ ANDREA HELLING DAVID HERNANDEZ ANNIE ERICKSON JILL PALMER DANNY MCDONALD

Schedule 1 (Form 990) 2022

Page 3							
Part III Supplemental Information							
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.							
Return Reference	Explanation						
	HOW BONUSES ARE DETERMINED: In any given year that Endeavors operates at a surge capacity and surge revenues increase by more than 15%, the bonus pool would become active or be "funded". At the end of the year, the CEO will make surge bonus recommendations for each eligible Executive and the Compensation Committee Will (1) review and approve the CEO's recommendations for the executive team and (2) determine the amount of surge bonus for the CEO out of the						

IDONUS POOL

### **Additional Data**

7TIM ANTHONY PERKINS

**8**DANNIEL HERNANDEZ

CHIEF HUMAN RESOURCE

SITE DIRECTOR

OFFICER

381,587

235,646

84,000

Software ID: Software Version: **EIN:** 23-7223078 Name: FAMILY ENDEAVORS INC Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC (E) Total of columns (A) Name and Title (C) Retirement and (D) Nontaxable (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (ii) (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation 1CHIP FULGHUM (i) 362,712 174,000 45,342 13,725 264 596,043 PRESIDENT AND COO 1JON ALLMAN 431,555 240,000 24,568 13,725 20,037 729,885 CEO 2Steven Lefever 294,643 134,000 33,820 13,725 20,037 496,225 CFO 3ALICIA YVETTE MARTINEZ (i) 361,414 7.282 341 369.037 ASSOC. DIRECTOR OF CASE MNGMT. 4CARMEN QUALIA 378,500 13,725 805 393,030 SENIOR STRATEGIC ADVISOR 5EDUARDO OROZCO 413,424 5,118 418,542 DEPUTY DIRECTOR FOR MEDICAL OP 6JOANN MCGRATH CRAZE 469,519 13,725 483,244 PROGRAM COMPLIANCE **SPECIALIST** 

27,807

13,725

28,153

381,587

389,331

efile GRAPH	IC print - DO N	IOT PROCESS As Filed Data -		DLN: 93493319145333			
SCHEDUL (Form 990)  Department of the T Internal Revenue Se	reasury	Supplemental Information to Form 990 Complete to provide information for responses to specific Form 990 or 990-EZ or to provide any additional info Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest inform	OMB No. 1545-0047  202  Open to Public Inspection				
Name of the org FAMILY ENDEAVOR			23-722307	identification number			
990 Schedul	e O, Suppleme	ntal Information	·				
Return Reference		Explanation					
FORM 990, PART I, LINE 1	r innovative, pers vative services th	ORGANIZATION MISSION: Endeavors passionately serves vulnerable people in crisis through ou r innovative, personalized approach. We seek to provide comprehensive, effective, and inno vative services that encourage growth, allowing people to build better lives for themselve s, their families, and their communities.					

Return Reference	Explanation
FORM 990,	ORGANIZATION MISSION: THE MISSION OF FAMILY ENDEAVORS IS TO PROVIDE COMPREHENSIVE, EFFECTI
PART III,	VE, AND INNOVATIVE SERVICES THAT EMPOWER PEOPLE TO BUILD BETTER LIVES FOR THEMSELVES, THEI
LINE 1	R FAMILIES, AND THEIR COMMUNITIES. ENDEAVORS PASSIONATELY SERVES VULNERABLE PEOPLE IN CRIS
	S THROUGH OUR INNOVATIVE, PERSONALIZED APPROACH. WE SEEK TO PROVIDE COMPREHENSIVE, EFFECT
	VE, AND INNOVATIVE SERVICES THAT ENCOURAGE GROWTH, AND EMPOWER PEOPLE TO BUILD BETTER LIV
	ES FOR THEMSELVES, THEIR FAMILIES, AND THEIR COMMUNITIES. WHY? BECAUSE WE BELIEVE THAT EVE

RYONE HOLDS THE CAPACITY TO GROW, HEAL, CHANGE, SUCCEED, AND AFFECT OTHERS POSITIVELY.

