WESTBROOK & CO., P.C.

Certified Public Accountants

749 Driskill Drive Richmond, MO 64085 816-776-3584 18 North Folger Carrollton, MO 64633 660-542-0102

April 22, 2020

BSDS, Inc. 1815 E 63rd Street Kansas City, MO 64130

Dear Roger:

We have prepared the following tax returns for BSDS, Inc.. Please review each return and contact us if you have any questions. If not, please execute and file as set forth below.

FEDERAL - FORM 990

Your Form 990 for the year ended 6/30/19 will be electronically filed with the Internal Revenue Service, which you authorized by providing a signed Form 8879-EO - IRS *e-file* Signature Authorization for an Exempt Organization. No tax is payable with the filing of this return.

Sign the IRS e-file Authorization and return to us no later than May 15, 2020.

PUBLIC INSPECTION COPY

Lastly, we have enclosed a copy of the Form 990 to make available for public inspection. An organization is required to provide a copy of its annual return for the last three years upon request. Please note that if the organization is required to file a Schedule B - Schedule of Contributors, then it is required to be included in the copy made for public inspection. However, the name and address of each contributor may be omitted.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Westbrook & Co., P.C.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

2018

OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service

For calendar year 2018, or fiscal year beginning 7/01 2018, and ending 6/30 20 19

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

For Paperwork Reduction Act Notice, see back of form.	Form 8879-EO (2018)
Do Not Submit This Form to the IRS Unless Requeste	
ERO Must Retain This Form — See Instruction	
ERO's signature	Date 04/22/20
Information for Authorized IRS e-file Providers for Business Returns.	MODELLI POR MARCEL)
indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , I	
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for	or the ergenization
	Do not enter all zeros
number (EFIN) followed by your five-digit self-selected PIN.	43148943148
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
Part III Certification and Authentication	
Officer's signature	Date > 04/22/20
If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulated the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	ulating charities as part of
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 20	18 electronically filed return
ERO to enter my PIN on the return's disclosure consent screen.	
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at	• •
on the organization's tax year 2018 electronically filed return. If I have indicated within this return that	
ERO firm name	Enter five numbers, but do not enter all zeros
I authorize to enter	, ,
,	
Officer's PIN: check one box only	
resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	for the organization's
involved in the processing of the electronic payment of taxes to receive confidential information necessary to a	
Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize	e the financial institutions
financial institution account indicated in the tax preparation software for payment of the organization's federal return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the t	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct	
the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refun	•
organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or	- , ,
are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the c	• •
organization's 2018 electronic return and accompanying schedules and statements and to the best of my known	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a	copy of the
Part II Declaration and Signature Authorization of Officer	
5a Form 8868 check here b Balance Due (Form 8868, line 3c)	5b
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5	5) 4b
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
2a Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9)	2b
1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 9,300,335
the applicable line below. Do not complete more than one line in Part I.	- 1-1-1-1, a Ç - 1.1
leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the	•
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if all check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with the	
Part Type of Return and Return Information (Whole Dollars Only)	for the set of the set
PRESIDENT	
Name and title of officer ERIC SIPES	
BSDS, INC.	43-1851910
Name of exempt organization	Employer identification number

Form

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information. 07/01/18 , and ending For the 2018 calendar year, or tax year beginning 06/30/19

OMB No. 1545-0047 2018

Open to Public Inspection

В	Check if applicable:	C Name of organization						D Employe	er identification number				
	Address change		BSDS, INC. Doing business as BROOKSIDE CHARTER SCHOOL 43-1851910										
	Name change	Doing business as							.851910				
\sqcap	Initial return	1815 E 63F	P.O. box if mail is not deliven	ed to street address)		Room/suite	E Telephor	ne number -531-2192				
	Final return/		rovince, country, and ZIP or t	oreign postal code				010	331-2132				
	terminated	KANSAS CIT	ry .	MO 6413	0			• 0	eipts \$ 9,318,458				
Ш	Amended return	F Name and address of p		110 0415			T	G Gross rec	eps				
	Application pending	ROGER OF	FIELD				H(a) is this a gr	oup return for s	subordinates? Yes X No				
		1	3RD STREET				H(b) Are all sub	ordinates incli	uded? Yes No				
		KANSAS C		MO	64130				(see instructions)				
	Tax-exempt status:	X 501(c)(3)		(insert no.)	4947(a)(1) or	527							
J		ROOKSIDECH		(moore no.)	404) (a)(1) bi	321	H(c) Group exe	umntion numbe					
_	Form of organization:		Trust Association	Other >		1 \	Year of formation: 2		M State of legal domicile: MO				
2000000	nanata mananananan	ımmary	71000	Other P		<u> </u>	real of formation.		I M State of legal domicile. 1440				
200000			on's mission or most s	ionificant activi	ities:								
a		SCHEDULE O		ngriinoarit dollar									
Š													
Ē	*		• • • • • • • • • • • • • • • • • • • •		,								
Activities & Governance	2 Check thi	is box ▶ if the o	rganization discontinu	ed its operation	ns or disposed of	more than 25%	of its net asset	. , , , , ,					
ري مع	3 Number of		the governing body (F					l _	7				
Se			members of the gove			• • • • • • • • • • • • • • • • • • • •			7				
Ě	5 Total nun	nber of individuals en	nployed in calendar ye	ar 2018 (Part \	√. line 2a)			5	134				
Ę		nber of volunteers (es						1 ~	14				
•			nue from Part VIII, col	umn (C), line 1	3			·	0				
			e income from Form 9						0				
-							Prior Ye	аг	Current Year				
ā	8 Contributi	ions and grants (Part	VIII, line 1h)			<i></i>		1,792	586,816				
euc	9 Program service revenue (Part VIII, line 2g)							3,971	8,666,277				
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							2,280	65,365				
<u></u>								8,076					
			rough 11 (must equal		nn (A), line 12)		7,82	6,119	9,300,335				
			aid (Part IX, column (A				. <u> </u>		0				
			rs (Part IX, column (A)						0				
Ş			employee benefits (P		(A), lines 5–10)		5,92	8,357	6,224,392				
Expenses		-	(Part IX, column (A), li						0				
Š.			art IX, column (D), line			0							
			mn (A), lines 11a–11d					4,226					
			17 (must equal Part I)		ine 25)			2,583	9,112,270				
		less expenses. Subti	ract line 18 from line 1	2				6,464	188,065				
ance ance	20 Total assi	ets (Part X, line 16)				}	Beginning of Cu	1,010	End of Year 4,511,133				
Net Assets or Fund Balances	21 Total liabi	lities (Part X, line 26)						5,063	427,121				
Net L	22 Net asset	•	Subtract line 21 from li					5,947	4,084,012				
**********	**********	gnature Block	Subtract line 2 F Holli II	ne 20		I	3,03	J, J . 7	7,007,012				
111,71111			ave examined this return	including accor	onanvina echadulae	and statements	and to the best of	F my knowlo	dae and halief it is				
tru	e, correct, and co	mplete. Declaration of p	preparer (other than office	er) is based on a	ll information of whic	ch preparer has a	and to the best of any knowledge.	i iliy knowlei	uge and belief, it is				
			· · · · ·					I					
Sig	n F s	ignature of officer						Date					
Her	I .	ERIC SIPES	S			PRESI	DENT						
	-	ype or print name and title	-										
	Print/Type	preparer's name		Preparer's signa	ture		Date	Check	if PTIN				
Paid	LEA AN	N O'BRIEN		Ī				self-em	·				
Prep	parer Firm's nan		FBROOK & CO)., P.C.			·	irm's EIN 🕨	43-1628835				
Use	Only		DRISKILL D					mark F					
	Firm's add		HMOND, MO	64085-1	608		5	hone no,	816-776-3584				
May			preparer shown above						X Yes No				
			he separate instruction						Form 990 (2018)				

	8) BSDS,			43-1851	1910	Page
Part III			Service Accomplis		1	Г
1 Briefly de		cnedule O co anization's mission		or note to any line in this Part II]	<u></u> L
	CHEDULE		JII.			
7					***********	
*	•••••		• • • • • • • • • • • • • • • • • • • •	•••••	•••••••••••••	••••••
* * * * * * * * * * * * * * * * * * * *			***************************************			
2 Did the c	organization und	dertake any signi	ficant program services d	during the year which were not listed on	ı the	
•	m 990 or 990-E					∐ Yes X ı
		new services on				
		ase conducting,	or make significant change	es in how it conducts, any program		
services"		changes on Sch				Yes X
		_		r each of its three largest program servi	ices, as measured by	
				uired to report the amount of grants and		
			for each program service	=		
		_				
4a (Code:		penses \$	7,381,434 inc	luding grants of \$) (Revenue \$	8,666,27
				NAL INSTITUTION SER	VING 667 ENROL	LED
STUDE	ITS FROM	I GRADES	KINDERGARTEN	N THROUGH EIGHT.	• • • • • • • • • • • • • • • • • • • •	
	•••••					
	• • • • • • • • • • • • • • • • • • • •					,
*						***************
*******		• • • • • • • • • • • • • • • • • • • •	,			
* * * * * * * * * * * * * * * * * * * *		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
) (Exp	penses \$	inc	Sluding grants of \$) (Revenue \$	
4b (Code: N/A) (Exp	penses \$	inc	luding grants of \$) (Revenue \$	
) (Exp	penses \$	inc	luding grants of \$) (Revenue \$	
) (Exp	penses \$	inc	sluding grants of \$) (Revenue \$	
) (Exp	penses \$	inc	luding grants of \$) (Revenue \$	
) (Exp	penses \$	inc	luding grants of \$) (Revenue \$	
) (Exp	penses \$	inc	Sluding grants of \$) (Revenue \$	
) (Exp	penses \$	inc	Sluding grants of \$) (Revenue \$	
) (Exp	penses \$	inc	Sluding grants of \$) (Revenue \$	
) (Exp	penses \$	inc	Sluding grants of \$) (Revenue \$	
) (Exp	penses \$	inc	Sluding grants of \$) (Revenue \$	
N/A) (Revenue \$	
N/A		penses \$		Sluding grants of \$) (Revenue \$	
N/A						
N/A						
N/A						
N/A						
N/A						
N/A						
N/A 4c (Code:						
N/A 4c (Code:						
N/A 4c (Code:						
4c (Code:						
N/A 4c (Code:						
N/A 4c (Code: N/A) (Exp		incl			
N/A 4c (Code: N/A 4d Other pro (Expense) (Exp	penses \$ (Describe in Sch	incl	luding grants of \$) (Revenue \$	

