Form	990
1 Unit	

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 Return of Organization Exempt From Income Tax

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

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

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



AF	or the	2018 calendar year, or tax year beginning and	ending		
B c	heck if pplicable	c Name of organization		D Employer identified	cation number
	Addres	XDS, INC			
	Name change		68-0	582042	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	P.O. BOX 368	919-	656-4395	
	termin- ated			G Gross receipts \$	180,826.
	Amend return	CARRBORD, NC 27510		H(a) Is this a group re	
	Applica	F Name and address of principal officer: THAVAGONAN MATADEV	AN	for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? X Yes No
		empt status: $X = 501(c)(3) = 501(c) () $ (insert no.) $4947(a)(1)$	or 527	If "No," attach a	list. (see instructions)
		e: WWW.XDSINC.ORG		H(c) Group exemption	
		organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 2004 N	State of legal domicile: NC
Pa		Summary			
ė		Briefly describe the organization's mission or most significant activities: \underline{TO} E			
Activities & Governance		WITH MULTIPLE DISABILITIES TO LIVE IN THE			· · · · · ·
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispos			
202				<u> </u>	
ۍ ه		Number of independent voting members of the governing body (Part VI, line 1b)		<u> </u>	
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		0	
tivit		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
		Net unrelated business taxable income from Form 990-T, line 38	<u></u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		5.	15,173.
Revenue		Program service revenue (Part VIII, line 2g)		111,390.	165,653.
vel		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		111,395.	180,826.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		420.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Del		Total fundraising expenses (Part IX, column (D), line 25)	0		
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		133,784.	185,948.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		134,204.	185,948.
		Revenue less expenses. Subtract line 18 from line 12		-22,809.	-5,122.
s or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,086,923.	1,063,499.
Net Assets (21	Total liabilities (Part X, line 26)		319,571.	301,269.
E.S.	22	Net assets or fund balances. Subtract line 21 from line 20		767,352.	762,230.
1 122	ITT II				

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

Sign	Signature of officer		Date								
Here	THAVAGUNAN MAHADEVAN, EXECUTIVE DIRECTOR Type or print name and title										
Paid	Print/Type preparer's name MORRIS C. DAVIS JR.	Preparer's signature Date	7/19								
Preparer	Firm's name MAIN STREET ACCO	UNTING SERVICES, INC.	Firm's EIN ► 46-4614048								
Use Only Firm's address 660 POPLAR FOREST LN PITTSBORO, NC 27312 Phone no.919-54											
May the IRS discuss this return with the preparer shown above? (see instructions)											
832001 12-3	332001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2018) XDS, INC		68-0582042 Page 2
Par	rt III Statement of Program Service Accor	nplishments	
	Check if Schedule O contains a response or note	e to any line in this Part III	X
1	Briefly describe the organization's mission: TO EMPOWER AND ASSIST PEOPLI	E WITH MULTIPLE DISABILITI	ES TO LIVE IN THE
	COMMUNITY OF THEIR CHOICE, A	ACHEIVE PERSONAL RESPONSIB	ILITY, AND GAIN
	AN ENHANCED QUALITY OF LIFE	BY PROVIDING AN ARRAY OF	CLINICALLY
	APPROPRIATE, PERSON-CENTEREI		
2	Did the organization undertake any significant program		
2		ant changes in how it conducts on a program com	ices?
	Did the organization cease conducting, or make signifi- If "Yes," describe these changes on Schedule O.		······································
4	Describe the organization's program service accomplis		
	Section 501(c)(3) and 501(c)(4) organizations are requir	ed to report the amount of grants and allocations to	o others, the total expenses, and
4-	revenue, if any, for each program service reported.	including grants of \$)	(Revenue \$ 165,653.)
4a	(Code:) (Expenses \$160,640 PROVIDE AN ARRAY OF CLINICAI		
	FLEXIBLE TREATMENT, REHABILI	•	-
	-	LIAIION, AND SUPPORT SERVI	CES IO PEOPLE WITH
	MULTIPLE DISABILITIES.		
4b	(Code:) (Expenses \$	including grants of \$)	(Revenue \$)
4c		technic sector of the	
40	(Code:) (Expenses \$	including grants of \$)	(Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of)
4e	Total program service expenses 1	60,640.	
			Form 990 (2018)
832002	2 12-31-18		

