Extended to November 15, 2018

Form **990**

Department of the Treasury Internal Revenue Service **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.

■ 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.

2017
Open to Public Inspection

| A F | or the | e 2017 calendar year, or tax year beginning | and | ending | | |
|---------------|-----------------------|-----------------------------------------------------------------------|-----------------------------|---------------|------------------------------|-------------------------------|
| | Check if pplicabl | C Name of organization | | | D Employer identifi | cation number |
| | Addre | ss XDS, INC | | | | |
| | Name chang | | | | 68-0 | 582042 |
| | Initial return | Number and street (or P.O. box if mail is not delivered | d to street address) | Room/suite | E Telephone numbe | |
| | □Final □return | P.O. BOX 368 | , | | | 656-4395 |
| | termin | City or town, state or province, country, and ZIP o | r foreign postal code | | G Gross receipts \$ | 111,395. |
| | Amen | | 5 1 | | H(a) Is this a group re | eturn |
| | Application | F Name and address of principal officer: THAVAG | SUNAN MAHADEVA | AN | for subordinates | ? Yes X No |
| | pendi | same as C above | | | H(b) Are all subordinates in | ncluded? X Yes No |
| 1 1 | ax-ex | empt status: X 501(c)(3) 501(c) ()◀ (i | insert no.) 4947(a)(1) | or 527 | | list. (see instructions) |
| | | te: ▶ www.xdsinc.org | , , , , , , | | H(c) Group exemption | , |
| KF | orm of | organization: X Corporation Trust Associa | tion Other > | L Year | | M State of legal domicile: NC |
| | art I | Summary | | | • | <u> </u> |
| | 1 | Briefly describe the organization's mission or most signi- | ficant activities: TO El | MPOWER | AND ASSIST | PEOPLE |
| Governance | | WITH MULTIPLE DISABILITIES T | | | | |
| naı | 2 | Check this box if the organization discontinue | ed its operations or dispos | sed of more | than 25% of its net as | sets. |
| Ver | l | Number of voting members of the governing body (Part | | | 3 | 4 |
| | | Number of independent voting members of the governing | | | | 3 |
| ⊗ v | | Total number of individuals employed in calendar year 2 | | | | 0 |
| Activities & | | Total number of volunteers (estimate if necessary) | | | | 0 |
| ċ | | Total unrelated business revenue from Part VIII, column | | | | 0. |
| ď | I . | Net unrelated business taxable income from Form 990-T | | | | 0. |
| | | | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | | 15,500. | 5. |
| nue | l | D ' 'D ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | 194,099. | 111,390. |
| Revenue | I . | Investment income (Part VIII, column (A), lines 3, 4, and | | | 32,627. | 0. |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, | | | 154,707. | 0. |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part | | | 396,933. | 111,395. |
| | | Grants and similar amounts paid (Part IX, column (A), lin | | | 0. | 420. |
| | 1 | Benefits paid to or for members (Part IX, column (A), line | | | 0. | 0. |
| " | 45 | Salaries, other compensation, employee benefits (Part IX | | | 11,289. | 0. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11 | | | 0. | 0. |
| ben | b | Total fundraising expenses (Part IX, column (D), line 25) | | ^ | | |
| Ĕ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-2 | | | 173,466. | 133,784. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, col | | | 184,755. | 134,204. |
| | | Revenue less expenses. Subtract line 18 from line 12 | | | 212,178. | -22,809. |
| - JC | | Tieveride lees experieses. Gastrast line 16 from line 12 | | Be | ginning of Current Year | End of Year |
| ets (| 20 | Total assets (Part X, line 16) | | | 1,125,792. | 1,086,923. |
| ASS | 21 | Total liabilities (Part X, line 26) | | | 335,631. | 319,571. |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from line 2 | 20 | | 790,161. | 767,352. |
| Pa | art II | Signature Block | | | • | , |
| Und | er pena | alties of perjury, I declare that I have examined this return, includ | ding accompanying schedules | s and stateme | ents, and to the best of my | knowledge and belief, it is |
| | | et, and complete. Declaration of preparer (other than officer) is b | | | | |
| | | | | | | |
| Sig | n | Signature of officer | | | Date | |
| Her | | ■ THAVAGUNAN MAHADEVAN, EXE | CUTIVE DIRECT | 'OR | | |
| | | Type or print name and title | | | | |
| | | Print/Type preparer's name Prep | arer's signature | [| Date Check | PTIN |
| Paid | I | MORRIS C. DAVIS JR. | • | lo | 8/15/18 if self-employ | P01702956 |
| Prep | arer | Firm's name MAIN STREET ACCOUNT | 'ING SERVICES, | | Firm's EIN ▶ | 46-4614048 |
| - | Only | Firm's address 660 POPLAR FOREST L | | | | |
| | • | PITTSBORO, NC 27312 | | | Phone no. 91 | 9-542-5142 |
| May | the II | RS discuss this return with the preparer shown above? (s | | | 1 | X Yes No |

| | 1 990 (2017) XDS, INC 68-0582042 Page 2 |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pa | rt III Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission: |
| | TO EMPOWER AND ASSIST PEOPLE WITH MULTIPLE DISABILITIES TO LIVE IN THE |
| | COMMUNITY OF THEIR CHOICE, ACHEIVE PERSONAL RESPONSIBILITY, AND GAIN |
| | AN ENHANCED QUALITY OF LIFE BY PROVIDING AN ARRAY OF CLINICALLY |
| | APPROPRIATE, PERSON-CENTERED, AND FLEXIBLE TREATMENT, REHABILITATION, |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? Yes X No |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No |
| | 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. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ |
| | PROVIDE AN ARRAY OF CLINICALLY APPROPRIATE, PERSON-CENTERED, AND |
| | FLEXIBLE TREATMENT, REHABILITATION, AND SUPPORT SERVICES TO PEOPLE WITH |
| | MULTIPLE DISABILITIES. |
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| 4b | (Code:) (Expenses \$ |
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| | |
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| | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| -10 | (Code: |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |
| | |
| | Other program convices (Describe in Schedule O.) |
| 4d | Other program services (Describe in Schedule O.) |
| 4е | (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 109,246. |
| 70 | rotal program doi vido expendes production and the second program of the second program of the second production production and the second production production and the second production |

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Form **990** (2017)

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Form 990 (2017) XDS , INC Part IV 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 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 | | Х |
| 4 | 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 | | Х |
| 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 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | Ť | | |
| U | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | х |
| 7 | | - | | - 21 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | Х |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Λ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | v |
| _ | Schedule D, Part III | 8 | | X |
| 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 | | X |
| 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 | | X |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | 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 | | X |
| С | 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 | 11c | | X |
| 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 in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| 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 | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete | | | |
| | Schedule D. Parts XI and XII | 12a | | Х |
| 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | . 14 | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | | 14b | | х |
| 15 | or more? If "Yes," complete Schedule F, Parts I 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 | 170 | | |
| 15 | | 15 | | Х |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 21 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 40 | | Х |
| 4- | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Λ |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | ر | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | 3.7 |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | 77 |
| | complete Schedule G. Part III | 19 | 000 | X |