Return Explanation
Reference

FORM 990,	PROGRAM SERVICE ACCOMPLISHMENTS: MORE THAN JUST MENTAL HEALTH CARE, OUR MILITARY FAMILY CL
PART III,	INICS HELP VETERAN FAMILIES WITH SUPPORT AND REFERRALS FOR RELATED NEEDS, INCLUDING UNEMPL
LINE 4C	OYMENT, HOUSING, FINANCE, AND EDUCATION.

Return

FORM 000 OTHER RECORDANC RESCRIPTION: FAIRWEATHER FAMILY LODGE (FEL.) RECVIDES SHELTER AND TRAINING	Reference	
PART III,  FOR HOMELESS WOMEN WITH CHRONIC MENTAL ILLNESS AND THÈIR CHILDREN. IT SERVES AS A PERMANE NT LIVING FACILITY FOR ITS RESIDENTS. THIS PROGRAM IS FUNDED THROUGH GOVERNMENT AND PRIVAT E GRANTS AND CONTRACTS. FAIRWEATHER LODGE PROGRAM (FWL) - PROVIDES HOUSING, TRAINING, AND	PART III, LINE 4D	NT LIVING FACILITY FOR ITS RESIDENTS. THIS PROGRAM IS FUNDED THROUGH GOVERNMENT AND PRIVAT E GRANTS AND CONTRACTS. FAIRWEATHER LODGE PROGRAM (FWL) - PROVIDES HOUSING, TRAINING, AND EMPLOYMENT FOR ADULTS WITH CHRONIC MENTAL ILLNESS WHO HAVE BEEN DISCHARGED FROM A PSYCHIAT RIC FACILITY. THIS PROGRAM IS FUNDED THROUGH GOVERNMENT AND PRIVATE GRANTS AND CONTRACTS. COMMUNITY BASED SERVICE - OUR COMMUNITY SERVICES PROVIDE AN ARRAY OF SUPPORTIVE SERVICES. THIS INCLUDES CASE MANAGEMENT, PROFESSIONAL COUNSELING, AND CRIS INTERVENTION FOR FAMILIES , SENIORS, CHILDREN, AND INDIVIDUALS WITH DISABILITIES. WE ALSO PROVIDE SUPPORT TO OVER 2, 500 ABUSED AND/OR NEGLECTED CHILDREN ACROSS TEXAS EACH YEAR. OUR STAFF PROVIDES ESSENTIAL SUPPORTIVE SERVICES TO IMPROVE THE QUALITY OF LIFE FOR OVER 150 LOW-INCOME SENIORS, SHUT I

Explanation

Return Explanation
Reference

FORM 990,	REVIEW OF THE FORM 990: THE ORGANIZATION'S BOARD OF DIRECTORS WILL CONDUCT A REVIEW OF THE
PART VI,	FORM 990 IN THE DECEMBER 2023 BOARD MEETING AND WILL DOCUMENT THE REVIEW PROCESS IN THE B
SECTION B,	OARD MEETING MINUTES.
LINE 11B	

Return Explanation
Reference

FORM 990,	MONITORING AND ENFORCEMENT OF CONFLICTS OF INTEREST: THE ORGANIZATION HAS A WRITTEN CONFLI
PART VI,	CT OF INTEREST POLICY THAT IS REGULARLY MONITORED BY THE GOVERNING BODY. IN THE EVENT OF A
SECTION B,	CONFLICT OF INTEREST, THE MEMBER WITH THE CONFLICT SHALL NOTIFY THE BOARD AND REFRAIN FRO
LINE 12C	M VOTING.

Return Explanation
Reference

FORM 990, COMPENSATION OF THE CEO AND TOP MANAGEMENT: THE COMPENSATION IS DETERMINED USING COMPARABILITY DATA, AT A LOCAL AS WELL AS A NATIONAL LEVEL. THE BOARD OF DIRECTORS APPROVES THE COMPENSATION. THIS IS DOCUMENTED IN THE MEETING MINUTES OF THE BOARD.