Form	<u>990 (2018)</u> XDS, INC 68-0582	042	Р	age 3
Par	t 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)?		37	
-	If "Yes," complete Schedule A	1	Х	v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>x</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	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	-		
Ŭ	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			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		<u></u>
T	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)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZa		12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
D	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		X
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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	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			
	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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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Form	990 (2018) XDS, INC 68-0582	2042	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U		24c		
-1	any tax-exempt bonds?	240 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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? <i>If</i> "Yes," <i>complete Schedule M</i>	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			
00	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			
54		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
u		35b		1
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
07	If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
~~	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	1
Pa	Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
r a	Check if Schedule O contains a response or note to any line in this Part V			
	Check II Schedule O contains a response of hote to any line in this Part V			
		-	Yes	No
1a		2		
b		<u>੫</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Form **990** (2018)

	990 (2018) XDS, INC 68-0582	042	Pa	age 5						
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
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 2a 0									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>						
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			1						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country: ►									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1						
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1						
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1						
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
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										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b										
	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									
с										
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									

	990 (2018) XDS, INC		68-058	2042	P	age 6		
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for	a "No" re	espons	e		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.					v		
Sec	Check if Schedule O contains a response or note to any line in this Part VI					X		
000	tion A. doverning body and Management				Vaa	Ne		
10	Enter the number of voting members of the governing body at the end of the tax year	1a	I	4	Yes	No		
Ia	Enter the number of voting members of the governing body at the end of the tax year			-				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other	-				
_	officer, director, trustee, or key employee?		-	2		х		
3	Did the organization delegate control over management duties customarily performed by or under the							
			•	3		х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9					Х		
5	Did the organization become aware during the year of a significant diversion of the organization's ass			· – – – – – – – – – – – – – – – – – – –		Х		
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 ap							
	more members of the governing body?			7a		х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st							
	persons other than the governing body?			7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea							
а	The governing body?	-	-	8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b		Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)					
			,		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	es," d	escribe					
	in Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14	Х			
15	Did the process for determining compensation of the following persons include a review and approva	by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b	Х			
	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 arrangen	nent w	ith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	'S					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3	3)s only) a	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain	in Scl	nedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	flict o	interest policy, ar	nd financ	ial			
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records 🕨					
	THAVAGUNAN MAHADEVAN - 919-656-4395							
	P.O. BOX 368, CARRBORO, NC 27510							
832006	12-31-18			Form	990	(2018)		
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Form 990 (2	2018) XDS, INC	68-0582042	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	pensated	
	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 Comple	te this table for all persons required to be listed. Beport compensation for the calendar year ending with	or within the organization's	s tax vear

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.

 X
 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

 (A)
 (B)
 (C)
 (D)
 (E)

(A)	(B)	(C)					(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)				s both	n an	compensation	compensation	amount of		
	week							ector/trustee)		from	from related	other
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the		
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related		
	below	lual tr	tional		nploy	st con yee	L			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) TIMOTHY SCHRAND	1.00	_			×	1 0	<u> </u>					
PRESIDENT		х		x				0.	0.	0.		
(2) JAY MILLER	1.00											
TREASURER		х		x				0.	0.	0.		
(3) CAROL VANDERZWAGG	1.00											
TRUSTEE		х						0.	0.	0.		
(4) ELIZABETH ROSSI	1.00											
TRUSTEE		х						0.	0.	0.		
(5) THAVA MAHADEVAN	10.00											
EXECUTIVE DIRECTOR		х						0.	0.	0.		
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Form 990 (2018) XDS , INC									68-05	82042	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an						(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other
	(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) f org ar	appensation rom the ganization d related anizations
1b Sub-total c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.		0.	0.0.0.
2 Total number of individuals (including but n compensation from the organization ►							o re	eceived more than \$100,	000 of reportable		0 Yes No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				-		-		•		3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual		4	x
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." corr										5	x
Section B. Independent Contractors			<u> </u>		2013					1 -	
1 Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensation fr	om
(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices		C) ensation
							_				
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	l to t	thos (ted	above) who received mo	ore than		
¥										Form	990 (2018)