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Form 990 (2017) XDS , INC Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | 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 | 21 | | X |
| 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 | | X |
| 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? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 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 | | X |
| 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 | | X |
| 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? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | | | |
| | complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 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, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 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 | | X |
| 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 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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 | | |
| 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 | | Х |
| 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 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

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Statements Regarding Other IRS Filings and Tax Compliance Part V

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|--------------|
| | | | Yes | No |
| 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 in line 1a. Enter -0- if not applicable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 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? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | _X_ |
| 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 | | |
| 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 (such as a bank account, securities account, or other financial account)? | 4a | | <u>X</u> |
| 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). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | | _ <u>X</u> _ |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | _X_ |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| ба | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | Х |
| _ | any contributions that were not tax deductible as charitable contributions? | 6a | | |
| D | 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). | OD | | |
| | 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 | | Х |
| | 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 | | X |
| d | 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 | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots | 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 | Sponsoring organizations maintaining donor advised funds. 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. | | | |
| | 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 a | 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 | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | 1 | | |
| | 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 | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| 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 | - | | |
| | Enter the amount of reserves on hand | | | v |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u>X</u> |
| α | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | 990 | (2017) |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 Section 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 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. 3 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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 Х 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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 Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X Upon request ___ Other (explain in Schedule O) Own website Another's website 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: THAVAGUNAN MAHADEVAN - 919-656-4395 P.O. BOX 368, CARRBORO, NC

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Form 990 (2017) XDS, INC 68-0582042 Page 7

Part VII 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 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, and 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

| (A) Name and Title | (B) Average hours per | box | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | n an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|------------------------------|------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------|---------|--------------|------------------------------|------|-------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|
| | week (list any hours for related organizations below line) | tee or director | In stit utional trustee | Officer | Key employee | Highest compensated employee | | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensatior from the organization and related organizations |
| (1) TIMOTHY SCHRAND | 1.00 | ., | | 77 | | | | | | 0 |
| PRESIDENT | 1 00 | Х | | Х | | | | 0. | 0. | 0 |
| (2) JAY MILLER PREASURER | 1.00 | Х | | х | | | | 0. | 0. | 0 |
| (3) CAROL VANDERZWAGG | 1.00 | Λ | | | | | | 0. | 0. | U |
| TRUSTEE | 1.00 | Х | | | | | | 0. | 0. | 0 |
| (4) ELIZABETH ROSSI | 1.00 | | | | | \vdash | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0 |
| (5) THAVA MAHADEVAN | 10.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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Form **990** (2017)

| | 990 (2017) XDS, INC | | | | | | | | | 68-05 | 82 | 042 | Pa | age 8 |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|-----------------------|---------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------------------------------------|------------------------------------------------|-------|-----------------|-----------------------------------------------------|----------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | d Hig | ghes | t C | | | | | | |
| | (A) Name and title | (B) Average hours per week | box | , unle | ss per | ition more rson i | than of the structure o | n an | (D) Reportable compensation from | (E) Reportable compensatio from related | | | (F) stimate nount o other | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MIS | | fr org an | pensa rom the anizati d relate anizatio | e ion ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | Sub-total | | | | | | | > | 0. | | 0. | | | 0. |
| d 2 | Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization | | | | | | | o re | 0 • eceived more than \$100, | 000 of reportable | 0. | | | 0. |
| 3 | Did the organization list any former officer, | • | | | • | • | • | | • | | | 3 | Yes | No X |
| 4 | line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportabl 0,000? If "Yes, | e co " <i>co</i> | mpe mple | ensa ete S | tion Sche | and and | oth <i>J f</i> | ner compensation from tor such individual | he organization | | 4 | | X |
| 5 Sec | Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors | | | | | | | | | | | 5 | | Х |
| 1 | Complete this table for your five highest conthe organization. Report compensation for to (A) | • | • | | | | | | | , , | ensat | tion fro | | |
| | Name and business | address | NC | ONI | 3 | | | | Description of s | ervices | C | | nsation | 1 |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100,000 of compensation from the organization from the organization) | • | ot lin | nited | d to | thos (| _ | ted | above) who received mo | ore than | | Ear. | 990 (2 | 2017 |
| | | | | | | | | | | | | ⊢orm | シシリ () | /U1 /\ |

732008 11-28-17

| · u | 16 411 | | | or note to any line | in this Dort VIII | | | |
|--------------------------------------------------------|---------|-----------------------------------------------------------|-----------------|---------------------------------------|--------------------|----------------------------------------|-----------------------------------------|--------------------------------------------------------|
| | | Check if Schedule O cont | ains a response | or note to any line | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| t s | 1 a | Federated campaigns | 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | | | | | |
| ¥,6 | С | Fundraising events | 1c | | | | | |
| a iii | d | Related organizations | | | | | | |
| S, E | е | Government grants (contributi | ions) 1e | | | | | |
| r ion | f | All other contributions, gifts, gran | ts, and | | | | | |
| but the | | similar amounts not included above | ve 1f | 5. | | | | |
| d d | g | Noncash contributions included in lines | 1a-1f: \$ | | | | | |
| <u>පි රි</u> | h | Total. Add lines 1a-1f | | | 5. | | | |
| | | | | Business Code | | | | |
| ė | 2 a | | PRIVATE_ | 624100 | 109,245. | 109,245. | | |
| e Ķ | b | FARM REVENUE | | 111000 | 2,145. | 2,145. | | |
| S c | С | · | | | | | | |
| ran ev | d | · | | | | | | |
| Program Service Revenue | е | | | | | | | |
| Δ. | | All other program service reve | | | 111 200 | | | |
| | | Total. Add lines 2a-2f | | | 111,390. | | | |
| | 3 | Investment income (including | • | | | | | |
| | | other similar amounts) | | | | | | |
| | 4 | Income from investment of tax | | , , , , , , , , , , , , , , , , , , , | | | | |
| | 5 | Royalties | (i) Real | | | | | |
| | 6.0 | Cross rents | (I) Real | (ii) Personal | | | | |
| | | Gross rents Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | | Net rental income or (loss) | | • | | | | |
| | | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | , " | assets other than inventory | (i) Goodinioo | (ii) Strioi | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | С | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | | | | | |
| nue | | Gross income from fundraising including \$ | g events (not | | | | | |
| Other Revenue | | contributions reported on line | | | | | | |
| Æ | | Part IV, line 18 | • | | | | | |
| the | b | Less: direct expenses | | | | | | |
| 0 | | Net income or (loss) from fund | | _ | | | | |
| | | Gross income from gaming ac | | | | | | |
| | | Part IV, line 19 | a | | | | | |
| | b | Less: direct expenses | b | | | | | |
| | С | Net income or (loss) from gam | ing activities | ·····• | | | | |
| | 10 a | Gross sales of inventory, less | | | | | | |
| | | and allowances | | | | | | |
| | b | Less: cost of goods sold | b | | | | | |
| | С | Net income or (loss) from sale | | | | | | |
| | | Miscellaneous Revenu | e | Business Code | | | | |
| | 11 a | | | | | | | |
| | b | | | | | | | |
| | C | All adds an unaverse | | | | | | |
| | | All other revenue | | | | | | |
| | е 12 | Total. Add lines 11a-11d Total revenue. See instructions. | | | 111.395. | 111,390. | 0. | 0. |
| | | | | | | | | |