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	COMPENSATION OF OFFICERS AND KEY EMPLOYEES: THE ORGANIZATION DETERMINES THE COMPENSATION L
PART VI,	EVELS BY ENGAGING AN INDEPENDENT CONSULTING AGENCY THAT USES LOCAL MARKET DATA, CURRENT MA
SECTION B,	RKETPLACE ISSUES AND TRENDS IN ADDITION TO CHARACTERISTICS SPECIFIC TO THE ORGANIZATION. T
LINE 15B	HIS MODIFIED MARKET-BASED PROCESS ENABLES THE ORGANIZATION TO ESTABLISH A BASE PAY SCALE U
	SING TWO SETS OF INFORMATION: MARKET DATA AND JOB CHARACTERISTICS. THIS IS DOCUMENTED IN T
	HE MEETING MINUTES OF THE BOARD.

Return Explanation
Reference

FORM 990, DOCUMENTS MADE AVAILABLE TO THE PUBLIC: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CO NFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. SECTION C, LINE 19

Return Explanation
Reference

LINE 11G

FORM 990 DESCRIPTION:CONTRACT SERVICES TOTAL FEES:572107343
PART IX

Return Explanation
Reference

DESCRIPTION: OTHER PROFESSIONAL FEES TOTAL FEES: 5033806

990 Schedule O, Supplemental Information

FORM 990

PART IX LINE 11G efile GRAPHIC print - DO NOT PROCESS **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

FAMILY ENDEAVORS INC

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

As Filed Data -

▶ Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493319145333

Open to Public Inspection

**Employer identification number** 

				23-7223078				
Part I Identification of Disregarded Entities. Complete if	the organization ansv	vered "Yes" on Forr	n 990, Part IV, line	33.				
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (st or foreign countr		(e) End-of-year assets	(f) Direct controlling entity			
(1) INTREPID STAFFING SERVICES LLC - TX 6363 DE ZAVALA RD SAN ANTONIO, TX 78249 82-5104710	STAFFING COM	TX	0	0	ENDEAVORS		_	
(2) INTREPID STAFFING SERVICES LLC - PR 6363 DE ZAVALA RD SAN ANTONIO, TX 78249 66-0907696	STAFFING COM	PR	0	0	ENDEAVORS			
							_	
							_	
Part II Identification of Related Tax-Exempt Organization	c Complete if the ord	anization answere	d "Ves" on Form 99	0 Part IV line 34	hecause it had one o	r more	_	
related tax-exempt organizations during the tax year.	<b>3.</b> Complete il tile org	gamzación answere	u les ollloilliss	o, rait IV, lille 54	because it flad one o	i illore		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) co		
(1)ENDEAVORS UNLIMITED 6363 DE ZAVALA RD	ADULT SERVICE	TX	501(C)(3)	10	ENDEAVORS	Yes	No	
SAN ANTONIO, TX 78249 74-2618398								
(2)FAMILY ENDEAVORS FOUNDATION 6363 DE ZAVALA RD	SUPP. ORG.	TX	501(C)(3)	12 TYPE I	ENDEAVORS	Yes		
SAN ANTONIO, TX 78249 87-1424761								
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.	Cat. No. 501	35Y		Schedule R (Form	990) 20	022	

(a)  Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Gener mana partr	al or ging ner?	<b>(k)</b> Percenta ownersh
					,			Yes	No		Yes	No	
Identification of Related Or because it had one or more re	ganizations Tax ated organization	<b>cable as a</b>	Corporati as a corpor	on or Trus	<b>st.</b> Complete i	f the orga tax vear	anization	answered	d "Yes" on	Form 990,	Part IV,	line 34	
(a) Name, address, and EIN of related organization	(b) Primary a		(c) Lega domic	I ile	(d) Direct controllin entity	g Type of (C cor	entity Sh	(f) are of total income	(g) Share of en- of-year	d- Percer owner	tage	Section contro	(i) 512(b)(1 lled entity
			(state or f count	y) y)		cor or tru	o, ist)		assets			Yes	N
	I				i	1				1			1