		(2018) XDS, INC			68-0582	042 Page 9
Par	τν					
		Check if Schedule O contains a response or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		aFederated campaigns1abMembership dues1bcFundraising events1cdRelated organizations1deGovernment grants (contributions)1efAll other contributions, gifts, grants, and similar amounts not included above1f				
onti od C		g Noncash contributions included in lines 1a-1f: \$	15 172			
<u> ö</u> ö		h Total. Add lines 1a-1f	15,173.			
Program Service Revenue		a PROGRAM FEES - PRIVATE 624100 b FARM REVENUE 111000 c	164,121. 1,532.	164,121. 1,532.		
am		d				
Progra	1	e f All other program service revenue	165,653.			
	3	g Total. Add lines 2a-2f Investment income (including dividends, interest, and	103,033.			
	4 5	other similar amounts) Income from investment of tax-exempt bond proceeds Royalties				
	l	(i) Real (ii) Personal a Gross rents				
	7 :	a Gross amount from sales of assets other than inventory b Less: cost or other basis				
		and sales expenses c Gain or (loss)				
Other Revenue	8	a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a				
the	I	b Less: direct expenses b				
		c Net income or (loss) from fundraising events				
		a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b				
		c Net income or (loss) from gaming activities				
	10 :	a Gross sales of inventory, less returns and allowances a				
ļ		b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code				
ŀ	11 :					
		b				
		d All other revenue				
		e Total. Add lines 11a-11d				
	12	Total revenue. See instructions	180,826.	165,653.	0.	0.
832009			-	· · ·		Form 990 (2018)

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
0	Payroll taxes				
1	Fees for services (non-employees):				
a	Management	272.		272.	
b	Legal				
c	Accounting	4,488.		4,488.	
d		1/1001		1,1001	
	Lobbying Professional fundraising services. See Part IV, line 17				
e 4					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
~	column (A) amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	566.		566.	
3	Office expenses	500.		500.	
4	Information technology				
5	Royalties	20 770	20 770		
6		20,779.	<u>20,779.</u> 1,785.		
7	Travel	1,785.	1,785.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	4 4 4 4 4 4	44 484		
0	Interest	14,174.	14,174.		
1	Payments to affiliates	10 050			
2	Depreciation, depletion, and amortization	19,956.			
3	Insurance	9,773.	9,773.		
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	01 226	91,336.		
a	OUTSIDE SERVICES	91,336. 11,860.	11,860.		
b					
с	AUTOMOTIVE	3,341.	3,341.		
d	EQUIPMENT MAINTENANCE	2,209.	2,209.		
е	All other expenses	5,409.	5,383.	26.	
5	Total functional expenses. Add lines 1 through 24e	185,948.	160,640.	5,352.	
6	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 (2018) XDS , INC Part IX Statement of Functional Expenses

		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualifi	ied perso	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3	3)(B), and contributing			
		employers and sponsoring organizations of secti	on 501(c	:)(9) voluntary			
S		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
۶	8	Inventories for sale or use			8		
	9					9	
	10a	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	228,061.	853,285.	10c	833,329.	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	15,181.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	1,086,923.	16	1,063,499.		
	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 F			21		
ŝ	22	Loans and other payables to current and former	officers,	directors, trustees,			
Liabilities		key employees, highest compensated employees					
abi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelate	ted third	parties	319,571.	23	301,269.
	24	Unsecured notes and loans payable to unrelated	l third pa	rties		24	
	25	Other liabilities (including federal income tax, pay	ables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			319,571.	26	301,269.
		Organizations that follow SFAS 117 (ASC 958)	, check	here 🕨 🚺 and			
ŝ		complete lines 27 through 29, and lines 33 and	d 34.				
DCe	27	Unrestricted net assets			767,352.	27	762,230.
ala	28	Temporarily restricted net assets				28	
d B	29	Permanently restricted net assets				29	
Fund Balances		Organizations that do not follow SFAS 117 (AS	check here				
		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or	32	Retained earnings, endowment, accumulated inc	come, or	other funds		32	
ž	33	Total net assets or fund balances			767,352.	33	762,230.
	34	Total liabilities and net assets/fund balances			1,086,923.	34	1,063,499.
							Form 990 (2018)

(B) End of year

214,989.

(A) Beginning of year

229,638.

4,000.