Form 990 (2017) XDS , INC Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | , , | |
|-------|----------------------------------------------------------------------------------------------|--------------------|------------------------------|-------------------------------------|--------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | 21,621,022 | garrena arquera | 21,221,222 |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | 420 | 420 | | |
| | individuals. See Part IV, line 22 | 420. | 420. | | |
| 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 | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | 0.0 | | 0.0 | |
| b | Legal | 20. | | 20. | |
| С | Accounting | 4,983. | | 4,983. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 40 | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | 240. | | 240. | |
| 13 | Office expenses | 240. | | 240. | |
| 14 | Information technology | | | | |
| 15 | Royalties | 23,748. | 23,748. | | |
| 16 | Occupancy | 237. | 237. | | |
| 17 | Travel Payments of travel or entertainment expenses | 251• | 257 • | | |
| 18 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 16,416. | 16,416. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 19,077. | | | |
| 23 | Insurance | 3,145. | 3,145. | | |
| 24 | Other expenses. Itemize expenses not covered | 5,225 | 2,2231 | | |
| | 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 0.) | | | | |
| а | OUTSIDE SERVICES | 41,148. | 41,148. | | |
| b | SUPPLIES | 17,189. | 17,189. | | |
| С | AUTOMOTIVE | 3,339. | 3,339. | | |
| d | PROPERTY TAXES | 1,868. | 1,868. | | |
| е | All other expenses | 2,374. | 1,736. | 638. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 134,204. | 109,246. | 5,881. | 0. |
| 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) | | | | |
| | | | | | Form 990 (2017) |

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0 (2017) XDS, INC 68-0582042 Page 11

Form 990 (2017)
Part X Balance Sheet

| Part X | • | Balance Sheet | | | | | |
|--------------------------------------------------------------------------------|---|----------------------------------------------------------------------|---------|-----------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or not | e to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| 1 | 1 | Cash - non-interest-bearing | | | 273,830. | 1 | 229,638 |
| 2 | 2 | Savings and temporary cash investments | | | | 2 | |
| 3 | | Pledges and grants receivable, net | | | | 3 | |
| 4 | | Accounts receivable, net | | | 730. | 4 | 4,000 |
| 5 | | Loans and other receivables from current and fo | | | | | |
| | | trustees, key employees, and highest compensa | ited em | plovees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| 6 | 6 | Loans and other receivables from other disquality | | | | | |
| | | section 4958(f)(1)), persons described in section | | , | | | |
| | | employers and sponsoring organizations of sect | • | ~ ~ ~ | | | |
| , | | employees' beneficiary organizations (see instr). | | | | 6 | |
| Assets 7 | 7 | Notes and loans receivable, net | | | | 7 | |
| 8 \$ | | Inventories for sale or use | | | 8 | | |
| 9 | | B | | 9 | | | |
| | | Land, buildings, and equipment: cost or other | | | | | |
| " | - | basis. Complete Part VI of Schedule D | 10a | 1,061,390. | | | |
| | b | basis. Complete Part VI of Schedule D Less: accumulated depreciation | 10b | 208,105. | 851,232. | 10c | 853,285 |
| 11 | | Investments - publicly traded securities | | | , | 11 | |
| 12 | | Investments - other securities. See Part IV, line 1 | | 12 | | | |
| 13 | | Investments - program-related. See Part IV, line | | 13 | | | |
| 14 | | Intangible assets | | 14 | | | |
| 15 | | Other assets. See Part IV, line 11 | | 15 | | | |
| 16 | | Total assets. Add lines 1 through 15 (must equal | | | 1,125,792. | 16 | 1,086,923 |
| 17 | | Accounts payable and accrued expenses | | | | 17 | |
| 18 | | Grants payable | | | 18 | | |
| 19 | | Deferred revenue | | 19 | | | |
| 20 | | Tax-exempt bond liabilities | | | | 20 | |
| 21 | | Escrow or custodial account liability. Complete I | | | | 21 | |
| 00 | | Loans and other payables to current and former | | | | | |
| | • | key employees, highest compensated employee | | | | | |
| | | | • | | | 22 | |
| 3 ₂₃ | 2 | Secured mortgages and notes payable to unrela | | rd parties | 335,631. | 23 | 319,571 |
| 24 | | Unsecured notes and loans payable to unrelated | | | 000,0020 | 24 | 0_0/0/- |
| 25 | | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | | ı | | | |
| | | Schedule D | | | | 25 | |
| 26 | 6 | Total liabilities. Add lines 17 through 25 | | | 335,631. | 26 | 319,571 |
| | | Organizations that follow SFAS 117 (ASC 958 | | | · | | |
| , l | | complete lines 27 through 29, and lines 33 an | | , | | | |
| Net Assets or Fund balances 22 28 29 31 32 33 33 33 33 33 33 33 33 33 33 33 33 | 7 | Unrestricted net assets | | | 790,161. | 27 | 767,352 |
| 28 | | Temporarily restricted net assets | | | | 28 | |
| 29 | | B | | | | 29 | |
| | | Organizations that do not follow SFAS 117 (A | | | | | |
| - | | and complete lines 30 through 34. | | " | | | |
| 3 30 |) | Capital stock or trust principal, or current funds | | | | 30 | |
| 31 | | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| 32 | | Retained earnings, endowment, accumulated in | | | | 32 | |
| ğ 33 | | Total net assets or fund balances | | | 790,161. | 33 | 767,352 |
| 34 | | Total liabilities and net assets/fund balances | | | 1,125,792. | 34 | 1,086,923 |

Form **990** (2017)

| Pai | rt XI Reconciliation of Net Assets | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------|-----------|------|------------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u>95.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 04. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u>09.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 79 | <u>0,1</u> | <u>61.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 76 | 7,3 | 52. |
| Pa | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | Э. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | <u> </u> |
| | 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: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | 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? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O. | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | |
| | Act and OMB Circular A-133? | | За | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Form | 990 | (2017) |

