_	*00 T	1 1	Exempt Orga	niz	ation Busin	ess	Income 1	Гах	Retur	n	\Box	OMB N	0 1545-06	87	
Form	990-T				ky tax under					•					
). 	-	_	_		•	• •	(21 00	16	1	20	016	j	
For calendar year 2016 or other tax year beginning 01/01 , 2016, and ending 12/31 , 20 Department of the Treasury Information about Form 990-T and its instructions is available at www.irs.gov/form990-T															
•	ent of the Treasury Revenue Service	1							•		Oper	to Pul	olic Inspect	tion for	
										501(c)(3) Organizations Only mployer identification number					
<u>АШ а</u>	ALI address changed												see instruc		
	ot under section	Print	Family Endeavors, Number, street, and ro		cuito no. If a P.O. boy								2070		
∐ 50	· —	_ or	1	On or	Suite no il a P O box,	see m	structions			E Unre	23-7223078 Inrelated business activity codes				
		Туре	535 Bandera Road City or town, state or p		o country and 7ID or	foreign						ictions	•		
	8A 🔲 530(a)	ļ	1 .		e, country, and ZIP or	ioreign	postal code				4400	. 1			
	9(a) value of all assets	F Gr	San Antonio, TX 78 Oup exemption nur	_	(See instructions	1					1120	<u> </u>			
at end	d of year		neck organization ty				n [] 501	(c) tru	et 🗆	401(a	\ trus	st [Other	trust	
H De	scribe the orga		n's primary unrelate					(0)	<u>, </u>	1 101(4	,				
			e corporation a subsi				narent-subside	an/ co	ntrolled a	roup?			Vas I	1 No	
			and identifying num					ary co	iiiiollea g	loup:			103 [, 140	
			► Margaret Moore		or the parent corp	oratio		enhor	e numbe	r 🕨		210-	431-6466		
			e or Business In		ie		(A) Income			penses		210-	(C) Net		
1a	Gross receipts	$\overline{}$						Γ		-				abla	
b	Less returns and		 +		c Balance ▶	1c			,		^		٠.		
2			Schedule A, line 7)			2		 		.				\vdash	
3	-	•	t line 2 from line 1c			3		 				-		\vdash	
4a	•		ne (attach Schedule			4a		-		.				\vdash	
b			4797, Part II, line 17			4b	 				٠,			\vdash	
c		-	n for trusts		•	4c	<u> </u>							\vdash	
5			erships and S corpora			5							-	\vdash	
6	Rent income (`	6							4422		
7			ced income (Sched			7			REC	EIVE	EDI			\Box	
8		annuities, royalties, and rents from controlled organizations (Schedule F) 8					- F	1000	-	-	TØ				
9		-	ction 501(c)(7), (9), or (17	-		9		<u> @ </u>	MUN	9 6 7	017	191		1	
10			vity income (Sched	_		10			145 V	* -					
11	Advertising income (Schedule J)						FN	UT			\Box				
12	Other income (See instructions; attach schedule)														
13	Total. Combin	ne lines	3 through 12		_ • • • •_ •	13							4422		
Part	II Deduction	ns Not	Taken Elsewhere	e (Se	e instructions for	rlimit	ations on ded	luctio	ns.) (Exc	ept for	con	tribut	ions,		
	deduction	s must	be directly conne	cted	with the unrelate	ed bu	siness income	e.)_							
14	Compensation	n of offi	cers, directors, and	trus	tees (Schedule K)						14				
15	Salaries and v	vages.	·								15				
16	Repairs and m	naintena	ance							. [16				
17											17			<u></u>	
18	•		dule)							_	18			<u> </u>	
19											19			<u> </u>	
20			ons (See instruction							·L	20			├	
21			Form 4562)												
22	•		imed on Schedule								22b			Ļ	
23											23			ļ	
24			rred compensation								24			<u> </u>	
25			ograms								25			↓	
26			nses (Schedule I)								26			 	
27			osts (Schedule J)								27			 	
28			ach schedule) .								28			ļ	
29			dd lines 14 through								29		0	↓	
30			xable income befor								30		4422		
31			eduction (limited to								31			↓	
32			axable income befo								32		4422	+	
33	Specific dedu	ction (G	Senerally \$1,000, bu	It see	e line 33 instructio	ns for	exceptions)			.	33		1000	1	
34	Unrelated bu	siness	taxable income. S	uptra	act line 33 from fil	пе 32.	. it line 33 is gi	reater	than line	32,				1	

For Paperwork Reduction Act Notice, see instructions.



3422 Form **990-T** (2016)

Part	90-T (2016) It - Tax Computation				Page	4
35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled g	roup			T^-	-
	members (sections 1561 and 1563) check here ▶ ☐ See instructions and:					
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	1:				
	(1) \$ 513 30 (2) \$ (3) \$,-				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$	1	1 1		1	
	(2) Additional 3% tax (not more than \$100,000)		1			
С	Income tax on the amount on line 34		35c	513	3 3	i
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax	on	1. 1		1	
	the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)	>	36			
37	Proxy tax. See instructions	•	37		1	-
38	Alternative minimum tax		38		1	
39	Tax on Non-Compliant Facility Income. See Instructions		39		┼┈	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	513	3 3	H
Part	IV Tax and Payments					_
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 41a	T			T	
b	Other credits (see instructions)		1 1		Ì	
С	General business credit. Attach Form 3800 (see instructions)	1	1			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		1			
е	Total credits. Add lines 41a through 41d	•	41e			
42	Subtract line 41e from line 40		42			
43	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	43		\top	
44	Total tax. Add lines 42 and 43		44		\top	
45a	Payments. A 2015 overpayment credited to 2016				\top	
b	2016 estimated tax payments	00	i i			
C	Tax deposited with Form 8868		1		1	
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 45d		1			
е	Backup withholding (see instructions)]			
f	Credit for small employer health insurance premiums (Attach Form 8941) . 45f] .			
g	Other credits and payments:] .			
	☐ Form 4136 ☐ Other Total ▶ 45g		l			
46	Total payments. Add lines 45a through 45g		46	6321	1 0	ı
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	▶ 🔲	47			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	•	48		$\prod_{i=1}^{n}$	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	•	49	5807	7 7	•
50_	Enter the amount of line 49 you want	ed ▶	50	5807	7 7	•
Part	V Statements Regarding Certain Activities and Other Information (see instruction	s)				
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature	e or o	ther a	uthority Yes	No	
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	on ma	y have	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of	the fo	reign o	country		
	here •			L`		_

	over a financial account (ba FinCEN Form 114, Report of here ▶							
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .							
	If YES, see instructions for	other forms the organiz	zation may hav	e to file.				
53	Enter the amount of tax-exe	empt interest received	or accrued dur	ring the tax year	r ▶ \$		\	
Sign Here		ration of preparer (other than tax	tum, including according to the knowledge of the knowledg	mpanying schedules all information of which	and statements, and to the be h preparer has any knowledge.	May the IRS discu with the preparer (see instructions)?	uss this	retum below

	Signature attended		Duic		L				
Paid Preparer		Print/Type preparer's name	Preparer's signature	Date	Check If PTIN self-employed				
Use O		Firm's name ▶			Firm's EIN ▶				
	ı ıı y	Firm's address ▶			Phone no				