1 2

3

4

2

5

XDS, INC

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

1 Cash - non-interest-bearing

4 Accounts receivable, net

trustees, key employees, and highest compensated employees. Complete

Loans and other receivables from current and former officers, directors,

Savings and temporary cash investments 3 Pledges and grants receivable, net

Part XI Reconciliation of Net Assets Check If Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part IX, column (A), line 12) 1 2 1 85, 948. 2 1 85, 948. 3 -5, 122. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 Net unrealized gains (losses) on investments 5 6 6 -7 7 8 Pior period adjustments 6 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)) 10 762, 230. Part XII Financial Statements and Reporting 10 762, 230. Check if Schedule O contains a response or note to any line in this Part XII		990 (2018) XDS, INC	68-058	2042	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1880,826. 2 Total expenses (must equal Part IX, column (A), line 25) 2 1855,948. 3 Revenue less expenses. Subtract line 2 from line 1 3 -5,122. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 767,352. 5 Net unrealized gains (losses) on investments 6 - 6 7 - - 7 8 - - - 8 0 9 0. - 9 0. 9 0. - 10 Net assets or fund balances (explain in Schedule O) 9 0. 9 0. - 8 - 9 0. - - - 10 Net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances (explain in Schedule O) 9 0. 11 Accounting method used to prepare the Form 990: C Cash Accrual Other 11 Accounting method used to prepare the Form 990:	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 185, 948. 3 Revenue less expenses. Subtract line 2 from line 1 3 -55, 122. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 767, 352. 5 Net unrealized gains (losses) on investments 6 - 6 7 - - 7 8 Prior period adjustments 6 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)) 10 762, 230. Yes No 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: X Cash Accrual Other - If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 Both consolidated and separate basis 2b <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th>.<u></u></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI	. <u></u>			
2 Total expenses (must equal Part IX, column (A), line 25) 2 185, 948. 3 Revenue less expenses. Subtract line 2 from line 1 3 -55, 122. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 767, 352. 5 Net unrealized gains (losses) on investments 6 - 6 7 - - 7 8 Prior period adjustments 6 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)) 10 762, 230. Yes No 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: X Cash Accrual Other - If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 Both consolidated and separate basis 2b <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
3 Revenue less expenses. Subtract line 2 from line 1 3 -5,122. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 767,352. 5 Bonated services and use of facilities 5 6 7 8 7 8 9 Other changes in net assets or fund balances (explain in Schedule 0) 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)) 10 762,230. Part XII Financial Statements and Reporting 10 762,230. Check if Schedule O contains a response or note to any line in this Part XII 1 762,230. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1f "Yes," check ab box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. consolidated basis Both consolidated and separate basis. 2b X 1f "Yes," check ab x below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis Both conso	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 767,352. 5 Net unrealized gains (losses) on investments 5 6 0onated services and use of facilities 6 7 8 9 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) 762, 230. Part XII Financial Statements and Reporting 10 762, 230. Part XIII Financial Statements and Reporting 10 762, 230. 10 Accounting method used to prepare the Form 990: X Cash Accrual Other 11 ft 'res, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis 2a X 11 ft 'res, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X 11 ft 'res,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 15 Separate basis<	2	Total expenses (must equal Part IX, column (A), line 25)	2			
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)) 762,230. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Accounting method used to prepare the Form 990: X Cash Accrual Other	3	•		- 5	,12	<u>22.</u>
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 0) 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)) 10 762,230. Part XII Financial Statements and Reporting 10 762,230. Check if Schedule O contains a response or note to any line in this Part XII 10 762,230. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization is financial statements compiled or reviewed by an independent accountant? 2a X If "Yees," 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: 2a X If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yees," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yees," check a box below to indicate whether the financial st	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		767	, 35	52.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E)) 10 762,230. Part XII Financial Statements and Reporting 10 762,230. Check if Schedule O contains a response or note to any line in this Part XII 10 762,230. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 2a X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X If "Yes," to line 2a or 2b, doe	5	Net unrealized gains (losses) on investments	5			
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)) 10 762,230. Part XII Financial Statements and Reporting 10 762,230. Check if Schedule O contains a response or note to any line in this Part XII 10 762,230. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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. Doth consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 10 2b X if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 0 0 2b X b Were the organization's financial statements and selection of an independent accountant? 2b X if	6	Donated services and use of facilities	6			
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)) 10 762,230. Part XII Financial Statements and Reporting	7	Investment expenses	7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 762,230. Part XII Financial Statements and Reporting	8		8			
column (B) 10 762,230. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the 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 Donolidated basis, or both: 2b X 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: 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements and selection of an independent accountant? 2c 2c 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 or audites as et forth in the Single Audit 2c 2c <tr< th=""><th>10</th><th>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,</th><th></th><th></th><th></th><th></th></tr<>	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII Yes 1 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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, or both: 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 Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X 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: 2b X 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 Schedule O. 3a 3a X b b''Ye	_		10	762	, 23	<u> </u>
1 Accounting method used to prepare the Form 990: X Cash Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: X Cash Accrual Other Other Image: Cash Accrual Other Image: Cash Accruation Item Actine Image: Cash Accruation Item Accountacti		Check if Schedule O contains a response or note to any line in this Part XII		·····		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2c 2c 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 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 3a					Yes	No
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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X 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: 2b X 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: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2c X 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 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit 3a X b If	1					
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consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	b			2b	_	<u> </u>
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Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b						
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or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3a		<u> </u>
	b					
		or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Form **990** (2018)

