Form <b>990-T</b>	1	Exempt Organ	EXAS, HURRI  nization Bus  nd proxy tax und	sine	ss Inco	me 1	ax Retu	rn 1	OMB No. 1545-0687
L .	3 For c	alendar year 2016 or other tax ye					π. 31 <sup>1</sup> 3	n17	2016
×	ł	► Information about Fo	orm QQN-T and its instru	ctions is	and en , and en	uww ire a	TOV/form 990t	017	2016
Department of the Treat Internal Revenue Service								1/31	Open to Public Inspection for 501(c)(3) Organizations Only
	al Revenue Service   Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)  Check box if address changed  Name of organization (						D En	nployer identification number imployees' trust, see structions )	
B Exempt under se	ction. Print	EDWARD H. A	NDREWS FOUN	DAT	ION				31-1514306
X 501(c)(3	or	I NUITIDEL SUEEL ATTU LUUTI	or suite no. If a P.O. bo	x, see in	structions.			E Un	nrelated business activity codes
408(e)	20(e) Type	P.O. BOX 13	0025, NO. 2	80					,
408A	30(a)	City or town, state or pro-			n postal code			į	
529(a)		HOUSTON, TX		25				21	.1110
C Book value of all ass at end of year		up exemption number (See i		<u> </u>			<del></del>		<del></del>
1,150,96		ck organization type	X 501(c) corporation		501(c) tru:		401(a) tru	ust	Other trust
		nary unrelated business acti			STATEME		0		[ <del>•</del> •]
	•	rporation a subsidiary in an	- · · · ·	nt-subsi	diary controlle	d group?	•	<b>&gt;</b>	Yes X No
		ntifying number of the parer				Talaab		/71	3\ 702 E000
		BRUCE MCINTY ade or Business Inc			(A) Inco		one number  (B) Exper		3) 783-5080 (C) Net
1a Gross receipts		ide of Business inc	,01116	т—Н	(//) 11100		(D) EXPO	1000	(0) (0)
b Less returns a		·	c Balance	1c			1		
2 Cost of goods			C Dalatice	2			<del> </del>		<del></del>
3 Gross profit. S	•	•		3	<del></del>				<del></del>
4a Capital gain ne				4a	1	117.			1,117.
	•	Part II, line 17) (attach Form	1 4797)	4b	<del>-</del>		<del> </del>		<del></del>
c Capital loss de	•	• •	,	4c					
5 Income (loss)	from partners	hips and S corporations (at	tach statement)	5	1,	679.			1,679.
6 Rent income (			·	6					
7 Unrelated deb	-financed inco	ome (Schedule E)		7	2,	714.		735	. 1,979.
8 Interest, annu	ies, royalties,	and rents from controlled of	rganizations (Sch. F)	8					
9 Investment in	ome of a sect	ion 501(c)(7), (9), or (17) o	rganization (Schedule G	9_		- KE	CEIVED	!_	
		ome (Schedule I)		10	<u> </u>	I A SI	0 2 0040	] <u>%</u> :	
11 Advertising in	•	•		11	9	JAN	0 3 2018	181	
		ons; attach schedule)	•	12		5103	DEN. UT	735	4,775.
13 Total Combi		lot Taken Elsewhei	(Sociaetrictions f	13				<u> 735</u>	• 4,775•
(Exce	ot for contrib	outions, deductions mus	t be directly connecte						
		directors, and trustees (Scho	edule K)					14	<del></del>
<ul><li>15 Salaries and</li><li>16 Repairs and</li></ul>	-							15 16	
17 Bad debts	iaiiiteilailee							17	
18 Interest (atta	h schedule)				SEE	STAT	EMENT 1		
19 Taxes and lic	•				<b></b>	#		19	
-		ee instructions for limitation	rules)					20	
	attach Form		•		L	21			
22 Less depreca	tion claimed o	on Schedule A and elsewher	e on return			22a		221	b
23 Depletion								23	
24 Contributions	to deferred c	ompensation plans						24	
	efit programs							25	
	ot expenses (S	•						26	<del></del>
	ship costs (S	•				a	-	27	
	ons (attach so	•			ŞEE	STAT	EMENT 1		
		s 14 through 28	n Inna daday ta a O. 14	-4 l	0.6:1 - 40			29	
		income before net operating	=	ct line 2	e from line 13			30	
		on (limited to the amount on income before specific ded	•	rom line	30			31	
		lly \$1,000, but see line 33 ir			JU			32	
	-	e income. Subtract line 33		•	than line 32. ei	nter the sn	naller of zero or	33	1,000.
line 32		e modine. Subtract line 33		g. valu		1110 011		34	-228.