Form 990 (2018) BSDS, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l''''
	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	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124	71	
~		12b	x	
13	to the appointing a school described in section 470/EV/4V/AV(000 (60V = 2 countries Octobril), F	13	$\frac{1}{x}$	
14a	Did the graphing maintain an office applicage as assisted while the thirty Control	14a		x
ь	Did the organization maintain an office, employees, or agents outside or the Onlied States? 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		X
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	1	X
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 (see instructions)	17		<u> </u>
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	\prod	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
<u> </u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

DAA

	and we checklist of Required Schedules (continued)				1,,	Т
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	on			Yes	No
	Part IV calumn (A) line 22 if "Ven " complete Schodule I. Borte Land III			22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				1	+
	organization's current and former officers, directors, trustees, key employees, and highest compensated					
	employees? If "Yes," complete Schedule J			23	x	
24a						1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24b				
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
C	make the contract of the contr					
	to defease any tax-exempt bonds?			24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	benefi	it			
				25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	•				
	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					1
	disqualified persons? If "Yes," complete Schedule L, Part II			<u>26</u>	-	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					,,
00	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):			200		X
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>				+-	 ^
b	Schedule L, Part IV			28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member ther	 anti			+	
•	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	•		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule				 	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. Par	t I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	·			Ì	
	complete Schedule N, Part II			32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula					
	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,					
	or IV, and Part V, line 1			34	X	
35a	Did the expenientian have a controlled ontity within the manning of anotice E40/h)/40/0			0.5-		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			4		
	related organization? If "Yes," complete Schedule R, Part V, line 2			36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Par			37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b	and				.
	19? Note. All Form 990 filers are required to complete Schedule O.			38	X	<u> </u>
	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V			<u></u>	Var	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ا ۱۵	31		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	0			
· c	Did the organization comply with backup withholding rules for reportable payments to vendors and	LID	<u> </u>			
	reportable garning (gambling) winnings to prize winners?			1c	X	******
	. A Married Married and A kine unused					0 (2018)

Pa	statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			<u> </u>	ugu v
				Constitution	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	134			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	*****
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth		•			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account, and the securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a bank account in a foreign country (such as a bank account in	count)?	?	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 Acco	unts (I	FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?				X
C	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			-		-U-
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions of			6a		X
b	gifts were not tax deductible?	זנ		e b		
7	Organizations that may receive deductible contributions under section 170(c).			6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	lo.				
a	and services provided to the payor?	12		7a	*********	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · · · · · ·		7a		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	• • • • • • •			- 1	
•	required to file Form 8282?			7c		
d	If "Voc." indicate the number of Forms 9393 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra			7e		00000000000
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b					
	sponsoring organization have excess business holdings at any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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				
þ	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1		12a		************
. b	•	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
þ	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	13b		<u></u>		
C	Enter the amount of reserves on hand	13c		44-		<u>~~~</u>
14a h	Did the organization receive any payments for indoor tanning services during the tax year?					<u> </u>
-b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	-+	<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration					v
	excess parachute payment(s) during the year?			15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	^		4.5		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment income in the section 4968 excise tax on net investment in the section 4968 excise tax on the section 4968 excise tax on net investment in the section 4968 excise tax on the section 496	ome?		16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.				000	1 /2040

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? x 13 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PAUL GREENWOOD 4049 PENNSYLVANIA KANSAS CITY MO 64111 415-359-3995

DAA

Form 990 (2018)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the orga	nization nor any	ation nor any related organization compensated any current officer, director, or trustee.										
(A) Name and Title	week box (list any offic		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)		organization and related organizations			
(1)VICKI MILLER	1.00											
TREASURER	0.00	X		X			0	0	0			
(2) LARRY EHREN	1.00											
BOARD MEMBER	0.00	X					0	0	0			
(3) SHERRY TWYMAN	1.00											
SECRETARY	0.00	X		X			0	0	0			
(4) ERIC SIPES												
PRESIDENT	1.00	x		x			o	o	o			
(5) JASON LASALLE	0.00	^		~	\vdash	 	U	<u> </u>	U			
(5) UASON HADALILE	1.00											
BOARD MEMBER	0.00	x					0	0	.0			
(6) KIVA DENNIS	1.00											
BOARD MEMBER	0.00	x					0	0	0			
(7) KRAIG KOHRING	1.00			•								
VICE PRESIDENT	0.00	x		x			o	0	o			
(8) ROGER OFFIELD												
<u></u>	40.00					.	160 500	· .	00.400			
SUPERINTENDENT	0.00			X		 	160,599	0	29,430			
(9)												
(10)												
				-					·			
(11)		·										

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

		Check if Schedule	O conf	tains a i	response o	or note to any line i	in this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
환화	1a	Federated campaigns	1a						
iar	b	Membership dues	1b						
₹"	С	Fundraising events	1c		43,694				
#in	đ	Related organizations	1d						
%	е	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants,							
		and similar amounts not included above	1f		543,122				
<u> </u>	а	Noncash contributions included in lines 1a	$\overline{}$						
ago	h	Total. Add lines 1a-1f				586,816			
ě					Busn. Code				
en/	2a	GOVERNMENT FUNDING			611710	8,281,135	8,281,135		
Re	b	OTHER PROGRAM INCOM	œ.		611710		385,142		
<u>i</u> ce	С	• • • • • • • • • • • • • • • • • • • •				•	•		
Šerv	d	* * * * * * * * * * * * * * * * * * * *							
Ē	е								
gra	f	All other program service reve							· · · · · · · · · · · · · · · ·
P		Total. Add lines 2a-2f				8,666,277			
	3	Investment income (including				,			
		and other similar amounts)				65,365			65,365
Other Revenue Contributions, Gifts, Grants and Other Similar Amounts	4	Income from investment of tax							
	5	Royalties	· · · · · · · · · ·						
		(i) Real			Personal				
	6a	Gross rents							
	b	Less: rental exps.							
	С	Rental inc. or (loss)							
	d	Net rental income or (loss)			🕨				
	7a	Gross amount from		Other					
		other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
	c	Gain or (loss)							
	d	Net gain or (loss)	<u>.</u>						
as a	8a	Gross income from fundraising eve	nts						
ğ		(not including \$ 43,	694						
ě		of contributions reported on line 1c).						
<u>بر</u> ج		See Part IV, line 18	a						
the	b	Less: direct expenses	b[18,123				
٠		Net income or (loss) from fund		vents	<u></u>	-18,123			
	9a	Gross income from gaming activities							
		See Part IV, line 19	a						
		Less: direct expenses	ԵԼ						
		Net income or (loss) from gam	ing activ	ities	·				
	10a	Gross sales of inventory, less							
		returns and allowances	a						
		Less: cost of goods sold	b_						
	С	Net income or (loss) from sale Miscellaneous Revenue	s of inve	ntory	Busn, Code				
	11a				Eden. Code				
	b	*							-
	ο .								
	d	All other revenue			-				
	e	T 4-1 A 11 P AA AA 1							
	12	Total revenue. See instruction				9,300,335	8,666,277	0	65,365

Form 990 (2018) BSDS, INC. Part IX Statement of Functional Expenses

∍ction 501(c)(3) and 501(c)(4) organizations must com	iplete all columns. All other or	ganizations must com	plete column (A)
-------------------------------	--------------------------	----------------------------------	----------------------	------------------

0000	Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	4,950,995	4,400,901	550,094							
8	Pension plan accruals and contributions (include										
_	section 401(k) and 403(b) employer contributions)	507,477	451,092	56,385							
9	Other employee benefits	387,169	336,093	51,076							
10	Payroll taxes	378,751	336,669	42,082							
11	Fees for services (non-employees):	,	•								
а	Management										
b		47,346		47,346							
C	Accounting	8,288		8,288							
d		,		, , , , , , , , , , , , , , , , , , , ,							
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees				- .						
g											
9	(A) amount, list line 11g expenses on Schedule O.)										
12	Advertising and promotion										
13	Office expenses	66,394		66,394							
14	Information technology			, , , , , , , , , , , , , , , , , , ,							
15	Royalties										
16	Occupancy	826,964	787,287	39,677							
17	Travel	,	,	•							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	2,689		2,689							
21	Payments to affiliates			<u> </u>							
22	Depreciation, depletion, and amortization	162,636		162,636							
23	Insurance	62,654		62,654							
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O.)										
а	OTHER PURCHASED SERVICES	1,140,118	713,154	426,964							
b	FOOD SERVICE	207,617		207,617							
C	SUPPLIES	186,042	181,329	4,713							
d	EDUCATIONAL MATERIALS	103,052	103,052								
e	All other expenses	74,078	71,857	2,221	· .						
25	Total functional expenses. Add lines 1 through 24e	9,112,270	7,381,434	1,730,836	0						
26	Joint costs. Complete this line only if the										
	organization reported in column (B) joint costs										
	from a combined educational campaign and fundraising solicitation. Check here ▶ if			•	v						
_	following SOP 98-2 (ASC 958-720)	·		·							
DAA		•			Form 990 (2018)						

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,022,451 2,519,370 Cash—non-interest bearing 1 Savings and temporary cash investments 1,121,599 1,142,498 Pledges and grants receivable, net 3 Accounts receivable, net 18,952 22,578 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule Ł Notes and loans receivable, net 191,607 215,074 Inventories for sale or use Prepaid expenses and deferred charges 113,411 41,259 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation 10b 732,990 10c 570,354 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 4,201,010 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,511,133 16 236,617 416,788 Accounts payable and accrued expenses 17 17 18 Grants payable 18 1,632 19 Deferred revenue 1,632 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, 22 iabilities. trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 66,814 23 8,701 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 305,063 26 26 Total liabilities. Add lines 17 through 25 427,121 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 3,895,947 4,084,012 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 5 complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 3,895,947 4,084,012 33 4,201,010 4,511,133 Total liabilities and net assets/fund balances

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.

Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

BODG THE

Employer identification number

			BSDS, INC.				43~185	1910		
P	nt l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	S.		
The	orga	nization is not	a private foundation because	it is: (For lines 1 through 12, che	ck only o	ne box.)				
1		A church, co	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).			
2	X	A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form s	990 or 99	0-EZ).)				
3	П			e organization described in secti).			
4	П			in conjunction with a hospital des	•		•	ital's name.		
	L	city, and state						· · · · · · · · · · · · · · · · · · ·		
5		•		a college or university owned or	operated	by a gove	ernmental unit described in	***************************************		
			(b)(1)(A)(iv). (Complete Part		-,	,				
6				···, vernmental unit described in sec	tion 170	b)(1)(A)(v).			
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8				70(b)(1)(A)(vi). (Complete Part II	1.)					
9	Ħ			ribed in section 170(b)(1)(A)(ix)		Lin coniu	oction with a land-grant college			
_	L_J			f agriculture (see instructions). Er						
10			on that normally receives; (1)	more than 33 1/3% of its suppor	rt from co	ntributions	s. membership fees, and gross	**********************		
	_			ot functions—subject to certain ex						
				d unrelated business taxable inco			11 tax) from businesses			
	$\overline{}$, 1975. See section 509(a)(2). (-	-				
11	Ц			xclusively to test for public safety						
12		-	-	xclusively for the benefit of, to pe						
				ations described in section 509(a at describes the type of supportin						
	_							g.		
	а			rated, supervised, or controlled b er to regularly appoint or elect a r						
				er to regularly appoint or elect a remplete Part IV, Sections A and		i ille dilec	tors or trustees or the			
	b			ervised or controlled in connection		supporte	d organization(s) by having			
	-			ing organization vested in the sar						
			ion(s). You must complete		•		3			
	C	Type III 1	functionally integrated. A su	apporting organization operated is	n connect	ion with, a	and functionally integrated with,			
		its suppo	rted organization(s) (see insti	ructions). You must complete P	Part IV, Se	ections A	, D, and E.			
	d			A supporting organization opera)		
				organization generally must satis						
	_			ust complete Part IV, Sections						
	е			ived a written determination from functionally integrated supporting			rype i, rype ii, rype iii			
	f		nber of supported organizatio		J J					
	g		ollowing information about the					• • • • • • • • • • • • • • • • • • • •		
(1)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of		
	org	janization		(described on lines 1–10		ır governing	support (see	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
		•			Yes	No				
(A)					ļ					
/D\										
(B)										
(0)						<u> </u>				
(C)								•		
/D1						<u> </u>				
(D)						·				
(E)				· · · · · · · · · · · · · · · · · · ·	ļ					
(E)				1						
.							·			

	(Complete only if you che Part III. If the organization	cked the box o rfails to qualify	n line 5, 7, or 8 under the tests	of Part I or if the listed below a	ne organization	failed to qualify	under
Sec	tion A. Public Support	rians to quality	didei tile test	s listed below, j	olcase complete	artin.,	
	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 organization'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						
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						
	tion B. Total Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, 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 instructions)	*****			12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	h, or fifth tax year a	as a section 501(c)(3	3)	
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·			▶
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6,	column (f) divided l	by line 11, column	(f))			%
15	Public support percentage from 2017 Sche	• •				15	%
16a	33 1/3% support test—2018. If the organi	zation did not chec	k the box on line 13	3, and line 14 is 33	1/3% or more, chec	k this	
	box and stop here. The organization qualif					***************************************	▶ L
b	33 1/3% support test—2017. If the organi						
	this box and stop here. The organization q	ualifies as a publicl	y supported organi	zation			▶
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meets Part VI how the organization meets the "fac	8. If the organization the "facts-and-circumstand and circumstand and circumst	on did not check a l sumstances" test, c ces" test. The organ	oox on line 13, 16a heck this box and s nization qualifies as	, or 16b, and line 14 stop here. Explain i s a publicly supporte	is n d	
b	organization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization r	7. If the organization of the state of the organization of the org	on did not check a l d-circumstances" t	oox on line 13, 16a est, check this box	, 16b, or 17a, and lir and stop here.	ne	
18	Explain in Part VI how the organization mee supported organization			- · · · · · · · · · · · · · · · · · · ·		•	>

Schedule A (Form 990 or 990-EZ) 2018 BSDS , INC .

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

	-	1,1,1	
(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	on fails to qualify under	the tests listed below, please complete Part II.)

Sec	ction A. Public Support	quality under t	ne tests listed t	ciow, piease c	omplete rait ii.	· <i>)</i>		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 20°	8	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(1)	(1)	(-)		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							,
	Add lines 7a and 7b							
8 	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
9	Amounts from line 6						-	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,			· ·				
	and 12.)	L						
14	First five years. If the Form 990 is for the			-		•		
Sec	organization, check this box and stop here tion C. Computation of Public Su							
<u> </u>	Public support percentage for 2018 (line 8,			(f)			15	<u> </u>
16	Public support percentage from 2017 Sche	dule A Part III line	15	(9)		• • • • • • • • • • • • • • • • • • • •	16	
	tion D. Computation of Investme	nt Income Per	centage				101	
17	Investment income percentage for 2018 (lir			column (fl)			17	%
18	Investment income percentage from 2017 S		Kee 47				18	<u>%</u>
19a	33 1/3% support tests—2018. If the organ				ore than 33 1/3%,		 _	
	17 is not more than 33 1/3%, check this box							▶ 🗍
b	33 1/3% support tests—2017. If the organ							· · · · · · · · · · · · · · · · · · ·
	line 18 is not more than 33 1/3%, check this							
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	b, check this box a	and see instructions		-,	> [

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		T
	Yes	No
1		
	**********	**********
		(C)
2		

3a		

3b		
***************************************		**************************************
3с		

4a	0000000000000	
4h		ļ
*****	00000000000000	

4c		L
E-		
5a	************	
5b		
5c		
6	ĺ	

_	000000000000000000000000000000000000000	*************
7		
***********		**********
_ 8		
i		
I		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	A-2002000000000000000000000000000000000	v.cccc/1 000000 000
9a		
9a		
9a		
9a 9b		
9a 9b		
9a 9b		
9a 9b 9c		