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had

Schedule R (Form 990) 2022		Pa	ge <b>3</b>								
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.											
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No								
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No								
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b	Yes									
c Gift, grant, or capital contribution from related organization(s)	1c		No								
d Loans or loan guarantees to or for related organization(s)	1d		No								
e Loans or loan guarantees by related organization(s)	1e		No								
f Dividends from related organization(s)	1f		No								
g Sale of assets to related organization(s)	<b>1</b> g	$\Box$	No								
h Purchase of assets from related organization(s)	1h		No								
i Exchange of assets with related organization(s)	<b>1</b> i		No								
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No								
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No								
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No								
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes									
o Sharing of paid employees with related organization(s)	10	Yes									
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No								
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No								

k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
0	Sharing of paid employees with related organization(s)	10	Yes	
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(5)			

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

was not a related organization. See instructions regarding																	
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?						(f) Share of total income	(g) Share of end-of-year assets	<b>(h</b> Dispropr allocat		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> Gener mana partn	ging ner?	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No					
										Sche	edule R (	Form 99	90) 2022				

chedule R (Fo	rm 990) 2022	Pag:	je <b>5</b>						
Part VII	Supplemental Info	formation							
Provide additional information for responses to questions on Schedule R. See instructions.									
Return Reference		Explanation							

## Exhibit 2

#### To Whom it may concern:

HHS-OIG Protected whistleblowers are those who have exposed fraud, waste, abuse, mismanagement or unlawful activity within an HHS agency, contractor, subcontractor, grantee or subgrantee organization, and the law prohibits employers from taking retaliatory actions against them. My employment was through a non-federal employer that received an HHS contract as a subcontractor to oversee compliance.

Endeavors under HHS contract to care for unaccompanied children at the Pecos Children Center (PCC) in Pecos, Texas violated my rights for disclosing a violation of wrongdoing pursuant to Office of Refugee Resettlement (ORR) Policy of Preventing, detecting and responding to Sexual Abuse and Harassment. Endeavors the prime contractor Director of Training and Compliance Emily Gray demanded that subcontractor Universal Strategic Advisors terminate my contract at the Pecos Children Center for reporting a Notice of Concern in which an Endeavors male staff member was observed instructing female Unaccompanied Children (UC) "twerking" dance moves in violation of ORR Policy Section 4 for Inappropriate Sexual Behavior and care provider requirement to provide age-appropriate services to the Facility Director and Director of Training and Compliance. According to the Merriam-Webster Dictionary, Twerking is defined as "sexually suggestive dancing characterized by rapid, repeated hip thrusts and shaking of the buttocks, especially while squatting"

The Director of Training and Compliance, Emily Gray took retaliatory action based on my report of concernunlawful activity. I wrote the unlawful activity as a concern due to Director's Gray past occasions of push back, US Advisors had previously reported conduct concerns with this staff member of inappropriate dance moves being taught to minor female UCs and nothing had been done. If, Director of Training and Compliance felt that my report was baseless an investigation should have been initiated to ensure that UCs in care were not being exposed to sexual inappropriate behavior. It is unclear if Director Gray circumvented ORR Policy and failed to create a Significant Incident Report on the staff member/incident. The Significate Incident Report (SIR) Team is under the supervision of Director Gray. I was not interviewed or questioned regarding the incident by the SIR team. It is my understanding that staff member was allowed to resign and pursue other employment without answering to his inappropriate behavior with female UCs under the care of ORR at PCC in Pecos, Texas. I however was removed from the PCC contract and have to answer the question as to why I was removed. Director Grays discriminatory decision to cover up this incident tarnishes my reputation and puts in question my ethical obligations to ensure the safety of the children in ORR care at PCC. Director Gray stated that as the prime contractor she does not need to provide an explanation or written documentation, as the prime she can remove anyone from the contract.

On August 25<sup>th</sup>, 2022, Director Gray's decision was affirmed by Andrea Helling, Endeavors Acting senior Director for Migrant Services & Federal Affairs in a weekly meeting stating that she supported any and all decision made by Emily Gray. It is unclear if Andrea Helling was aware of the egregious acts being condoned by PCC leadership and the lack of concern for the minor female population that were subject to this employees' inappropriate behavior.