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

FORM 990 OF 990-EZ

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization 68-0582042 XDS INC Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

| Se | ction A. Public Support | | | | | | |
|------|----------------------------------------------|--------------------------|---------------------|-----------------------|---------------------|----------------------|-----------|
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Gifts, grants, contributions, and | , , | , , | , , | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | | | | | | | |
| _ | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | | | | | | l |
| | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 4 | (a) 2010 | (6) 2014 | (0) 2010 | (u) 2010 | (6) 2017 | (i) rotai |
| 8 | Gross income from interest, | | | | | | |
| o | dividends, payments received on | | | | | | |
| | | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| _ | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| 11 | | | . , | | | | |
| | Gross receipts from related activities, | • | , | | | 12 | |
| 13 | First five years. If the Form 990 is for | • | | | • | . , , , | |
| 20 | organization, check this box and stop | | | | | | |
| | ction C. Computation of Public | | | 1 (0) | | | |
| | Public support percentage for 2017 (li | | | | | 14 | <u>%</u> |
| | Public support percentage from 2016 | | | | | 15 | <u>%</u> |
| 168 | a 33 1/3% support test - 2017. If the o | | | | | | |
| | stop here. The organization qualifies a | | | | | | |
| t | o 33 1/3% support test - 2016. If the o | | | | | | |
| | and stop here. The organization quali | | | | | | |
| 17a | a 10% -facts-and-circumstances test | | ~ | | | | |
| | and if the organization meets the "fact | | • | - | • | • | |
| | meets the "facts-and-circumstances" t | | | | | | |
| ŀ | 10% -facts-and-circumstances test | - 2016. If the or | ganization did not | check a box on line | e 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | e "facts-and-circu | ımstances" test, cl | neck this box and | stop here. Explain | n in Part VI how the | e |
| | organization meets the "facts-and-circ | umstances" test. | The organization of | qualifies as a public | cly supported orga | nization | ▶∐ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | and see instructions | s ▶Ш |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | ction A. Public Support | | | | | | |
|------|-------------------------------------------------------------------------|-----------------------------|--------------------------|------------------------|-----------------------|----------------------|-----------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | 15,500. | | 15,500. |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | 13,457. | 142,498. | 208,843. | 194,099. | | 558,897. |
| 3 | Gross receipts from activities that | | - | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| Ū | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 13 457. | 142,498. | 208,843. | 209,599. | | 574,397. |
| | Amounts included on lines 1, 2, and | 13,4374 | 112,150. | 200,013. | 200,000 | | 374,3371 |
| 16 | 3 received from disqualified persons | | | | | | 0. |
| h | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | 0. |
| | amount on line 13 for the year | | | | | | 0. |
| | Add lines 7a and 7b | | | | | | 574,397. |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 3/4,39/- |
| | ••• | (-) 0040 | (1-) 004.4 | (-) 004 <i>5</i> | (-1) 0040 | (-) 0047 | (6) T-1-1 |
| | ndar year (or fiscal year beginning in) | (a) 2013 13, 457. | (b) 2014 142, 498. | (c) 2015 208,843. | (d) 2016 209, 599. | (e) 2017 | (f) Total 574,397. |
| | Amounts from line 6 Gross income from interest, | 13,437. | 142,490. | 200,043. | 409,399. | | 374,391. |
| 102 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 1 500 | -8,828. | 0 027 | 22 627 | | 12 272 |
| | and income from similar sources | -1,590. | -0,020. | -8,937. | 32,627. | | 13,272. |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | 1 500 | 0 000 | 0 027 | 22 627 | | 12 070 |
| | Add lines 10a and 10b | -1,590. | -8,828. | -8,937. | 32,627. | | 13,272. |
| 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 (Explain in Part VI.) | 11 065 | 100 600 | 100 006 | 0.4.00.0.6 | | 505 660 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 11,867. | 133,670. | 199,906. | 242,226. | | 587,669. |
| 14 | First five years. If the Form 990 is for | the organization's | first, second, third | d, fourth, or fifth ta | x year as a section | 1 501(c)(3) organiza | ation, |
| | | | | | | | . |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2017 (I | | | olumn (f)) | | 15 | 97.74 % |
| | Public support percentage from 2016 | | | | | 16 | 98.53 % |
| Sec | ction D. Computation of Inves | tment Income | Percentage | | | | |
| 17 | Investment income percentage for 20 |)17 (line 10c, colun | nn (f) divided by lin | e 13, column (f)) | | 17 | 2.26 % |
| 18 | | | | | | 18 | 1.47 <u>%</u> |
| 19a | 33 1/3% support tests - 2017. If the | organization did n | ot check the box of | on line 14, and line | 15 is more than 3 | 3 1/3%, and line 1 | |
| | more than 33 1/3%, check this box ar | nd stop here. The | organization qual | fies as a publicly s | supported organiza | tion | ▶ X |
| b | 33 1/3% support tests - 2016. If the | organization did n | ot check a box on | line 14 or line 19a | , and line 16 is mo | re than 33 1/3%, a | and |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies a | s a publicly suppo | rted organization | ▶□ |
| 20 | Private foundation. If the organization | | | | | | |

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Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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.)

Section A. All Supporting Organizations

- 1 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.
- 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 **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (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.
- **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 **Part VI** 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 Part VI what controls the organization put in place to ensure such use.
- **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 **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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 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.
- 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 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|---|------|-------|------|
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| Par | TIV 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 in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. | 11c | | |
| Sect | tion 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 Part VI 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 operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sect | tion 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 Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sect | tion D. All Type III Supporting Organizations | | | |
| | | | 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 Part VI 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 Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sect | 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 instructions | s). | | |
| а | 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. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in | structions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | 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 Part VI identify | | | |
| | those supported organizations and explain 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 | | |
| 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. | | | |
| а | 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 | 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 Part VI the role played by the organization in this regard. | 3b | | |

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| Par | t V Type III Non-Functionally Integrated 509(a)(3) Supporting | g Organ | izations | |
|------|---------------------------------------------------------------------------------|--------------|-----------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on l | Nov. 20, 1970 (explain in F | Part VI.) See instructions. Al |
| | other Type III non-functionally integrated supporting organizations must co | | | |
| Sect | on 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 | | |
| | on 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): | | | |
| 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 | 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 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 | | |
| | on 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 temporary reduction (see instructions) | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | | ed Type III supporting orga | anization (see |
| | instructions). | | | , |