SCHEDULE A	SC	HE	DL	JLE	Α
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(Form	990	or	990-EZ)
	550		550 LZ

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.

4947(a)(1) nonexemptional reactions
 Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Attach to Form 990 or Form 990-EZ. Open to Publ Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection							Open to Public Inspection			
Nan	ne of t	he organizati		de le minisiger					Employer	identification number
		5	XDS,	INC						8-0582042
Pa	rt I	Reason			All organizations must co	omplete thi	is part.) Se	e instructions		
The	organ	ization is not a	a private found	ation because it is: (I	For lines 1 through 12, cl	heck only o	one box.)			
1		A church, co	nvention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical res	search organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and stat								
5					lege or university owned	l or operat	ed by a go	vernmental u	nit describe	d in
e				Complete Part II.)	antal unit described in	contion 17	70/6//4//4/	()		
6 7	H			-	nental unit described in a					while described in
'		-		omplete Part II.)	ntial part of its support fr	on a gove			ie general p	
8					(1)(A)(vi). (Complete Par	+ II)				
9	\square	-			in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college
-					ulture (see instructions).					
		university:		,			·····, ··· ,	,		
10	X		ion that norma	lly receives: (1) more	than 33 1/3% of its supp	port from c	contributio	ns, membersł	nip fees, an	d gross receipts from
		activities rela	ted to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment
		income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	ion organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).		
12		An organizati	ion organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	rry out the	ourposes of one or
		more publicly	/ supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section !	5 09(a)(3). C	heck the box in
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а					upervised, or controlled	• • •	-			
			-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
		-		complete Part IV, Se						
b				-	or controlled in connect			•		•
			-	t complete Part IV,	anization vested in the sa	ame perso	ns that col	ntroi or manag	ge the supp	ιοπεα
с		-			g organization operated	in connect	tion with a	and functional	ly intograto	d with
C	L		-). You must complete I				ly integrate	u with,
d		¬ · · ·	-		orting organization oper				ted organiz	ation(s)
			-		ation generally must sat				-	
			-		nplete Part IV, Sections	•		-		
е		Check this	box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	/ integrated, or	Type III non-function	nally integrated supportin	ng organiz	ation.			
f	Ente	er the number	of supported o	organizations						
<u> </u>				about the supporte		(iv) is the oras	anization listed			
	(i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)
		organization	•		above (see instructions))	Yes	No			
Tota	ıl									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 15

Schedule A (Form 990 or 990-EZ) 2018 XDS, INC Part II Support Schedule for Organization

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.)

<u>5e</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	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	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
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.						
Se	ction B. Total Support					•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	.						
	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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Per	rcentage				
	Public support percentage for 2018 (I		-			14	%
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-				
k	33 1/3% support test - 2017. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2018. If the orç	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check tl	nis box and stop	here. Explain in Pa	art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶∟
ł	10% -facts-and-circumstances test	- 2017. If the orç	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the						e
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17		and see instructions	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

Schedule A (Form 990 or 990-EZ) 2018 XDS, INC 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	ection A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")			15,500.	5.	15,173.	30,678.	
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	142,498.	208,843.	194,099.	111,395.	180,826.	837,661.	
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 furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	142,498.	208,843.	209,599.	111,400.	195,999.	868,339.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	Add lines 7a and 7b						0.	
	Public support. (Subtract line 7c from line 6.)						868,339.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 6	142,498.	208,843.	209,599.	111,400.	195,999.	868,339.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	-8,828.	-8,937.	32,627.			14,862.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	-8,828.	-8,937.	32,627.			14,862.	
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.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	133,670.	199,906.	242,226.	111,400.	195,999.	883,201.	
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 sectior	1 501(c)(3) organiza	ition,	
Sec	ction C. Computation of Publi	c Support Per	centage					
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	<u>98.32 %</u>	
	Public support percentage from 2017					16	<u>97.74</u> %	
	ction D. Computation of Inves							
17	Investment income percentage for 20			ne 13, column (f))		17	1.68 %	
18	· •					18	2.26 %	
19a	33 1/3% support tests - 2018. If the	-						
_	more than 33 1/3%, check this box ar						► X	
b	33 1/3% support tests - 2017. If the							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th				
83202	23 10-11-18				Sche	edule A (Form 990	or 990-EZ) 2018	