### Supporting Organizations (continued) 11 Has the arganization accepted a gift or combistation from any of the following personn? 2 A possion with directly originative corrous, either allows or grapher with personal described in (b) and (c) the lower of the person of the person of cognitive with personal described in (b) and (c) the lower of the personal pe	Schedu	ule A (Form 990 or 990-EZ) 2018 BSDS , INC .	43-1851910	Page 5
11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or addrectly controls, either allone or toped the persons described in (b) and (c) below, the governing body of a supported organization? 11 b A family member of a person described in (a) above? 11 b A family member of a person described in (a) above? 2 A 35% controlled entify of a person described in (a) articly above? If "Yes" to a, b, or c, provide detail in Part VI. 11 b I b I b I b I b I b I b I b I b I b	Par			
14 Has the organization accepted a gift or contribution from any of the following paramon? A person with defectly or districtive controls, alter all controls of the supported organization? A family marrise of a person described in (a) above? C. A. 35% controlled entity of a person described in (a) and (b) below? C. A. 35% controlled entity of a person described in (a) and (b) above? C. A. 35% controlled entity of a person described in (a) or (b) above? C. A. 35% controlled entity of a person described in (a) or (b) above? D. Old the directors, trustees or or memberable of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors or trustees at all times during the tax year? If the "C. describe in Part VI how the supported organizations can be extended or any appoint or electrols organized or controlled the organization and which conditions or establishes. If the organization have then one supported organization, describe how the powers to general soft entitle and organization and which conditions or establishes, if any, appaled to such powers during the tax year. D. Life the organization person for the benefit of any supported organization of the organization of the organization of any appointed organization of the supporting organization or trustees during the tax year also a majority of the organization of the organization of the organization or trustees during the tax year (is a volve) of the propalization and supported organization or trustees of which of the supported organization organizatio				Yes No
a A person who decelly or indirectly controls, either allone or begother with persona described in (b) and (c) below, the powering body of a supported organization? 1	11	Has the organization accepted a gift or contribution from any of the following persons?		
below, the governing body of a supported organization? b A family member of a person described in (a) port (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 110 Section B. Type I Supporting Organizations 1 Did the directors, martiese, or membership of one or more supported organizations have the power to regularly appoint or elect all beats a majority of the organization directors or trustees at all times during the tax year? If "No," describe in Part VI how the authorities or the authorities or described the authorities or the controlled the organization and the controlled and regularities and testiles. If the organization had more than one supported organization, describe how the provise to appoint aridor remove directors or trustees were allocated among the authorities or controlled the organization aridor remove directors or trustees were allocated among the authorities or controlled the authorities or trustees were allocated among the authorities or controlled the authorities or trustees were allocated among the authorities or controlled the authorities or trustees were allocated among the authorities or described to a programation of the trust the supported organization of the trustees or apported organization and the supported organization (and the year) and are year. 2 Did the organization ported for the benefit of any supported organization of the trustees of a programation of the purposes of the authorities of the authorities and the supported organization (a). 3 Event an amgority of the organization's directors or frustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization (b). If "No" describe in Part VI now control or management of the supported organization's authorities or the advantagement of the supported organization's authorities or the organization organization and the organization organization was useful in the same persons that controlled or managed the authorities organization and the organization organiz				
b. A family member of a person described in (1g) above? 6. A 39% convolved entitly of a genom described in (1g) of (1g) above? If "Yea" to a, b, or a, provide detail in Part VI. 10. Section B. Type I Supporting Organizations 11. Did the directora, trustees, or remaheship of one or more supported organizations have the power to require dependent of the companion of the compan	_		112	
section B. Type II Supporting Organizations 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 lax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the lax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the lax year? If "No," describe in Part VI how the supported organization are supported organization, describe how the powers to appoint another. If we are present to a supported organization and what continues or restrictions, if any, applied to such powers during that tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization organization of the than the supported organization of organization of the purposes of the supported organization of the than the supported organization of orecommend or contributed the supporting organization or contributed the supporting organizations. 1 Were a majority of the organization's supported organization's apported organization's under the supporting organization was vested in the same persons that controlled or managed the supported organization's tax year, (a) a copy of the Form 980 that was most tecentry field as of the organization's tax year, (a) a copy of the Form 980 that was most tecentry field as of the organization's under the organization's provided to organiza	h			
1. Did the directors, trustees, or nemberahip of one or more supported organizations have the power to regularly appoint or elect at least a majority of the angular a				
1 Did the directors, mastees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a mignity of the organization's directors or trustees at all times during the tax year? If "No 'describe har Part V how the supported organization's directors or trustees at all times during the tax year? If "No 'describe har Part V how the supported organization during the tax year and the provision and what contribution or restrictions or insulses were allocated among the supported organization and what contribution or restrictions. If any, applied to accept that the supported organization of the than the supported organization organization or supported organization organization of the than the supported organization organization or contributed organization or contributed the supported organization organization or contributed organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organizations' directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organizations' or trustees of each of the organization's upported organizations' or trustees of each of the organization's supporting organization's upported organization's or trustees of each of the organization's supporting organization's upported organization's organization's supporting organization's upported organization's tax year, (i) a validation or supporting organization's organization's supported organization's supported organization's supported organization's supported organization's organization's organization's organization's organization's organization's organization's organization's organiza			11c	
1 Did the directors, instales, or membership of one or more supported organizations have the power to pregularly appoint or elect all tests at majority of the organization of control of the organization and the power to the power to the power to the properties of the organization of the organization and what conditions or respitions, if any, applied organization, describe how the power to the popular and/or remove directors or insulated usual properties or any applied organizations and what conditions or respitions, if any, applied to such power adminy the tax year. 2 Did the organization operated for the benefit of any supported organization ofter than the supported organization of the benefit of any supported organization of the than the supported organization of the thin benefit of any supported organization of the thin the supported organization of the thin the supported organization. 2 Did the organization provide to each of the supporting organizations. 3 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or hustess during the tax year also a majority of the directors or frustees of each of the organization's supported organization(a)? If 'No,' describe in Part VI how control or management of the supported organization was vested in the same persons that controlled or managed the supported organization organizations and the supported organization's possible organization's tax year, (i) a virition notice describing the type and amount of support provided during the prior tax year, (i) a virition notice describing the type and amount of support provided during the prior tax year, (ii) a virition notice describing the type and amount of support provided during the prior tax year, (ii) a virition notice describing the type and amount of support provided during the prior tax year, (ii) a virition notice describing the type and the supported organization's governing documents in effect on the date of ordification, to the each ordification, and (iii) the prior tax y	Sect	ion B. Type i Supporting Organizations		
regularly appoint or elect at least a migrory of the organization's directors or trustees at all times during the tax year? If No," describe the Part VI how the supported organization (elective) operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers is appoint and/or remove directors or trustees were allocated among the supported organization and what contilious or restrictions, if any, applied to supported organization than the supported organization, benefit of any supported organization than the supported organization, speriture, or controlled the supporting organization ("Yes," explain in Part V how providing such benefit curried out the purposes of the supported organization() that operated. Section C. Type II Supporting Organizations 1. Were a majority of the organization's directors or trustees during the tax year also a singlerly of the directors or trustees of each of the organization's supported organization(s)? If Yo," describe in Part VI how control or ranagement of the argonization graginization was vested in the same persons that controlled or managed by a supported organization was vested in the same persons that controlled or managed by a supported organization was vested in the same persons that controlled or managed by a supported organization was vested in the same persons that controlled or managed by a supported organization was vested in the same persons that controlled or managed by a supported organization of the organization was vested in the same persons that controlled or managed by a supported organization was vested in the same persons that controlled or managed by a supported organization or the organization was vested organization and the properties of the organization or the organization or solices described in the same persons that controlled or organization and the organization was vested in the same persons that control organization and continuous variation and supported organiz			***************************************	Yes No
tax year? If 'No,' describe in Part VI how the supported organization (s) effectively operated, supervised, or contributed the organization sand what conditions or exteriorism, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization other than the supported organization of the supported, 2 Section C. Type II Supporting Organizations 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 supporting organizations. 2 Section D. All Type III Supporting Organizations 3 Section D. All Type III Supporting Organizations 4 I Did the organization provide to each of its supported organizations, by the list day of the fifth month of the organization is at year, (i) a virtle motive describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization in effect on the date of notification, to the extent not previously provided? 3 By reason of the relationship described in (2), did the organization's supported organizationship with the supported organization's income or assets at all times during the lax year? If "Yes," describe in Part VI how the organization was respons	1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint audior remove discultors or furtises were shoceded among the supported organization perate for the benefit of any supported organization than the supported organization's perate for the benefit of any supported organization than the supported organization's perated for the benefit of any supported organization than the supported. 2 bid the organization operate for the benefit of any supported organization than the supported. 3 supported, or controlled the supporting organization (**Yes** explain in Part** V how providing such benefit carried out the purposes of the supported organization(s) that operated. 5 Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or inustees 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 supporting organization was vested in the same persons that controlled or managed the supported organization specific organization is supported organizations as the supported organization of the supporting organization was vested in the same persons that controlled or managed the supported organization is supported organizations is to year. (I) a written notice describing the type and amount of support provided during the prior tax year. (I) a written notice describing the type and amount of support provided during the prior tax year. (I) a written notice describing the type and amount of support provided uring the prior tax year. (I) a written notice describing the type and amount of support to year. (I) a copy of the organization spondized organization is supported organization and organization organization and very the organization organization was very the organization organization and organizati		regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
describe how the powers to appoint and/or remove directives or trustees were allocated among the supported organizations and what conditions are districtions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported. 2 Did the organization operate for the benefit of any supported organization of the fram the supported. 3 Section C. Type II Supporting Organizations. 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; if the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organizations was vested in the same persons that controlled or managed the supported organizations was vested in the same persons that controlled or managed the supported organizations was vested in the same persons that controlled or managed the supported organizations was vested in the same persons that controlled or managed the supported organizations or the supported organizations tax year, (i) a copy of the Form 990 that was most recently filed as of the data of notification, and (ii) copies of the organization's governing documents in effect on the data of notification, to the extent not previously provided? 2 Were any of the organization's discoust, or itrustees either (i) appointed or elected by the supported organization's provided or elected by the supported organization's provided organization's supported organization's have a significant viole in the organization's decircles of the comparization's supported organization's have a significant viole in the organization's activities that it in		tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated, supervised, or controlled the supporting organization of the result of the the purposes of the supporting organization of the result of the purposes of the supporting organization of the result of the supporting organizations. Section C. Type II Supporting Organizations 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 managed in the supporting organization was visited in the same persons that controlled or managed in the supported organization organization, but the supported organization organization was visited in the same persons that controlled or managed in the supported organization organization, but the supported organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a copy of the Form 960 that was most recently filed as of the date of notification, and (iii) copies of the organization's poverning documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization on the restriction on the dated notification, to the extent not previously provided? 3 By reason of the relationship on the governing policionship with the supported organization's (a) and the organization's income or assets all tillines during the tax year? If 'Yes,' describe in Part VI have part VI have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets all tillines during the tax year? If 'Yes,' describe in Part VI have part of the organization satisfied the Activities Test. Complete line 2 below. 1 Chock the box next to the method t		controlled the organization's activities. If the organization had more than one supported organization,		
2 Did the organization operated for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated. 2 Section C. Type II Supporting Organizations 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 was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization or tax year, (i) a correct pill of each of the type and amount of support provided during the prior tax year, (i) a correct pill of each of the date of notification, and (iii) ocles of the organization's powering documents in effect on the date of notification, and (iii) ocles of the organization's offices, directors, or trustees either (i) appointed or elected by the supported organization or assets at all times during the tax year? 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant violos in the organization was investment policies and in directing the use of the organization's and supported organizations have a significant violos in the organization was investment policies and in directing the use of the organization and income or assets at all times during the tax year? If 'Yea, 'explain in Part VI how the progranization is during the tax year? If 'Yea, 'explain in Part VI thow the progranization is activities organization was responsely of those supported organizations and violos in the organization was responsely of those supported organizations and		describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
2 Did the organization operated for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization(s) that operated. 2 Section C. Type II Supporting Organizations 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 was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization or tax year, (i) a correct pill of each of the type and amount of support provided during the prior tax year, (i) a correct pill of each of the date of notification, and (iii) ocles of the organization's powering documents in effect on the date of notification, and (iii) ocles of the organization's offices, directors, or trustees either (i) appointed or elected by the supported organization or assets at all times during the tax year? 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant violos in the organization was investment policies and in directing the use of the organization's and supported organizations have a significant violos in the organization was investment policies and in directing the use of the organization and income or assets at all times during the tax year? If 'Yea, 'explain in Part VI how the progranization is during the tax year? If 'Yea, 'explain in Part VI thow the progranization is activities organization was responsely of those supported organizations and violos in the organization was responsely of those supported organizations and		organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