Schedule A (Form 990 or 990-EZ) 2017

| Par | ιv | Type III Non-Functionally integrated 509(| a)(3) Supporting Orga | nizations (continued) | |
|-------|---------|-----------------------------------------------------------|-------------------------------|----------------------------------------|-------------------------------------------|
| Secti | on D - | Distributions | | | Current Year |
| 1 | Amou | nts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amou | nts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organ | izations, in excess of income from activity | | | |
| 3 | Admir | nistrative expenses paid to accomplish exempt purpose | 3 | | |
| 4 | Amou | nts paid to acquire exempt-use assets | | | |
| 5 | Qualif | ied set-aside amounts (prior IRS approval required) | | | |
| 6 | Other | distributions (describe in Part VI). See instructions. | | | |
| 7 | Total | annual distributions. Add lines 1 through 6. | | | |
| 8 | Distrib | outions to attentive supported organizations to which th | ne organization is responsive | | |
| | (provi | de details in Part VI). See instructions. | | | |
| 9 | Distrib | outable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 | amount divided by line 9 amount | | | |
| Secti | on E - | Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distrib | outable amount for 2017 from Section C, line 6 | | | |
| 2 | Under | rdistributions, if any, for years prior to 2017 (reason- | | | |
| | able c | ause required- explain in Part VI). See instructions. | | | |
| 3 | Exces | s distributions carryover, if any, to 2017 | | | |
| а | | | | | |
| b | From | 2013 | | | |
| С | From | 2014 | | | |
| d | From | 2015 | | | |
| е | From | 2016 | | | |
| f | Total | of lines 3a through e | | | |
| g | Applie | ed to underdistributions of prior years | | | |
| h | Applie | ed to 2017 distributable amount | | | |
| i | Carry | over from 2012 not applied (see instructions) | | | |
| j | Rema | inder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distrib | outions for 2017 from Section D, | | | |
| | line 7: | \$ | | | |
| а | Applie | ed to underdistributions of prior years | | | |
| b | Applie | ed to 2017 distributable amount | | | |
| С | Rema | inder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Rema | ining underdistributions for years prior to 2017, if | | | |
| | any. S | Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than z | zero, explain in Part VI. See instructions. | | | |
| 6 | Rema | ining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4 | b from line 1. For result greater than zero, explain in | | | |
| | Part \ | /I. See instructions. | | | |
| 7 | Exces | ss distributions carryover to 2018. Add lines 3j | | | |
| | and 4 | c. | | | |
| 8 | Break | down of line 7: | | | |
| а | Exces | s from 2013 | | | |
| b | Exces | s from 2014 | | | |
| С | Exces | s from 2015 | | | |
| d | Exces | s from 2016 | | | |
| е | Exces | s from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

| 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.) |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

| | XDS, INC | 68-0582042 |
|-----|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Pai | art I Organizations Maintaining Donor Advised Funds or Other Similar Fu | nds or Accounts. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | |
| 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 advisors in writing that the assets held in donor a | 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 car | n be used only |
| | for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purp | ose conferring |
| _ | impermissible private benefit? | Yes No |
| Pai | art II Conservation Easements. Complete if the organization answered "Yes" on Form 9 | 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | | a historically important land area |
| | _ | a certified historic structure |
| | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the f | |
| | day of the tax year. | Held at the End of the Tax Year |
| a | Total number of conservation easements | |
| b | , | |
| С. | Number of conservation easements on a certified historic structure included in (a) | |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic st | |
| • | listed in the National Register | |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by | y the organization during the tax |
| 4 | 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 | n of |
| J | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing | |
| • | > | g , |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons | servation easements during the year |
| | ▶ \$ | Ç , |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section | 170(h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expe | ense statement, and balance sheet, and |
| | include, if applicable, the text of the footnote to the organization's financial statements that descri | bes the organization's accounting for |
| _ | conservation easements. | |
| Pai | organizations Maintaining Collections of Art, Historical Treasures, o | r Other Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue st | • |
| | historical treasures, or other similar assets held for public exhibition, education, or research in furt | herance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stater | • |
| | treasures, or other similar assets held for public exhibition, education, or research in furtherance of | 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, historical treasures, or other similar assets for final | |
| _ | the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| a | · · · · · · · · · · · · · · · · · · · | |
| D | Assets included in Form 990, Part X | > \$ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

a Board designated or quasi-endowment

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

Yes Nο (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 261,000. | | 261,000. |
| b Buildings | | 691,390. | 103,670. | 587,720. |
| c Leasehold improvements | | | | |
| d Equipment | | 109,000. | 104,435. | 4,565. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equ | 853,285. | | | |

Schedule D (Form 990) 2017

h

| ADS, INC | XDS | , | INC |
|----------|-----|---|-----|
|----------|-----|---|-----|

| Complete if the organization answered "Yes" | | | | d afa |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------|-----------------------|------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of v | aluation: Cost or end | d-of-year market value |
| Financial derivatives | | | | |
| Closely-held equity interests | | | | |
| Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | | |
| | on Form 000 Dort IV lin | o 11 o Coo Form 000 I | Dort V. line 10 | |
| Complete if the organization answered "Yes" (a) Description of investment | (b) Book value | | | d-of-year market value |
| | (b) Book value | (b) Method of V | aradion. Cost of on | a or year marker value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV lin | e 11d. See Form 990 I | Part X line 15 | |
| | Description | <u> </u> | arez, iiio io. | (b) Book value |
| | | | | (b) book value |
| (1) | · | | | (b) Book value |
| (1) | · | | | (b) Dook value |
| (2) | | | | (b) BOOK Value |
| (2) (3) | | | | (b) Book value |
| (2) (3) (4) | | | | (b) Book value |
| (2) (3) (4) (5) | | | | (b) Book value |
| (2) (3) (4) (5) (6) | | | | (b) Book value |
| (2) (3) (4) (5) (6) (7) | | | | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) | | | | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) | 2 15) | | | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | | > | (b) Book value |
| (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. | , | | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" | , | e 11e or 11f. See Form | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability | , | | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes | , | e 11e or 11f. See Form | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) | , | e 11e or 11f. See Form | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) | , | e 11e or 11f. See Form | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Patal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) | , | e 11e or 11f. See Form | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | , | e 11e or 11f. See Form | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | , | e 11e or 11f. See Form | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | , | e 11e or 11f. See Form | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | , | e 11e or 11f. See Form | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) | on Form 990, Part IV, lin | e 11e or 11f. See Form | , | |
| (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | on Form 990, Part IV, lin | e 11e or 11f. See Form (b) Book value | 990, Part X, line 25 | |

Schedule D (Form 990) 2017

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-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.