07300717 148126 975

1

2

3a

Yes No

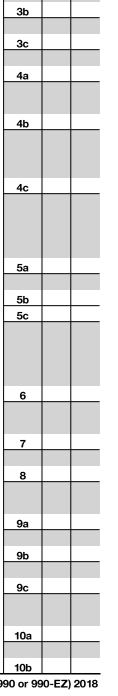
Part IV Supporting Organizations

(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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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 (as 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 disgualified 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.)

832024 10-11-18



Schedule A (Form 990 or 990-EZ) 2018

			Yes	No
44	Lies the exercited product of all an exercise the following persons?		res	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)	44-		
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	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. tion B. Type I Supporting Organizations	11c		Ĺ
Jec	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		<u> </u>
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		
Sec	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		
Sec	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	votional		
2	Activities Test. Answer (a) and (b) below.	uctions)	Yes	No
∠ a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	110
a	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	2a		
L	that these activities constituted substantially all of its activities.	Zđ		
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	01-		
~	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</i> Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		L
832025	5 10-11-18 Schedule A (Form 99	90 or 99	0-EZ)	2018

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	(Form 990 or 990-EZ) 2018 XI			
Part V	Type III Non-Functiona	Ily Integrated 509(a)(3) Supporting	Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	ections A through E.	
Sect	ion 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		
Sect	ion 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		
C	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		
Sect	ion 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI Supplement	tal Information	Durid
Schedule A (Form 990 or 99	90-EZ) 2018 XDS,	INC

Section D, lines 5, 6, and 8; and Part V	b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, ; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, /, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)	
28 10-11-18	Schedule A (Form 990 or 990-EZ) 2018
	22

Department of the Treasury

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.



Internal Revenue Service Name of the organization

Employer identification number

Hum	XDS, INC		68-0582042		
Pa		er Similar Funds or			
	organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Donor a	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 ass	ets held in donor advised f	funds		
	are the organization's property, subject to the organization's exclusive legal con	trol?	Yes No		
6	Did the organization inform all grantees, donors, and donor advisors in writing the	nat grant funds can be use	ed only		
	for charitable purposes and not for the benefit of the donor or donor advisor, or	for any other purpose con-	ferring		
D.	impermissible private benefit?				
Pa			t IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that a				
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historic			
	Protection of natural habitat	Preservation of a certified	d historic structure		
-	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation c	ontribution in the form of a			
_	day of the tax year.		Held at the End of the Tax Year		
a L	Total number of conservation easements				
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (
с С	Number of conservation easements included in (c) acquired after 7/25/06, and r		20		
d			2d		
3	listed in the National Register				
Ū	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year				
4	Number of states where property subject to conservation easement is located	•			
5	Does the organization have a written policy regarding the periodic monitoring, ir				
	violations, and enforcement of the conservation easements it holds?				
6					
	▶				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, a	nd enforcing conservation	easements during the year		
	▶\$				
8	Does each conservation easement reported on line 2(d) above satisfy the requir	ements 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 expense stat	tement, and balance sheet, and		
	include, if applicable, the text of the footnote to the organization's financial state	ements that describes the	organization's accounting for		
Der	conservation easements. t III Organizations Maintaining Collections of Art, Historica	Tressures or Other	r Cimilar Acceta		
Pa			r 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 repo				
	historical treasures, or other similar assets held for public exhibition, education,	or research in furtherance	of public service, provide, in Part XIII,		
L	the text of the footnote to its financial statements that describes these items.	ite kevenue etetement en	d balance abact works of ort bistorical		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in traceurse, or other similar assets held for public exhibition, education, or research				
	treasures, or other similar assets held for public exhibition, education, or researce relating to these items:	shift furtherance of publics	service, provide the following amounts		
	5		¢		
	 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 				
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other sin				
~	the following amounts required to be reported under SFAS 116 (ASC 958) relati	•			
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$		
	Assets included in Form 990, Part X				
-					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D	(Form	990)	2018