regarization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part Will how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or instees 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 in supported organization provide to each of its supported organizations, by the list day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) 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? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization of the relational product on the governing object of any other organization of the relational product organization in the relational product organization in the organization of the relational production of the organization is uncome or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization satisfied the Activities Test. Complete time 2 below. The organization supported a governmental entity. Describe in Part VI the role the organization's Bottom E. Type III Functionally-integrated Supporting Organizations The organization supported a governmental entity. Describe in Part VI the role the organization's Bottom E. Type III Functionally-integrated Supporting Organizations The organization satisfied the Activities Test. Complete tine 2 below. The organization is provide	2			
Vicinity providing such benefit carried out the purposes of the supported organizations) Vestion C. Type II Supporting Organizations				
Section C. Type II Supporting Organizations 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 II be supported organization was vested in the same persons that controlled or managed II be supported organization provide to each of its supported organizations. Section D. All Type III Supporting Organizations				
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 organizations. Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's efficers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization in Part VI how the organization maintained a close and continuous working relationship with supported organization's income or assests at all times during the tax year? If "Pos." describe in Part VI the role the organization's income or assests at all times during the tax year? If "Pos." describe in Part VI the role the organization's supported organization's income or assests at all times during the tax year? If "Pos." describe in Part VI the role the organization's supported organization share a significant voice in the organization risk that the supported organizations and the supported organization share a supported organization share a supported organization share and the supported organization share and the supported organization was the supported organization's income or assests at all times during the tax year? If "Pos." describe in Part VI the role described in Part VI the organization share and the supported organization was responsive? If "Pos." special time 3 below. 1 Check the box next to the method that the organization used to sa		, , , , , , , , , , , , , , , , , , , ,	2	
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(e)? If 'No,' 'describe in Part W how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization of the supported organizations. 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 copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or frustees either (i) appointed or elected by the supported organization(e) or (ii) excripa 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). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significent voice in the organization is reported organizations have a supported organization shave a supported organization shave a supported organization shave in 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 Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization line? 2 below. 2 The organization is the parent of each of its supported organizations. Complete line 3 below. 3 The organization is organization and explain how these activities directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported	Secti			
or trustees of each 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). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a 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 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (i) 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 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 supported organization's supported organization's played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's supported organization's involvement, one or more of the organization was responsive to those supported organization's in	-	on or type it experimed organizations		Von No
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 organizations. 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, (i) a copy of the Form 990 that was most recently fleet as of the date of notification, and (iii) copies of the organization's operating documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or frustees either (i) appointed or elected by the supported organization's provided? 3 Were any of the organization between the organization supported organization's provided? 3 By reason of the relationship described in (2), did the organization's with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's with the supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organization supported organization's played in this regard. 3 Section E. Type III Functionally-integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 2 Activities Test. Answer (a) and (b) below. 3 Did the organization is attivited that the organization was responsive? If "Yes," then in Part VI identify these supported organization's activities during the tax year directly further the exempt purposes of the supported organization or satisfied organization was responsive? If "Yes," then in Part VI identify these supported organization is activities during the tax year directly further the exempt purposes. 4 Did the organization was responsive to	4	Ware a majority of the ergonization's directors of trustees during the toy year also a majority of the directors		res NO
or management of the supporting organizations Section D. All Type III Supporting Organizations 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a very fine form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organizationshave a significant voice in the organization's investment policies and in directing the use of the organization's supported organization's played in this regard. 3 Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities during the tax year directly furthered their exempt purposes, how the organizations and explain how these activities during the tax year directly furthered their exempt purposes, how the organization's supported organization's activities that these activities cons	1			
the supported organization(s). Section D. All Type III Supporting Organizations Yes No				
Section D. All Type III Supporting Organizations 1		· · · · · · · · · · · · · · · · · · ·		
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustese either (i) appointed or genetated 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). 3 By reason of the relationship described in (2), did the organization's purported organization's as 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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 4 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 5 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 6 C The organization satisfied the Activities Test. Complete line 2 below. 7 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 8 Check the box next to the method that the organization in Part VI how you supported a government entity (see instructions). 9 Check the box next to the method that the organization was responsive? If "Yes," then in Part VI identify those supported organizations and			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, (i) a copy of the Form 990 that was most recently field as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (ii) or (ii) serving on the governing body of a supported organization's in "Yo," explain in Part VI how the organization and intended a close and continuous working relationship with the supported organization(s). 2 Were any of the relationship described in (2), did the organization's involvement organization with the supported organization(s). 2 By reason of the relationship described in (2), did the organization's supported organization's involvement organization's involvement organization's involvement organization's supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). 2 Activities Test. Answer (a) and (b) below. 3 Did substantially all of the organization and explain how these activities of in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. 3 Did the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization is provide organizations, and how the organization determined that these activities described in (a) constitute activities that, but for th	Secti	on D. All Type III Supporting Organizations		
organization's tax year, (i) a vritten 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 officers, directors, or trustees either (i) appointed or elected by the supported organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's organization's officers, directors, or trustees either (i) appointed or elected by the supported organization's organization's organization's organization's organization's organization's organization's the organization's the organization's organization's organization's the organization's organization's organization's organization's organization's investment policies and in directing the use of the organization's supported organization's played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization organizations. Complete line 3 below. C The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. C The organization satisfied the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly furthered their exempt purposes of the supported organization's and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constitute activities that, but for the organization determined that these activities described in (a) constitute activities that, but for the organization determined that the organization's supporte				Yes No
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization of continuous working relationship with 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 By reason of the relationship described in (2), did the organization's supported organization's 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 organization's supported organization's supported organization's supported organization supported organization supported organization satisfied the Activities Test. Complete line 2 below. 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's not explain how these activities directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities 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 these activities of constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or	1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organizations 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). 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role player or assets at all times during the tax year? If "Yes," describe in Part VI. Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 2 Activities Test. Answer (a) and (b) below. 3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities during the tax year directly further the exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 4 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 these activities but for the organization is position that its supported organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. 3 Did the organization accessed a substantial degree of direction over the policies, programs, an		organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	·	
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). By reason of the relationship described in (2), did the organization's supported organization's 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. Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. 2 Activities Test. Answer (a) and (b) below. 3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization's involvement. 2 Did the activities of the organization's position that its supported organization's involvement. 3 Parent of Supported Organization's Answer (a) and (b) below. 4 Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organ		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) 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). 3 By reason of the relationship described in (2), did the organization's supported organization's assignificant 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 Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. 2 The organization is the parent of each of its supported organizations. Complete line 3 below. 2 Activities Test. Answer (a) and (b) below. 3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organizations was responsive to those supported organization determined that these activities described in (a) constitute activities that, but for the organizations in volvement, one or more of the organization's position that its supported organization's position than the supported organization's position than the supported organization's position than the supported organization's pos		organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization's invotestment 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. Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. 2 Activities Test. Answer (a) and (b) below. 3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities constituted substantially all of its activities. 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 involvement. 2 Did the organization's position that its supported organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3 b	2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organization's have a significant voice in the organization's invotestment 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. Section E. Type III Functionally-Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1 The organization satisfied the Activities Test. Complete line 2 below. 2 Activities Test. Answer (a) and (b) below. 3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities constituted substantially all of its activities. 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 involvement. 2 Did the organization's position that its supported organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of the supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3 b		organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how		
By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in 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. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Check the box next to the method that the organization is the parent of each of its supported organization. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for 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 involvement. Parent of Supported Organization's involvement			2	
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. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described in (a) constituted substantially all of its activities. 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 involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizationons? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by th	3	- · · · · · · · · · · · · · · · · · · ·		
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. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's upported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organizations. Answer (a) and (b) below. Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regerd.	•			
Section E. Type III Functionally-Integrated Supporting Organizations 1		- · · · · · · · · · · · · · · · · · · ·		
Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions). a		·	2	
The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organization determined that these activities constituted substantially all of its activities. 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 involvement. Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Secti			
The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			instructions)	
The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities constituted substantially all of its activities. b Did the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement. 2 Parent of Supported Organization's involvement. 2 Parent of Supported Organizations's involvement. 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? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3 b			msu ucuons _j .	
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how theorganization in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities constituted substantialty all of its activities in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3 b	_			
Activities Test. Answer (a) and (b) below. A Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations in the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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 involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			the (ann in almostians)	
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3 Did the organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	G	The organization supported a governmental entity. Describe in Fart VI now you supported a government enti-	ny (See Instructions).	
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3 Did the organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	2 1	estivities Test. Answer (a) and (b) heleve	ſ	Vac Na
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b				res NO
those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	а			
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b		· · · · · · · · · · · · · · · · · · ·		
that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b				
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b				
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b		-	2a	
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3 b		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3 b		reasons for the organization's position that its supported organization(s) would have engaged in these		
Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b			2b	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	3			
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3a 3b				
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	==		32	
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	h		- Va	
			26	
	DAA			0 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		43 1031	Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations			
Section A - Adjusted Net Income	s must complete	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		, , , , , , , , , , , , , , , , , , , ,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		"
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		,	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a 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		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		·	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integra	ated Type III supr	orting organization (see	