Gabriela B. Pacheco

## To Whom it may concern:

I am reporting this information to HHS-OIG under the Protected whistleblowers act as someone who has witnesses' fraud, waste, abuse, mismanagement or unlawful activity within an HHS agency, contractor, subcontractor, grantee or subgrantee organization, and the law prohibits employers from taking retaliatory actions against them.

My employment began with Universal Strategic Advisors a non-federal employer that received an HHS contract as a subcontractor to oversee compliance under HHS contract to care for unaccompanied children at the Pecos Children Center (PCC) in Pecos, Texas. I was later hired by the contract prime Endeavors as the Health Safety and Security Chief under HHS contract to care for unaccompanied children at the Pecos Children Center (PCC) in Pecos, Texas.

I was passive aggressively being pushed out of my job for making safety recommendations and pushing forth polices as prescribed in the Basic Standards for Emergency Intake Sites (EIS) that must take the following actions in order to provide basic standards of care: **Maintain facilities** that are safe and sanitary.

I was excluded from meetings, not privy to information, and circumvented by the Directors, Tim Perkins, Emily Gray, Andrea Helling, Endeavors Acting Senior Director for Migrant Services & Federal Affairs, and the two administrative assistances for Tim Perkins. This was noticeable by the following personal within the below agencies:

- The onsite Federal partners.
- Office of Refugee Repatriation.
- Public Health and Human Services.
- My subordinates within the safety department.
- Federal Protective Services Department.
- US Adviser Staff members.

The Endeavors Management had a toxic system in place guide by Andrea Helling, Endeavors Acting Senior Director for Migrant Services & Federal Affairs, which is pushed forward through Emily Gray at the Pecos Children Center (PCC) in Pecos, Texas.

While working for Universal Strategic Advisors I observed the constant manipulation of reports being submitted by US Advisor staff members input on the daily journal being redacted from the daily log regarding major health and safety issues or members would be told not to put that in the log duty to backlash it would cause from Emily Gray.

The onsite US Adviser staff were given direct orders not to talk with any of the federal partners and the Contracting Officer overseeing the PCC contract. Tracy Maxwell and I was singled out by Andrew Helling, the onsite endeavors executive staff members, and the US Advisors Management because of the Contracting officer and the MITRE Groups staff member skin color and being predominantly of African American descent under suspicion of talking and giving them information regarding operation procedures and violations that were found throughout the campus.

I recall Tim Perkins call me regarding Robert Gaskins given one of the MITRE Groups members a copy of the daily CCTV log check, telling me to wright write this up because Andrea is going to want him faired terminated.

During my tenure as being the Lead for US Advisors Andrea Helling talk about her dislike for Tennille Coombs the onsite Contracting Officer and having someone run interference on her safety concerns that needed to be implemented through a contact from New York City that worked for the Office of Health and Human Services.

During my tenure working for Endeavors as the Health Safety and Security Chief, I observed and witnesses' fraud, waste, abuse, mismanagement by Endeavors Directors and was excluded from meetings, not privy to information, and circumvented when making safety and security recommendations to secure the PCC campus.

Below are some of the safety violations/mismanagement witness and reported to no avail.

- Inoperable fire hydrants.
- Fire safety issues.
- Housing units with inoperable fire hoses.
- Electrical hazard.
- Staff bringing in knives and tobacco products.
- Random drug testing needing to be done.
- Trip hazards.
- Inoperable camera system.
- No Radio communication system during emergencies. Was told by all directors and Tim Perkins to do not ask for radios because Andrea Helling did not want them.
- Entry and exit gates not secure vulnerable to being breach.
- No control of contraband entering the facility.
- No control over access to CCTV System.
- No plan in place for mass evacuation.
- Refusing to follow my training plan with Federal protective service for active shooter.
- Being told by Tim Perkins not to email my plain plan to have training and fire drills for the PCC Campus to Andrea Helling.

## There were mismanagement issues

- The conflict of interest with the US Advisors compliance staff being control by Andrea Helling and Emily Gray and not acting as truly independent compliance personnel.
- Endeavors staff salaries being partially paid by US Advisors.
- Endeavors hiring supervisors with no supervisor experience putting them to oversee the welfare and life safety issues of the minor children in their care.
- Roy Villanova rejecting the site assessment done by Federal Protective Services.