Form 990-	PENTINE III INDICATE I CONTRACTOR	31-151	4306	Page 2
Part I	II Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions ar	nd:	1	
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order		1 1	
_	(1) \$ (2) \$ (3) \$	1	1 1	
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		1	
	(2) Additional 3% tax (not more than \$100,000)	<del></del>	1	
	Income tax on the amount on line 34		250	0.
		an line 24 frame	35c	
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 34 from:		
	Tax rate schedule or Schedule D (Form 1041)		36	
37	Proxy tax. See instructions	-	37	<del></del> -
38	Alternative minimum tax		38	
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	<del></del>	40	0.
	V Tax and Payments	<del></del>		
41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	4	
b	Other credits (see instructions)	41b	4 1	
C	General business credit. Attach Form 3800	41c	] ]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	1 1	
е	Total credits. Add lines 41a through 41d		41e	
42	Subtract line 41e from line 40		42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	, ,	44	0.
45 a	Payments: A 2015 overpayment credited to 2016	45a 221.	]	
b	2016 estimated tax payments	45b 1,600.	]	
C	Tax deposited with Form 8868	45c	] }	
ď	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	]	
	Backup withholding (see instructions)	45e	1	
f	Credit for small employer health insurance premiums (Attach Form 8941)	451	1 1	
a	Other credits and payments: Form 2439		1	
٠	Form 4136 Other Total	45g		
46	Total payments. Add lines 45a through 45g		46	1,821.
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	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	1,821.
50	• •	821. Refunded	50	0.
	Statements Regarding Certain Activities and Other Informati		<del></del>	
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature			Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	•		1.00
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the			<b> </b>
	here <b>&gt;</b>	<b>-</b>		x
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or ti	ransferor to, a foreign trust?		X
-	If YES, see instructions for other forms the organization may have to file.	and to to, a to org. I dot!		<del> </del>
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$	•		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to the best of my know	wiedge and belief, it	is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	rer has any knowledge		
Here	12-14-17 NICE PE		ay the IRS discuss to e preparer shown be	1
	Signature of officer Date Title		structions)?	
	Print/Type preparer's name Preparer's signature Da	<del></del>		103
D.:.1	The system of the state of the	self- employed	'   ' ' '' <b>'</b>	
Paid	rer REBECCA MCELROY & Led V	RIS 17	P0106	2925
Prepa	THE TAXABLE THE PROPERTY OF TH	C. Firm's EIN ►	76-01	
Use C	2603 AUGUSTA DRIVE, SUITE 1400			=0000
	Firm's address HOUSTON, TX_77057		13-783-	A2A2
				9 <b>90-T</b> (2016)
			1 01111 6	(2010)