instructions).

		o) Supporting Organizat	ions (commueu)	
Sec	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	ization is responsive		
	(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			
	Section 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			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3_	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>n</u>	Applied to 2018 distributable amount			
<u>'</u>	Carryover from 2013 not applied (see instructions)			
4	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$ Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	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:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

-7	Schedule A (For	m 990 or 990-EZ) 2018	BSDS,	INC.				43-1851910	Page 8
7	Part VI	Supplemental Int III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V lines 2, 5, and 6.	formation. P /, Section A, I Part IV, Section /, line 1; Part	rovide the ines 1, 2, on C, line V, Sectio	3b, 3c, 4b, 4c, 5 1; Part IV, Secti on B, line 1e; Par	5a, 6, 9a, 9b, 9 on D, lines 2 a t V, Section D,	II, line 10; l c, 11a, 11b nd 3; Part I lines 5, 6, a	Part II, line 17a or , and 11c; Part IV, V, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
٦									
	•		•••••						
7	• • • • • • • • • • • • • • • • • • • •								
	•								••••••••
7	*	•••••••••••••••••••••••••••••••••••••••			••••				
_	* **********					,			
	•				• • • • • • • • • • • • • • • • • • • •			• · · · · · · · · · · · · · · · · · · ·	
					• • • • • • • • • • • • • • • • • • • •				
	•	***************************************							
		***************************************	*************						
	• • • • • • • • • • • • • • • • • • • •							·	
7									
		· · · · · · · · · · · · · · · · · · ·	*************						,
	• • • • • • • • • • • • • • • • • • • •	***************************************	************						
	•	•••••							
	• ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	,,.			
	• • • • • • • • • • • • • • • • • • • •			**********			,		
	•								
				,,,,,,,,,					
					• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •		
ن		·····					- ,		
				• • • • • • • • • • • • • • • • • • • •					
	• • • • • • • • • • • • • • • • • • • •								•••••
i	• • • • • • • • • • • • • • • • • • • •		•••••					,	•••
	• • • • • • • • • • • • • • • • • • • •	:					,,,,,,,,,,		
,									
				*******	***************************************				
	·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •					······································	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2018

BSDS, INC. 43-1851910 Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ. 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization

BSDS, INC.

Employer identification number 43-1851910

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	SHERMAN FAMILY FOUNDATION 2000 SHAWNEE MISSION PARKWAY MISSION WOODS KS 66205	\$ 45,000	Person X Payroll Complete Part il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SCHOOL SMART KC 3105 GILLHAM RD. SUITE 200 KANSAS CITY MO 64109	\$ 300,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	EDOPS 1611 CONNECTICUT AVE NW, SUITE 200 WASHINGTON DC 20009	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	T-MOBILE PO BOX 790047 ST. LOUIS MO 63179-0047	\$ 91,520	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Employer identification number

BSDS, INC 43-1851910 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year _____ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

Sch	edule D (Form 990) 2018 BSDS, INC	•			43-185	1910			Page 2
P	art III Organizations Maintaining						sets (continued	
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records, ch	neck any of the follow	wing that are a	a significant use	of its			
а	Public exhibition	d 🗌 Lo	an or exchange pro	grams					
Ł		=	ther	_					
c	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain hov	v they further the or	ganization's e	xempt purpose	in Part			
	XIII.	•	,	•					
5	During the year, did the organization solicit or	eceive donations of art	t, historical treasures	s, or other sim	nilar				
	assets to be sold to raise funds rather than to							Yes	No
P	art IV Escrow and Custodial Arra								
,,,,,,,,	Complete if the organization	answered "Yes" o	n Form 990, Pa	rt IV, line 9	, or reported	d an amo	ount o	n Form	•
	990, Part X, line 21.		·	,					
1a	Is the organization an agent, trustee, custodian	or other intermediary	for contributions or o	other assets n	ot				
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the following	ng table:						
								Amount	
С	Beginning balance					1c			 -
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance		* * * * * * * * * * * * * * * * * * * *			1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21,	for escrow or custoo	dial account lia	ability?			Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII. C								
P	art V Endowment Funds.								•
	Complete if the organization	answered "Yes" o	n Form 990, Pa	rt IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two yea	ars back (d	l) Three years	back	(e) Four yea	rs back
1a									
b	Contributions								
C	Net investment earnings, gains, and								
	losses								
	Grants or scholarships			ļ					
е	Other expenditures for facilities and								
_	programs								
	Administrative expenses								
g	***************************************								
	Provide the estimated percentage of the currer		e 1g, column (a)) he	eld as:					
a		%							
D	Permanent endowment > %	04							
С	,	%							
20	The percentages on lines 2a, 2b, and 2c should		(l1 l1-1 11						
Ja	Are there endowment funds not in the possess organization by:	ion of the organization	that are neid and ad	iministerea foi	rine			\[\v_{*}\]	- I N-
	(i) consisted assessmentions							Ye	s No
	***************************************	•••••						3a(i)	
h	If "Yes" on line 3a(ii), are the related organization	one listed as required a	n Schodulo D2					3a(ii) 3b	+-
4	Describe in Part XIII the intended uses of the o	mainization's endoumo	in ounequie (\r					30	
P.	ert VI Land, Buildings, and Equip		in lunds.						
0000000	Complete if the organization		n Form 990 Par	rt IV line 1	1a See For	m 990 E	ert X	line 10	
	Description of property	(a) Cost or other basis	1		(c) Accumi		1	(d) Book value	•
	· · · ·	(investment)	(oth	I	deprecia			1-7-2011 10100	
1a	Land		,						
_	Buildings						7		
C	Leasehold improvements				.*		1 -	•	
d	Equipment		1.4	01,157	83	0,803		570	,354
е	Other		1	,			1		<u> </u>
	I. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, c	olumn (B), line 10c.)		b		570	,354
			,				School	ule D (Form 9	
							ocited	ne n (Lotin g	EU 10

Schedule D (Fo	orm 990) 2018 BSDS, INC.		43-1851910	Page 3
Part VII	Investments—Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11b. See Form 990, Part X, lir	ne 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation;	
	(including name of security)		Cost or end-of-year market val	ue
(1) Financial d				
(2) Closely-he	ld equity interests			
(3) Other	•••••			
(A)	***************************************			
(B)				
	••••			
(E)				
	•••••			
(C)				
/ LI\				
	o (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, li	ine 11c. See Form 990, Part X, lir	ne 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market val	ue
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, li	ine 11d. See Form 990, Part X, lir	ne 15.
	(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)	100			
(5)				
(6)				
_(7)				
(8)				
(9)				
			>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, li	ine 11e or 11f. See Form 990, Pa	rt X,
	line 25.	· · · · · · · · · · · · · · · · · · ·		
1.	(a) Description of liability	(b) Book value		
	ncome taxes	-	_	
(2)			_	
(3)			_	
(4)				
(5)		<u> </u>	_	
(6)				
(7)			_	
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) ▶	1 1		

P	edule D (Form 990) 2018 BSDS, INC.		43-1851910	Page 4
	art XI Reconciliation of Revenue per Audited Financial S			
	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements		<u>1</u>	9,318,458
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مو ا		
a b		2a 2b		
C		26 2c		
d	F J	2d	18,123	
e		<u></u>		18,123
3	Subtract line 2e from line 1		3	9,300,335
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	_			
C	Add lines 4a and 4b		4c	1
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,300,335
P	irt XII Reconciliation of Expenses per Audited Financial			n.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 1		
1		• • • • • • • • • • • • • • • • • • • •		9,130,393
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 _ 1		
a	Donated services and use of facilities	2a		
b	,			
C C	Other losses		10 122	
d		2d	18,123	18,123
3	Add lines 2a through 2d Subtract line 2e from line 1			9,112,270
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		9,112,210
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
_	Add lines 4s and 4h		4c	*
5	***************************************	.)		9,112,270
Pa	ert XIII Supplemental Information.			<u> </u>
Provi	de 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; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pr	ovide any additional info	rmation.	
. P	ART XI, LINE 2D - REVENUE AMOUNTS INCLU	JDED IN FINA	NCIALS - OTH	2D
_				&
4.1				
Ε.	UNDRAISING EXPENSES		\$	18,123
	UNDRAISING EXPENSES		\$	
	UNDRAISING EXPENSES		\$	
		LIDED IN FIN		18,123
	UNDRAISING EXPENSES ART XII, LINE 2D - EXPENSE AMOUNTS INC	LUDED IN FIN		18,123
P		LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN.		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	LUDED IN FIN		18,123 HER

Schedule D (Form 990) 2018 BSDS, INC. Part XIII Supplemental Information (continued)	43-1851910	Page 5
Part XIII Supplemental Information (continued)		•
1		
		,.,
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		
• • • • • • • • • • • • • • • • • • • •		
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		
• • • • • • • • • • • • • • • • • • • •		
		. , , , , , , , , , , , , , , , , , , ,

• • • • • • • • • • • • • • • • • • • •		
	•••••	
•	······································	••••••••••••••••••••••••••••••••••••••
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
		······································

SCHEDULE E

(Form 990 or 990-EZ)

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BSDS, INC.