- Having to get permission to talk or meet with federal officials from Andrea Helling.
- Andrea Helling not wanting me to attend the morning meeting with the federal partners, and submitting requested safety and security documentation form to Public Health and Safety Commander when requested.
- When meeting with Richard Zappata and other federal to do conduct a walk-through of the PCC campus Andrea Helling had to grant me permission and later assigned Juan Monroy to oversee the escort.
- I requested to work remotely to attend doctor's appointments from May 22 to May 29, 2022, but was told by Tim Perkins he would have to check with his boss to get it approved. Tim never followed up with me on the approval.
- After not getting a response, I requested to take time off from June 19 to June 27, 2022, to attend doctors' appointments.
- Roy Villanova referring to Dwayne Frederick as a lying mother-fucker to me after a meeting had with Andrea Helling regarding who should patrol the parking lot in front of the Cobblestone building after cars were burglarized by an armed subject with a semi-automatic 45 caliber handgun.
- I was told by Roy Villanova and Tim Perkins that I nor my staff could not report safety issues to Target maintenance. Instead, they had to be reported to Chat Chet in logistic via email.
- After reporting Sarah Abraham for creating a hostile working environment to Tim Perkins at 8:00am. I was later accused by Tim Perkins of making a threat in the workplace for say to him "If I had cursed at her, you would have fired me." On this same day of me being demobilized, I was told by Tim Perkins that Andrea Helling was very upset with me due to me continuing to push for handheld radios throughout the PCC campus for security/shelter managers to have during emergency for better communication. I was called by Bridget the Human Resource representative for Endeavors around 2pm while driving to El Paso to pick up my personal vehicle from the Audi dealership. She called to interview me regarding my statement made to Tim and that due to my health and the long driver drive that I should stay overnight in a hotel in El Paso and Endeavors would pay for the hotel. She also informed me that the investigation would take several days to complete, and Endeavors would pay for my stay at the hotel during this time. At this point I asked her was I be terminated she stated no she was concern for my health and I did not need that stress. The next day I was called by the on duty Federal Protective Service Officer who ask me was I all right and he had heard that I was being demoralized and was told this by OB-my health and safety assistant. After calling Bridget, she was taken back when I confront her asking her, had I been terminated she ask who did I get this from, I told her from an official at PCC. She then told me I had been demobilized for making a threat in the workplace. I ask for this in writing, as of September 29, 2022, she has not responded nor the corporate office to my request.

All safety and security issues were reported on a daily reporting form submitted to the Facility Directors and the executive staff. Text, emails, phone calls, and in person reporting to the Directors.

Safety and security issues would also be reported to the Target maintenance staff who maintains the facilities infrastructure. I was instructed by Tim Perkins and the Director of the facility, I nor my staff could have contact or report issues to Target maintenance, regarding safety matters, it had to be reported to the logistics department.

I meet with meet met with all three Directors and my directed supervisor Tim Perkins and the HR department to bring this to their attention. I was asked to put together my job description. I created a list of everything I was hired to do, all the work that I currently do, and all the additional assignments and tasks I wasn't initially hired to do but task with.

- I was not giving new assignments.
- I was not being called into important meetings.
- Constantly taking work off my plate and from my department.
- I was subjected to constant unfair criticism.
- Being demeaned in front of others.
- I was exposed to a hostile working environment being bullied and discriminated against and Management turning a blind eye to this.
- HR refused to address or thoroughly investigate any grievance raised by me.
- My Direct supervisor and Endeavors failed to provide adequate support to do my job.
- Tim Perkins my direct supervisor never had any issues with my job performance and would only meet with me 3 times after I requested meeting with him.

I complained of such matters, but my employer failed to take all reasonable steps to resolve my complaints.

Based on all of the above and other actions and incidents by Endeavors management against me taking retaliatory action based on my reporting of concern. The discriminatory decision tarnishes my reputation and puts in question my ethical obligations to ensure the safety of the children in ORR care at PCC.

**Derrick Charleston**