	dule D (Form 990) 2018 XDS , IN						68-05			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, o	r Other	r Simila	r Assets	(contir	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of	the following tha	t are a sig	gnificant u	se of its c	ollection	items	
	(check all that apply):									
а	Public exhibition	c		exchange progra						
b	b Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co		•	-			se in Part	XIII.		
5	During the year, did the organization solicit of				er similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiz	zation answered	"Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							٦		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
	5 · · · · ·							Amoun		
с	Beginning balance									
a	Additions during the year									
e 4	Distributions during the year									
f	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.						····· ∟]
Par						10.				<u></u>
		(a) Current year	(b) Prior yea			(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance				io buon	(ouro suon	(0) ! 00!	jouro	Juon
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1g, colum	in (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are he	ld and administe	red for th	e organiza	ation	r		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza			R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or c	• •	Cost or other		ccumulate	ed	(d) Boo	< value	э
		basis (investr	nent) D	asis (other)	de	preciation		26	1 0/	00
	Land			<u>261,000.</u>		100 11	70		$\frac{1}{2}, 0($	
b	Buildings			691,390.		122,1	14.	203	9,23	го.
	Leasehold improvements			100 000	-	105 00	0		2 1 -	1 1
d	Equipment			109,000.		105,88	• • •		3,11	<u>L T •</u>
	Other							0.2	2 2'	20
Iota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, column (B), li</u>	ne 10c.)					3,32	

Schedule D (Form 990) 2018

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 XDS , INC		68-0582042 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	I2a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

OMB No. 1545-0047 18 Open to Public Inspection Employer identification number

XDS, INC 68-0582042

LINE 1, FORM 990, PART I, 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.

LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III,

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.

Schedule O (Form 990 or 990-EZ) (2018)

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization XDS, INC	Employer identification number 68-0582042
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT (OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC W	UPON REQUEST.
832212 10-10-18 Sche	edule O (Form 990 or 990-EZ) (2018)

Form 990-T	IE		nded to nove nization Bus				ax Return		OMB No. 1545-0687
	(and proxy tax under section 6033(e))							2010	
	For calendar year 2018 or other tax year beginning, and ending						·	2018	
Department of the Treasury Internal Revenue Service	hal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						4	Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed		Name of organization (Check box if name cl	hanged a	and see instructior	ıs.)		(Empl	yer identification number oyees' trust, see ctions.)
B Exempt under section	Print	XDS, INC						6	8-0582042
X 501(c)(3)	[000](C)(J) $[-000](C)(J)$ $[-000](C)(J)$							ted business activity code	
408(e) 220(e)	408(e) 220(e) P.O. BOX 368							Ì	
408A 530(a) 529(a)	529(a) CARRBORO, NC 27510 53							531	110
Book value of all assets at end of year F Group exemption number (See instructions.) 1,063,499. G Check organization type X 501(c) corporation 401(a) true									
1,063,4	99.	G Check organization type	e 🕨 🛛 🛛 501(c) corp	oration			401(a	,	Other trust
H Enter the number of the	•		· · · · · · · · · · · · · · · · · · ·	1			ne only (or first) ur		
		EE STATEMENT					omplete Parts I-V.		
		ice at the end of the previou	is sentence, complete Pal	rts i and	II, complete a Scr	nequie in	A for each addition	al trade	or
business, then complete		-v. ooration a subsidiary in an a	offiliated aroun or a paren	t-cubeid	liany controlled are	2		Ye	s X No
		tifying number of the paren		11-200210	nary controlled gro	Jup:	····· •	16	
J The books are in care of					T	elephor	ne number 🕨 9	19-	656-4395
		de or Business Inc			(A) Income		(B) Expenses		(C) Net
1a Gross receipts or sale	es								
b Less returns and allow	wances		c Balance ►	1c					
2 Cost of goods sold (S	Schedule	A, line 7)		2					
3 Gross profit. Subtract				3		_			
		h Schedule D)		4a		_			
		art II, line 17) (attach Form		4b		_			
		sts		4c		-			
		ship or an S corporation (at		5		-			
		ne (Schedule E)		7					
		nd rents from a controlled of		8					
		on 501(c)(7), (9), or (17) or	•	9					
		me (Schedule I)	• (/	10					
		e J)		11					
12 Other income (See in:	structior	ns; attach schedule)		12					
13 Total. Combine lines	s 3 throu	gh 12		13		0.			
		ot Taken Elsewher							
		utions, deductions must	•					<u> </u>	
		rectors, and trustees (Sche						14	
								15 16	
								17	
18 Interest (attach sche	edule) (s	ee instructions)						18	
								19	
20 Charitable contributi	ions (See	e instructions for limitation	rules)					20	
		562)							
		n Schedule A and elsewhere						22b	
								23	
		mpensation plans						24	
								25	
26 Excess exempt expe	enses (So	chedule I)						26	
27 Excess readership c28 Other deductions (at	USIS (SC Hack oct	hedule J)						27 28	
		nedule) 14 through 28						28	0.
								30	0.
							31		
	-	ncome. Subtract line 31 fro	-	-		,		32	0.
823701 01-09-19 LHA F									Form 990-T (2018)