Employer Identification number 43–1851910

P	art .	-		
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	x	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II THE NONDISCRIMINATION POLICY IS INCLUDED ON THE BROOKSIDE	3	X	
	CHARTER SCHOOL WEB SITE, IT IS IN THE STUDENT HANDBOOK AND IT IS INCLUDED ON THE ENROLLMENT APPLICATION.			
	•••••••••••••••••••••••••••••••••••••••			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	******
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		х
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. BROOKSIDE CHARTER SCHOOL DOES NOT OFFER SCHOLARSHIPS, LOAN PROGRAMS OR FINANCIAL ASSISTANCE PROGRAMS FOR ANY REASONS			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		x
С	Employment of faculty or administrative staff?	5c		x
d	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		x
f	Use of facilities?	5f		x
g	Athletic programs?	5g		x
h	Other extracurricular activities?	5h		x
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b	**********	X
7	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	**************************************

٦	Schedule E (Form 990 or 990-EZ) 2018 BSDS, INC.	43-1851910 Page 2
7	Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, an applicable. Also provide any other additional information. See instructions.	nd 7, as
	SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION	
7	THE ORGANIZATION RECEIVES FEDERAL AND STATE OF MISSOURI SC	HOOL
	FUNDING PASSED THROUGH THE STATE OF MISSOURI DEPARTMENT OF	ELEMENTARY AND
7	SECONDARY EDUCATION.	
,	•	
7		
1	· ······	
	······································	
	·	
	······································	

	······································	•••••••••••••••••••••••••••••••••••••••
	·	
		······································
i		
	······································	
i		······································

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$16,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

Employer Identification number Name of the organization BSDS, INC. 43-1851910 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vI) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions: cal. (1) Yes No Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

	7 Direct expense summary. Add lines 2 through 5 in column (d)	· · · · · · · · · · · · · · · · · · ·
	Net gaming income summary. Subtract line 7 from line 1, column (d)	<u> </u>
9	Enter the state(s) in which the organization conducts gaming activities:	
а	a Is the organization licensed to conduct gaming activities in each of these states?	Yes No
b	b If "No," explain:	
		•••••
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:	Yes No
		
AA	Schedule G (Fo	rm 990 or 990-EZ) 2018

11		-185191	_	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	N
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		Yes	: □ N
3	Indicate the percentage of gaming activity conducted in:			. Ц
а		13a		0/
	The organization's facility	13b		<u>%</u> %
,	An outside facility	[130]		<u>%</u>
4	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name ▶			
	Address ▶			
5a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		Yes	. N
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			ш
	amount of gaming revenue retained by the third party ▶ \$			
_				
·	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
	Director/officer Employee Independent contractor			
•	Director/officer Employee Independent contractor Mandatory distributions:			
, а	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		Yes	· 🗌 N
a	Director/officer Employee Independent contractor Mandatory distributions:		Yes	. <u> </u>
a 3	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Yes	N
a O	Director/officer Employee Independent contractor Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \$			N
a O	Director/officer	(iii) and (v);	and	. <u> </u>
1	Director/officer	(iii) and (v);	and	N
1	Director/officer	(iii) and (v);	and	. N
3	Director/officer	(iii) and (v);	and	N N
1	Director/officer	(iii) and (v);	and	N
1	Director/officer	(iii) and (v);	and	N
a 3	Director/officer	(iii) and (v); information	and	
a 3	Director/officer	(iii) and (v); information	and .	
a 3	Director/officer	(iii) and (v); information	and .	
a 3	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	(iii) and (v); information	and .	
3	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	(iii) and (v); information	and .	
1	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	(iii) and (v); information	and	
a 3	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	(iii) and (v); information	and	
at at	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	(iii) and (v); information	and	
at	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	(iii) and (v); information	and	
a b Par	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.	(iii) and (v); information	and	

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BSDS, INC. Employer identification number 43-1851910

Charlette and add to be 40 Mills		*******	Yes	No
	rided any of the following to or for a person listed on Form			
	provide any relevant information regarding these items.			
First-class or charter travel	Housing allowance or residence for personal use			
Travel for companions	Payments for business use of personal residence			
Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b If any of the boxes on line 1a are checked, did the org	anization follow a written policy regarding payment			
or reimbursement or provision of all of the expenses				T
•		1b		
Did the organization require substantiation prior to rei	mbursing or allowing expenses incurred by all	***************************************		1
directors, trustees, and officers, including the CEO/Ex				
		2		
		·····		
Indicate which, if any, of the following the filing organic	zation used to establish the compensation of the			
, , , , , , , , , , , , , , , , , , , ,	apply. Do not check any boxes for methods used by a			
related organization to establish compensation of the				
Compensation committee	Written employment contract			
Independent compensation consultant	Compensation survey or study			
 				
Form 990 of other organizations	X Approval by the board or compensation committee			
During the year, did any person listed on Form 990, P	art VII, Section A, line 1a, with respect to the filing			
organization or a related organization:				
a Receive a severance payment or change-of-control p	ayment?	4a		3
b Participate in, or receive payment from, a supplement	al nonqualified retirement plan?	4b		X
c Participate in, or receive payment from, an equity-bas	ed compensation arrangement?	4c		X
If "Yes" to any of lines 4a-c, list the persons and prov				
Only postion 504(a)(2), 504(a)(4), and 504(a)(20), a	maninations must complete lines 5.0			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) o				
For persons listed on Form 990, Part VII, Section A, li	ne 1a, did the organization pay or accrue any			
compensation contingent on the revenues of:				₩
				<u> </u>
D Any related organization?		5b	90000000	X
If "Yes" on line 5a or 5b, describe in Part III.				
For persons listed on Form 990, Part VII, Section A, li	ne 1a, did the organization pay or accrue any			ļ.
compensation contingent on the net earnings of:	•			
				7
b Any related organization?		6b		X
If "Yes" on line 6a or 6b, describe in Part III.				
For persons listed on Form 990, Part VII, Section A, li	ne 1a, did the organization provide any ponfixed			
payments not described on lines 5 and 6? If "Yes," de		7		X
Were any amounts reported on Form 990, Part VII, pa		····· ' 		
Were any amounts reported on Form 990, Part VII, pa				
to the initial contract exception described in Paradetic	is section 33.4936-4(a)(s)? If ites, describe			x
to the initial contract exception described in Regulation				. #
		8	******	× × ×
		8		

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

BSDS, INC.

Schedule J (Form 990) 2018

[

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(R) Breakdown o	of W.2 and/or 1000 MISC composition	acitononamon Of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		i	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) retrement and other deferred compensation	(U) Nontaxable benefits	(E) total of columns (B)(i)–(D)	(t-) Compensation in column (B) reported as deferred on prior Form 990
,	0 160,599	0 (0	13,894	15,536	190,029	0
SOFEKINIENDENI			9	0			
2	(m)						
8	(II)						
	(II)						
)	(w)						
)	(II)						
)	(II) (t)						
8	(n)						
	(u)						
10	(a)						
11	(n) (t)						
12	0 0						
13	(II)						
14	(ii)						
15	(10)						
16	(n)						
						Sch	Schedule J (Form 990) 2018

. L_

į **L**.,

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

BSDS, INC.	[43-1851910
FORM 990 - ORGANIZATION'S MISSIO	N OR MOST SIGNIFICANT ACTIVITIES
BSDS, INC. OPERATES BROOKSIDE CH	ARTER WHICH CONTAINS PRE-K, ELEMENTARY, AND
MIDDLE SCHOOL. IMPLEMENTING STEP	HEN COVEY'S 7 HABITS, FACULTY AND STAFF
PROVIDE QUALITY ACADEMICS FOR UR	BAN STUDENTS WITHIN KANSAS CITY, MO PUBLIC
SCHOOL DISTRICT BOUNDARIES. WITH	IN THE PAST FEW YEARS, BSDS, INC. COMPLETED
AN EXPANSION TO DOUBLE THE ACADE	MIC SPACE.
FORM 990, PART VI, LINE 2 - RELA	TED PARTY INFORMATION AMONG OFFICERS
SHERRY TWYMAN	EMILY TWYMAN
SECRETARY	ASST PRINCIP
MOTHER/DAUGHTER	
FORM 990, PART VI, LINE 11B - OR	GANIZATION'S PROCESS TO REVIEW FORM 990
THE SUPERINTENDENT WILL REVIEW T	HE FORM 990 BEFORE FILING.
	·····
FORM 990, PART VI, LINE 12C - EN	FORCEMENT OF CONFLICTS POLICY
THE SUPERINTENDENT AND BOARD PRE	SIDENT AND HUMAN RESOURCE STAFF ARE AWARE
OF BACKGROUND OF OFFICERS, DIREC	TORS, AND KEY EMPLOYEES. THERE IS AN
ASSURANCE THAT NO ONE HAS A CONF.	LICT OF INTEREST WHEN SERVING IN SUCH
CAPACITIES.	·
FORM 990, PART VI, LINE 15A - CO	MPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS APPROVES THE BUDGET AND REVIEWS THE PROPOSED SALARY

WITH REFERENCE TO THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

SCHEDULE PRIOR TO THE FISCAL/ACADEMIC YEAR.