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

Inspection

OMB No. 1545-0047

Name of the organization

XDS. INC

Employer identification number 68-0582042

| 11257 1110 |
|-----------------------------------------------------------------------------|
| Form 990, Part I, Line 1, Description of Organization Mission: |
| ACHEIVE PERSONAL RESPONSIBILITY, AND GAIN AN ENHANCED QUALITY OF LIFE |
| BY PROVIDING AN ARRAY OF CLINICALLY APPROPRIATE, PERSON-CENTERED, AND |
| FLEXIBLE TREATMENT, REHABILITATION, AND SUPPORT SERVICES TO PEOPLE WITH |
| MULTIPLE DISABILITIES. |
| |
| Form 990, Part III, Line 1, Description of Organization Mission: |
| AND SUPPORT SERVICES TO PEOPLE WITH MULTIPLE DISABILITIES. |
| |
| Form 990, Part VI, Section A, line 8b: |
| ORGANIZATION DOES NOT HAVE ANY COMMITTEES. |
| |
| Form 990, Part VI, Section B, line 11b: |
| THE 990 IS EMAILED TO ALL OF THE BOARD MEMBERS AND EXECUTIVE DIRECTOR PRIOR |
| TO FILING. |
| |
| Form 990, Part VI, Section B, Line 12c: |
| BOARD MEMBERS AND OFFICERS ARE ASKED ANNUALLY REGARDING ANY POSSIBLE |
| CONFLICT OF INTEREST THAT HAS ARISEN |
| |
| Form 990, Part VI, Section B, Line 15: |
| THE ORGANIZATION DETERMINES COMPENSATION OF THE EXECUTIVE DIRECTOR AND |
| OTHER KEY EMPLOYEES BASED ON AN ANNUAL REVIEW, APPROVED BY AN INDEPENDENT |
| BOARD OF DIRECTORS, AND ALSO COMPARABILITY DATA, AND CONTEMPORANEOUS |
| SUBSTANTIATION OF THE DELIBERATION AND DECISION. |
| |

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule O (Form 990 or 990-EZ) (2017)

| Form | 990-T | E | Exempt Organization Bus | | | ax Return | 1 | OMB No. 1545-0687 |
|------------|---------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------|------------|------------------------------------------------------------|------------------------------------|-----------|-----------------------------------------------------------------|
| | | (and proxy tax under section 6033(e)) | | | | | | 0047 |
| | | For calendar year 2017 or other tax year beginning, and ending | | | | | | 201/ |
| | tment of the Treasury al Revenue Service | • | ► Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may | | Open to Public Inspection for 501(c)(3) Organizations Only | | | |
| Α | Check box if address changed | | Name of organization (| hanged a | and see instructions.) | | (Emp | loyer identification number ployees' trust, see uctions.) |
| <u>В</u> Б | xempt under section | Print | XDS, INC | | | | 6 | 8-0582042 |
| |]501(c)(3) | or | Number, street, and room or suite no. If a P.O. box | x. see ins | structions. | | E Unre | elated business activity codes instructions.) |
| | 408(e) 220(e) | Туре | P.O. BOX 368 | , | | | (366 | insudctions.) |
| | 408A 530(a) 559(a) | | City or town, state or province, country, and ZIP of CARRBORO, NC 27510 | r foreign | postal code | | | |
| C Bo | ok value of all assets | | E Croup everytion number (Con instructions) | | | | | |
| at | 1,086,9 | 23. | G Check organization type ► X 501(c) corp | noration | 501(c) trust | 401(a) | \ trust | Other trust |
| | | | ary unrelated business activity. | Jordion | 001(0) 11 401 | 101(a) | , truot | Other truct |
| | | | poration a subsidiary in an affiliated group or a parer | nt-subsid | liary controlled group? | ▶ [| Тү | es X No |
| | | | tifying number of the parent corporation. | | many commonical group. | | | |
| | | | THAVAGUNAN MAHADEVAN | | Teleph | one number \blacktriangleright 9 | 19- | 656-4395 |
| Pa | rt I Unrelated | d Trac | de or Business Income | | (A) Income | (B) Expenses | | (C) Net |
| 1 a | Gross receipts or sale | :S | | | | | | |
| b | Less returns and allov | | c Balance ▶ | 1c | | | | |
| 2 | Cost of goods sold (S | chedule | A, line 7) | 2 | | | | |
| 3 | Gross profit. Subtract | | | 3 | | | | |
| 4 a | Capital gain net incom | ne (attac | ch Schedule D) | 4a | | | | |
| b | Net gain (loss) (Form | 4797, P | Part II, line 17) (attach Form 4797) | 4b | | | | |
| C | Capital loss deduction | for trus | sts | 4c | | | | |
| 5 | Income (loss) from pa | artnersh | ips and S corporations (attach statement) | 5 | | | | |
| 6 | Rent income (Schedu | , , | | 6 | | | | |
| 7 | | | me (Schedule E) | 7 | | | | |
| 8 | | | and rents from controlled organizations (Sch. F) | 8 | | | | |
| 9 | | | on 501(c)(7), (9), or (17) organization (Schedule G) | | | | | |
| 10 | | | ome (Schedule I) | 10 | | | | |
| 11 | | | e J) | 11 | | | | |
| 12 | | | ns; attach schedule) | 12 | | | | |
| 13 Da | rt II Deductio | 3 throu | igh 12 ot Taken Elsewhere (See instructions fo | 13 | 0. | | | <u> </u> |
| Га | (Except for a | contribu | utions, deductions must be directly connected | d with th | ne unrelated business | | | |
| 14 | Compensation of off | icers, di | rectors, and trustees (Schedule K) | | | | 14 | |
| 15 | | | | | | | 15 | |
| 16 | | | | | | | 16 | |
| 17 | | | | | | | 17 | |
| 18 | | | | | | | 18 | |
| 19 | laxes and licenses | | | | | | 19 | |
| 20 | | | e instructions for limitation rules) | | | | 20 | |
| 21 | | | 562) | | | | 006 | |
| 22 | | | n Schedule A and elsewhere on return | | | | 22b 23 | |
| 23 24 | Contributions to defe | orrad ca | magnestion plane | | | | 24 | |
| 25 | | | mpensation plans | | | | 25 | |
| 26 | | | chedule I) | | | | 26 | |
| 27 | | | hedule J) | | | | 27 | |
| 28 | | | nedule) | | | | 28 | |
| 29 | | | 14 through 28 | | | | 29 | 0. |
| 30 | | | ncome before net operating loss deduction. Subtrac | | | | 30 | 0. |
| 31 | | | ı (limited to the amount on line 30) | | | | 31 | |
| 32 | Unrelated business t | axable i | ncome before specific deduction. Subtract line 31 fr | om line (| 30 | | 32 | 0. |
| 33 | | | y \$1,000, but see line 33 instructions for exceptions | | | | 33 | 1,000. |
| 34 | | | $\ensuremath{\text{income}}$. Subtract line 33 from line 32. If line 33 is | | | | 1 | |
| | line 32 | | | | | | 34 | 0. |