Form 990-	T (2018) XDS, INC			68-058	32042	Page 2
Part I	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trade	es or businesses	(see instructions)		33	0.
34	Amounts paid for disallowed fringes		. ,		34	
35	Deduction for net operating loss arising in tax years beginning before January	35	0.			
36	Total of unrelated business taxable income before specific deduction. Subtract					
	lines 33 and 34	36				
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptic				37	1,000.
38	Unrelated business taxable income . Subtract line 37 from line 36. If line 37					,
	enter the smaller of zero or line 36	0	,		38	0.
Part I	V Tax Computation					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income					
10	Tax rate schedule or Schedule D (Form 1041)		40			
41	Proxy tax. See instructions				41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instructions				43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44	0.
Part					++	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		45a			
-Ja b					-	
c					-	
-	Credit for prior year minimum tax (attach Form 8801 or 8827)				-	
					450	
е 46	o				45e 46	0.
	Subtract line 45e from line 44 Other taxes. Check if from: Form 4255 Form 8611 Form 8	Eorm		r (attach schedule)		0.
47				,	47	0.
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, colum		1 1		49	0•
	Payments: A 2017 overpayment credited to 2018				-	
	2018 estimated tax payments				-	
	Tax deposited with Form 8868				-	
	Foreign organizations: Tax paid or withheld at source (see instructions)				-	
	Backup withholding (see instructions)				-	
	Credit for small employer health insurance premiums (attach Form 8941)		50f		-	
g	Other credits, adjustments, and payments: Form 2439					
	Form 4136 Other					
	Total payments. Add lines 50a through 50g				51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount				53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter a	amount overpaid	1		54	
55 Part V	Enter the amount of line 54 you want: Credited to 2019 estimated tax Statements Regarding Certain Activities and Oth	or Informat		lefunded	55	
				,		
56	At any time during the 2018 calendar year, did the organization have an intere-	-		-		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yo		•			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," en	iter the name of i		у		v
F7	here	the suggester of a		ieneine truct0		
57	During the tax year, did the organization receive a distribution from, or was it	the grantor of, o	or transferor to, a f	oreign trust?		
50	If "Yes," see instructions for other forms the organization may have to file.	nor Þ ¢				
58	Enter the amount of tax-exempt interest received or accrued during the tax ye Under penalties of perjury, I declare that I have examined this return, including accompar		statements and to t	he best of my knowle	dae and belief	it is true
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all inform				age and bener,	110 400,
Here		EVECIU	יסדת סעדת			cuss this return with
	Signature of officer Date		FIVE DIR		ne preparer shownstructions)?	
		, 1100	Data			X Yes No
_	Print/Type preparer's name Preparer's signature		Date		if PTIN	
Paid			07/17/19	self- employed		702956
Prepa						4614048
Use (Only Firm's name ► MAIN STREET ACCOUNTING S 660 POPLAR FOREST LN	JULATCED	, INC.	Firm's EIN 🕨	40-	±014040
	Firm's address FITTSBORO, NC 27312			Phone no.	010. EA	2-5142
823711 01						orm 990-T (2018)
023111 01	-09-19 31	0			FO	mi 330-1 (2018)
	5	v				

XDS, INC

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

FUTURE INCOME BASED RESIDENTIAL RENTAL

TO FORM 990-T, PAGE 1

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12 12/31/13	4,614. 1,590.	0.	4,614. 1,590.	4,614. 1,590.
12/31/14 12/31/15	5,661. 5,238.	0. 0.	5,661. 5,238.	5,661. 5,238.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	17,103.	17,103.