Schedule A - Cost of Goods Sold.	Enter method of invent	ory valuation ► N/A			
1 Inventory at beginning of year 1		6 Inventory at end of year	ar		6
2 Purchases 2		7 Cost of goods sold. Su	ubtract lin	e 6	
3 Cost of labor 3		from line 5. Enter here		)	
4 a Additional section 263A costs		line 2			7
(attach schedule) 4a		8 Do the rules of section	263A (wi	th respect to	Yes No
b Other costs (attach schedule) 4b		property produced or a	acquired f	or resale) apply to	
5 Total. Add lines 1 through 4b 5		the organization?			
Schedule C - Rent Income (From I	Real Property and	<b>Personal Property</b>	Lease	d With Real Pro	perty)
(see instructions)		<del></del>			
1. Description of property					
(1)					
(2)					
(3)					
(4)					
2. Ren	t received or accrued			0/510-1-1	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for pe	d personal property (if the percentersonal property exceeds 50% or if is based on profit or income)	age	columns 2(a) an	connected with the income in d 2(b) (attach schedule)
(1)		<del></del>			
(2)		- <del></del>			
(3)		<del></del>			
(4)					
Total	0 . Total	<del></del>	0.		
(c) Total income. Add totals of columns 2(a) and 2 here and on page 1, Part I, line 6, column (A)	(b). Enter		_ lè	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b> 0.
Schedule E - Unrelated Debt-Final	nced Income (see II	nstructions)	<u> </u>	art, into o, column (b)	<u> </u>
	•	2. Gross income from		3. Deductions directly conn to debt-finance	
1. Description of debt-financed prop	erty	or allocable to debt- financed property	(a) Si	traight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
				<del></del>	STATEMENT 14
(1) PUBLICLY TRADED SECUE	RITIES	21,994.	ļ <u>.</u>	<del> </del>	5,956.
(2)			<b> </b> -		
_(3)			<b></b>		<del> </del>
_(4)			<del> </del>		<del> </del>
debt on or allocable to debt-financed property (attach schedule)	Average adjusted basis of or allocable to bet-financed property ATEMENT <sup>®</sup> 16	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 37,467.	303,727.	12.34%		2,714.	735.
(2)	*	%			
(3)		%			
(4)		%			
				er here and on page 1, t I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		<b>&gt;</b>	}	2,714.	735.
Total dividends-received deductions included in o	column 8				0.
					Form <b>990-T</b> (2016)

623731 01-18-17

(4)

0

0

Totals (carry to Part II, line (5))

Form 990-T (2016)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 2. Gross advertising 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs costs (1) (2) (3) (4) Totals from Part I 0 0. 0. Enter here and on page 1, Part I, line 11, col (A) Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 Totals, Part II (lines 1-5) 0 0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	<u> </u>	%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2016)

RSHIP AND PURC	HASE OF PUBL	ICLY TRADED	
REST PAID		STATEMENT	11
		AMOUNT	
		2,5	77.
		2,5	77.
DEDUCTIONS		STATEMENT	12
		AMOUNT	
		5	50.
		5	50.
FROM PARTNERS	HIPS	STATEMENT	13
GROSS INCOME	DEDUCTIONS	NET INCOM	
2,269.	590.	1,6	79.
2,269.	590.	1,6	79.
	DEDUCTIONS  FROM PARTNERS  GROSS INCOME  2,269.	DEDUCTIONS  FROM PARTNERSHIPS  GROSS INCOME DEDUCTIONS  2,269. 590.	AMOUNT  2,5  2,5  DEDUCTIONS STATEMENT  AMOUNT  5  FROM PARTNERSHIPS STATEMENT  GROSS INCOME DEDUCTIONS OR (LOSS  2,269. 590. 1,6

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 10 BUSINESS ACTIVITY

FORM 990-T SCHEDULE E - OTH	ER DEDUCTIONS		STATEMENT	14
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
MANAGEMENT FEES - SUBTOTAL	1	5,956.		56.
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	IN 3(B)		5,9	56.
FORM 990-T AVERAGE ACQUISITI ALLOCABLE TO DEBT-F			STATEMENT	15
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE DEBT BALANCE - SUBTOTAL	1	37,467.	37,4	67.
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	DN 4		37,4	67.

FORM 990-T AVERAGE ADJUST ALLOCABLE TO DES		STATEMENT	16	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ADJUSTED BASIS - SUBTO	'AL - 1	303,727.	303,7	27.
TOTAL OF FORM 990-T, SCHEDULE E, CO	umn 5		303,7	27.