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

13290815 148126 975

Form **990-T** (2017)

| 35 Organizations Taxable as Corporations. See instructions for tax computation. | Part II | Tax Computation | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------|-------------------------------------------------------|--------------------------|---------------------|----------------|----------------|
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) | 35 | Organizations Taxable as Corporations. See instr | ructions for tax computation. | | | | |
| a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) | | Controlled group members (sections 1561 and 156 | 63) check here See instructions | and: | | | |
| (1) | | • | | | | | |
| Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ | | (1) [\$ (2) \$ | (3) \$ | · I | | | |
| California Stack (not more than \$100,000) S | | | | i i | | | |
| C Income tax on the amount on line 34 | | | | | | | |
| Trust Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: | | | | | • | 35c | 0. |
| Tax rate schedule or | 36 | Trusts Taxable at Trust Rates. See instructions fo | or tax computation. Income tax on the amou | unt on line 34 from: | | | |
| 37 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 38 | | | | | | 36 | |
| 38 Alternative minimum tax 38 39 39 39 39 39 39 39 | 37 | | | | | | |
| Tax on Non-Compliant Facility Income. See instructions 39 | | | | | | | |
| Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies | | *************************************** | | | | | |
| ## Part IV Tax and Payments ### Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ### ### ### ### ### ### ### ### ### # | 40 | Total. Add lines 37, 38 and 39 to line 35c or 36, wl | hichever applies | | | | 0. |
| b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 41a through 41d 42 Subtract line 41e from line 40 43 Other taxes. Check if from: | Part IV | Tax and Payments | | | | 1 1 | |
| b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 41a through 41d 42 Subtract line 41e from line 40 43 Other taxes. Check if from: | 41a | Foreign tax credit (corporations attach Form 1118; | trusts attach Form 1116) | 41a | | | |
| c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d | | | | | | | |
| e Total credits. Add lines 41a through 41d 42 Subtract line 41a from line 40 43 Other taxes. Check if from: | С | General business credit. Attach Form 3800 | | 41c | | | |
| e Total credits. Add lines 41a through 41d 42 | | | | | | | |
| 42 Subtract line 41e from line 40 43 Other taxes. Check if from: | | | | | | 41e | |
| 43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 44 Total tax. Add lines 42 and 43 45 a Payments: A 2016 overpayment credited to 2017 | | | | | | | 0. |
| 44 Total tax. Add lines 42 and 43 45 a Payments: A 2016 overpayment credited to 2017 b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136 Other Form 4136 Other Total payments. Add lines 45a through 45g 45 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country? Mere ▶ 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X | 43 | Other taxes. Check if from: Form 4255 | Form 8611 Form 8697 Form | 8866 Other | | | |
| 45 a Payments: A 2016 overpayment credited to 2017 b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136 Other Total payments. Add lines 45a through 45g 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached Form 2439 Overpayment. If line 46 is less than the total of lines 44 and 47, enter amount owed Form 48 Tax due. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Form the amount of line 49 you want: Credited to 2018 estimated tax Form 2439 Enter the amount of line 49 you want: Credited to 2018 estimated tax Form 2430 Form 2450 Form 2430 Form 2 | | | | | , | | 0. |
| b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136 Form 4136 Other Total ▶ 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Definite the amount of line 49 you want: Credited to 2018 estimated tax Refunded 50 Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X | 45 a | | | | | | |
| c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136 f Total payments. Add lines 45a through 45g 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Pefunded 50 Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country 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? X X | | | | | | | |
| d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136 Total payments. Add lines 45a through 45g 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Fefunded 50 Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country 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? X | | | | | | | |
| e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: | ď | Foreign organizations: Tax paid or withheld at sour | ce (see instructions) | 45d | | | |
| f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 2439 Form 4136 Other Form 4136 Form 4136 Other Form 2220 is attached Festimated tax penalty (see instructions). Check if Form 2220 is attached Form 4136 Overpayment. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Form V Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X | | | | | | | |
| g Other credits and payments: Form 2439 Form 4136 Other Total | | | | | | | |
| Form 4136 Other Total > 45g 46 46 Total payments. Add lines 45a through 45g 46 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 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | | | | | |
| Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ | 9 | Form 4136 | Offit 2400Otto | 450 | | | |
| 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ | 46 | | | | | 46 | |
| 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded ▶ 50 Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X | 40 | Fetimated tay negalty (see instructions). Check if F. | form 2220 is attached | | | | |
| 49 0 0 . So Enter the amount of line 49 you want: Credited to 2018 estimated tax ▶ Refunded ▶ 50 Part V Statements Regarding Certain Activities and Other Information (see instructions) 1 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X | | | | | | | 0. |
| The first the amount of line 49 you want: Credited to 2018 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions) | | | | | | | |
| Part V Statements Regarding Certain Activities and Other Information (see instructions) 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Yes No FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here X 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X | | | | | | | <u>.</u> |
| 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country X here ▶ X 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X | | | | | | 1 30 | |
| over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X | | | | - | | | Ves No |
| FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X X | | | | | - | | 103 100 |
| here ▶ X 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X | | • • • • • • • • • • • • • • • • • • • • | | - | • | | |
| 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | · • | anolar 7,000 anto: 11 120, onto: the harne of t | no foreign country | | | X |
| | | · ———————————————————————————————————— | distribution from or was it the grantor of o | or transferor to a fo | reian trust? | | $-\frac{1}{x}$ |
| | | | | i transicior to, a io | roigii trust: | | |
| 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 knowledge and belief, it is true, | | | | d statements, and to the | e best of my knowle | dge and belief | f, it is true, |
| | Sign | correct, and complete. Declaration of preparer (other than | n taxpayer) is based on all information of which prep | parer has any knowledg | _ | | |
| - I I I I I I I I I I I I I I I I I I I | Here | | EXECUT | TIVE DIRE | CTOR " | • | |
| Here Signature of officer Date EXECUTIVE DIRECTOR Title Title May the IHS discuss this return with the preparer shown below (see instructions)? X Yes No | | Signature of officer | Date Title | IIVD DIKE | in | | |
| Print/Type preparer's name Preparer's signature Date Check if PTIN | | Print/Tyne preparer's name | Prenarer's signature | Date | Check | if PTIN | 22 100 110 |
| | D-:-! | Τ του τγρο ριοραίοι ο παιπο | 1 Toparor o Signaturo | Date | | . ' ' ''' | |
| MODDIG G DAVIG TD 00/15/10 D01702056 | | MORRIS C. DAVIS IR | | 08/15/18 | oon omployed | P01 | 702956 |
| NATH CODEED ACCOUNTING CERTIFICES THE SUIT AC ACTAGAS | - | E . NATH CONDUM | | | Firm's FINI | | |
| Use Only Firm's name MAIN STREET ACCOUNTING SERVICES, INC. Firm's EIN 46-4614048 | use O | | | , | I IIIII J LIIV | | |
| Firm's address ► PITTSBORO, NC 27312 Phone no. 919-542-5142 | | I | | | Phone no C | 19-54 | 2-5142 |
| Form 990-T (2017) | | , ,, | | | , | | |

723711 01-22-18

| Schedule A - Cost of Goods | s Sold. Enter | method of inver | ntory v | aluation ► N/A | | | | |
|---------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------|-----------|----------------------------------------------------------------|-----------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------|
| 1 Inventory at beginning of year | | | | Inventory at end of year | | | 6 | |
| 2 Purchases | | | | Cost of goods sold. Su | | | | |
| 3 Cost of labor | | | | from line 5. Enter here | | | | |
| 4a Additional section 263A costs | | | | line 2 | | | 7 | |
| (attach schedule) | 4a | | 8 | Do the rules of section | with respect to | Yes | No | |
| b Other costs (attach schedule) | | | | property produced or a | .cquirec | for resale) apply to | | |
| 5 Total. Add lines 1 through 4b | 5 | | | the organization? | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | l Per | sonal Property L | ease | d With Real Prope | rty) | |
| Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (1) | | | | | | | | |
| <u>(2)</u> <u>(3)</u> | | | | | | | | |
| (4) | | | | | | | | |
| (4) | 2. Rent receiv | ed or accrued | | | | | | |
| (a) From personal property (if the per rent for personal property is more | centage of | (b) From real of rent for | personal | onal property (if the percentage property exceeds 50% or if | ge | 3(a) Deductions directly coolumns 2(a) and | onnected with the income in 2(b) (attach schedule) | |
| 10% but not more than 50%) (1) | | the re | nt is das | ed on profit or income) | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | | 0. | | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | 2(a) and 2(b). En | ter | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | | 0. |
| Schedule E - Unrelated Deb | | Income (see | instru | ctions) | | r arti, ilio o, colariii (b) | | • |
| | | , | 2 | Gross income from | | Deductions directly conne to debt-finance | | |
| 1. Description of debt-fit | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a | adjusted basis allocable to inced property h schedule) | 6 | Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of colum 3(a) and 3(b)) | |
| (1) | | | | % | | | | |
| <u>(1)</u> <u>(2)</u> | | | | 76 % | | | | |
| (3) | | | | % | | | | |
| (4) | | | | % | | | | |
| | 1 | | | /6 | | Enter here and on page 1, Part I, line 7, column (A). | Enter here and on page 1 Part I, line 7, column (B). | |
| Tatala | | | | _ | | 0 • | | _ |
| Totals | | | | > | | <u> </u> | | <u>0.</u> |

Form **990-T** (2017)

| Scr | iedule F - Interest, <i>F</i> | Annuities, | , Royalt | ies, an | | Controlled O | | | itions | see ins | struction | is) | |
|---------------------------------|--------------------------------------|------------------------------------------------|--------------------------------|---------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|----------------|-----------------------------------------------------------------------------------|--|
| Name of controlled organization | | ion | 2. Empidentific | cation | 3. Net unrelated income (loss) (see instructions) | | 4 . Tot | al of specified nents made | 5. Part of column 4 that is included in the controlling organization's gross income | | olling | 6. Deductions directly connected with income in column 5 | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| None | exempt Controlled Organi | ı | | | 1 | | | | | | | | |
| | 7. Taxable Income | | elated incom e instructions | | 9. Total | of specified payr made | nents | 10. Part of column in the controlling gross | | nization's | 11. De with | eductions directly connected in income in column 10 | |
| (1) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| | | | | | | | | Add colun Enter here and line 8, o | | e 1, Part I, | | dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B). | |
| Total | s | | | | | | ▶ | | | 0. | | 0. | |
| Sch | nedule G - Investme | | e of a S | ection | 501(c)(7 | 7), (9), or (| 17) Org | ganization | | | | | |
| | (see insti | ription of incom | e | | | 2. Amount of | income | 3. Deductio directly conne | ected | 4. Set- | asides | 5. Total deductions and set-asides | |
| (1) | | | | | | | | (attach sched | iule) | (| | (col. 3 plus col. 4) | |
| (2) | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| | | | | | | Enter here and Part I, line 9, co | | | | | | Enter here and on page 1, Part I, line 9, column (B). | |
| Total | s | | | | > | | 0. | | | | | 0. | |
| Sch | nedule I - Exploited (see instru | - | ctivity | Incom | e, Other | Than Adv | ertisin | g Income | | | | | |
| | 1. Description of exploited activity | 2. Gro unrelated b income trade or bu | usiness from | directly of with proof un | penses connected oduction related s income | 4. Net incon from unrelated business (co minus colum gain, comput through | I trade or Ilumn 2 n 3). If a e cols. 5 | 5. Gross inco from activity is not unrelat business inco | that ted | 6. Exp attribut colur | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). | |
| (1) | | | | | | | | | | | | | |
| (1) (2) (3) (4) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | |
| | | Enter here page 1, F line 10, co | Part I, ol. (A). | page ' | ere and on 1, Part I, , col. (B). | | | | | | | Enter here and on page 1, Part II, line 26. | |
| Total | s <u>►</u> nedule J - Advertisiı | a Incom | 0. | 4 | 0. | | | | | | | 0. | |
| Pa | | | | | | solidated | Basis | | | | | | |
| | 1. Name of periodical | | 2. Gross advertising income | adv | 3. Direct ertising costs | or (loss) (c col. 3). If a g | tising gain ol. 2 minus ain, compute nrough 7. | 5. Circulatincome | | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). | |
| (1) | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | |
| (1) (2) (3) (4) | | | | | | | | | | | | | |
| | - Assumption Post III P. (ED) | | | $^{-}$ | ^ | | | | | | | | |
| ı otal | s (carry to Part II, line (5)) | ▶ | |). | 0 | • | | | | <u> </u> | | 0 . Form 990-T (2017 | |

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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.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|-----------------------------|------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| 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. | T | | | 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) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | 0. | | |

Form **990-T** (2017)

XDS, INC 68-0582042

| Form 990-T | Net | Operating Loss | Deduction | Statement 1 |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| Tax Year | Loss Sustained | Loss Previously Applied | Loss Remaining | Available This Year |
| 12/31/12 | 4,614. | 0. | 4,614. | 4,614. |
| 12/31/13 | 1,590. | 0. | 1,590. | 1,590. |
| 12/31/14 | 5,661. | 0. | 5,661. | 5,661. |
| 12/31/15 | 5,238. | 0. | 5,238. | 5,238. |
| NOL Carryov | er Available This | 17,103. | 17,103. | |