SALARY COMPARISONS CAN BE MADE

BSDS, INC.			Į.	Pedentification number 851910
VEB SITE.				
ORM 990, PARI	VI, LINE 15B -	COMPENSATION PROC	ESS FOR OFFICER	S
OFFICERS AND K	CEY EMPLOYEES OF	THE ORGANIZATION	ARE REVIEWED BY	THE
SUPERINTENDENI	AND PRINCIPALS	. ONCE APPROVED BY	THE SUPERINTEN	DENT, THE
NFORMATION IS	PRESENTED TO THE	HE BOARD OF DIRECT	ORS	
ORM 990, PART	'VI, LINE 19 - 6	GOVERNING DOCUMENT	'S DISCLOSURE EX	PLANATION
LL DOCUMENTS	REQUIRED BY SECT	FION 6104 FOR PUBI	IC INSPECTION A	RE AVAILABLE
T OUR OFFICE	LOCATION.			
		•••••		•••••
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			•••••	
				• • • • • • • • • • • • • • • • • • • •
			•••••	• • • • • • • • • • • • • • • • • • • •
		······································		

Schedule R (Form 990) 2018 (g) Section 512(b)(13) controlled entity? Ŷ (f)
Direct controlling
entity Inspection × Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Kes/ 43-1851910 (f)
Direct controlling
entity BSDS, INC. (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Total income ▶ Go to www.irs.gov/Form990 for instructions and the latest information. (d) Exempt Code section 501C2 (c) Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) 옃 (b) Primary activity (b) Primary activity REAL EST 46-1115988 For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA (a)
Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization 64130 8 BSDS, INC. BSDS RE HOLDINGS, INC. 1815 E 63RD STREET KANSAS CITY Department of the Treasury Internal Revenue Service Name of the organization Part Partill Ξ Ξ 3 3 3 8 ල ₹ 9 3

Open to Public

2018

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

▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

SCHEDULE R

(Form 990)

į Į.,, OMB No. 1545-0047

Page 2 Schedule R (Form 990) 2018 (k) Percentage ownership (i) Section 512(b)(13) controlled entity? Yes No (i) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Ξ Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h) Dispro-portionate Yes No 6 alloc.? (g) Share of end-of-year assets Share of total line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Share of total income (C corp, S corp, Type of entity ε or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or (c) Legal doπicile (state or foreign country) Primary activity (b) Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV ΔĄ lΞ 3 ල 4 ල <u>4</u> Ξ 2

-Ł

43-1851910

H

BSDS,

Schedule R (Form 990) 2018

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

j L.,

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				^	Vec	١
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ed organizations listed i	n Parts II-IV?			20000)
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×	ا. ا
 b Giff, grant, or capital contribution to related organization(s) 				1b	×	١.,
c Gift, grant, or capital contribution from related organization(s)				10	×	١
d Loans or loan guarantees to or for related organization(s)				1 q	×	l
e Loans or loan guarantees by related organization(s)				<u>-</u>	×	١.,
f Dividends from related organization(s)				-	×	
g Sale of assets to related organization(s)				1g	×	l.,
h Purchase of assets from related organization(s)				두	×	l
i Exchange of assets with related organization(s)	,		.,,	;=	×	l
j Lease of facilities, equipment, or other assets to related organization(s)				=	×	l
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	8
I Performance of services or membership or fundraising solicitations for related organization(s)				=	×	l
m Performance of services or membership or fundraising solicitations by related organization(s)				1	×	١
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			· · · · · · · · · · · · · · · · · · ·	Ţ.	×	١
o Sharing of paid employees with related organization(s)				10	×	١
p Reimbursement paid to related organization(s) for expenses				10	×	8
				,	×	١
				5	l	
r Other transfer of cash or property to related organization(s)				÷	×	8
				=	; >	Ι.
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		18	4	.1
2 If the answer to any of the above is 1 es, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ne, including covered re	elationships and transact	on thresholds.	•		١
(a)	(p)	(0)	(p)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ount involved		
						ı
(1) BSDS RE HOLDINGS, INC.	×	430,200	FMV			1
(2)						
						ı
(3)						
						l
(4)						ı
(5)						
(9)]
			Schedule	Schedule R (Form 990) 2018	90) 201	1 ₽

INC.

į L.

.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1	(j) General or managing partner?	(k) Percentage ownership
		foreign country)		organizations?	s:1		Vec	(2001 11107)	Vec No	
(1)									—	
	:									
(2)					:					
	:									
(3)							-			
	:									
(4)										
	:									
(5)										
	·									
(9)										
	÷									
(7)										
	:						<u></u>			
(8)								۰		
	•									
(6)										
	:									
(10)										
	:									
(11)										
	•									
								Schedu	le R (Forn	Schedule R (Form 990) 2018

Schedule R (F	orm 990) 2018	BSDS,	INC.				43-185	1910	Page 5
Part VII	Supplemen	ital Informa	ation.			,		•	
	Provide add	litional info	mation for r	esponses to	questions of	n Schedule	R. See Instru	ctions.	
1									
,									

1							, ,		,
•							• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·
						,,			
								• • • • • • • • • • • • • • • • • • • •	
						,			
,			* * * * * * * * * * * * * * * * * * * *						
									• • • • • • • • • • • • • • • • • • • •
					,				
									• • • • • • • • • • • • • • • • • • • •
						• • • • • • • • • • • • • • • • • • • •			
		********							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •							
				• • • • • • • • • • • • • • • • • • • •					• • • • • • • • • • • • • • • • • • • •
					• • • • • • • • • • • • • • • • • • • •				
			• • • • • • • • • • • • • • • • • • • •						
					• • • • • • • • • • • • • • • • • • • •				
			· · · · · · · · · · · · · · · · · · ·		·		*******		
			• • • • • • • • • • • • • • • • • • • •						
									•
			*************			***************************************			
								***************************************	:
				•					

4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

BSDS, INC. 43-1851910 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,000,000 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,500,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 R Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 Property subject to section 168(f)(1) election 15 15 162,633 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2018 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property h 5-year property c 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property MM 27.5 yrs. Nonresidential real MM S/L 39 yrs. property MM Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year MM 30 yrs. S/L 40-year MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 162,633 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.lrs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u>	For th	he 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/	19		
<u>B</u>	Check if	applicable: C Name of organization	D Er	npłoyer	r identification number
	Address	change BSDS, INC.	and the		
	Name ch	nance Polying businesses BROOKS DE CHARTER SCHOOL	4	3=:1	851910
H	Initial ret	Number and street of PIO tox it mail is not delivered to street address)	IN LACIONINSPINE BIN F. LE	当に口 しいだ	531-2192
\mathbb{H}	Final ret			Ų,Ų,₩	Jour 2032
	terminate				0. 210 /EO
	Amended		G G	oss rec	eipts \$ 9,318,458
П	Application	on pending ROGER OFFIELD	H(a) Is this a group reti	ım for s	subordinates? Yes X No
		1815 E 63RD STREET	H(b) Are all subordinat	es inch	uded? Yes No
		KANSAS CITY MO 64130			(see instructions)
	Tay aya		-		,
<u> </u>	Website				
<u>, </u>			Year of formation: 2000		M State of legal domicile: MO
834	art I		real of formation.		i m State of legal dorliche. 130
<u> </u>		Briefly describe the organization's mission or most significant activities:			
a)	i	SEE SCHEDULE O		• • • • • •	
2		· ····································			
Ë					
Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%		· · · · · ·	***************************************
දෙ	3	Number of voting members of the governing body (Part VI, line 1a)	ŀ	3	7
		Number of independent voting members of the governing body (Part VI, line 1b)		4	7
Activities	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	134
Ć	6	Total number of volunteers (estimate if necessary)	1	6	14
•	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0
	١.		Prior Year		Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	51,7	$\overline{}$	586,816
Revenue	9	Program service revenue (Part VIII, line 2g)	7,753,9	_	8,666,277
Ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,2		65,365
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,0 7,826,1		-18,123 9,300,335
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,820,1	19	9,300,333
	1	Repetite paid to or for members (Part IV, column (A) line 4)		-	0
	1 4 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,928,3	57	6,224,392
ses	16a		3,520,3	"	0,224,332
Expenses	h.	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 0	**************************************		
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,284,2	26	2,887,878
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,212,5		9,112,270
		Revenue less expenses. Subtract line 18 from line 12	-386,4		188,065
5 8			Beginning of Current Y	'ear	End of Year
Assets or	20	Total assets (Part X, line 16)	4,201,0		4,511,133
A P	21	Total liabilities (Part X, line 26)	305,0	_	427,121
3	- WA W	Net assets or fund balances. Subtract line 21 from line 20	3,895,9	47	4,084,012
P	art II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has		nowled	dge and belief, it is
	ue, come	and complete. Devialation of preparer (other than officer) is based on an information of which preparer has	any knowledge.		
ei.		Signature of officer		Date	
Sig He		ERIC SIPES PRESI	רויאים	Date	
116		Type or print name and title	DENI		
_		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Paid	d	LEA ANN O'BRIEN		self-emp	
Pre	parer	Fim's name > WESTBROOK & CO., P.C.	Firm's E		43-1628835
Use	Only	749 DRISKILL DR	rams E		
		Firm's address RICHMOND, MO 64085-1608	Phone r	1 D .	816-776-3584
May	the IR	S discuss this return with the preparer shown above? (see instructions)	11.000		X Yes No
	Paperw	ork Reduction Act Notice, see the separate instructions.			Form 990 (2018)
DAA					1 4

(Expenses \$	n services (Describe in So	chedule O.) including grants of \$ 7,381,434) (Revenue \$)
Other progran	n services (Describe in Sc	chedule O.)			
······································	• • • • • • • • • • • • • • • • • • • •				
• • • • • • • • • • • • • • • • • • • •			· · · · · · · · · · · · · · · · · · ·	***************************************	
			······		
************			·····		
************	••••••				
• • • • • • • • • • • • • • • • • • • •		,	••••••		
	•••••	••••••		***************************************	
₹ 55.					
(Code:) (Expenses \$	including grants of	of \$)	(Revenue \$	

* * * * * * * * * * * * * * * * * * * *					
• • • • • • • • • • • • • • • • • • • •					

	,,				

/ A			· · · · · · · · · · · · · · · · · · ·		
(Code:) (Expenses \$	including grants of	of \$	(Revenue \$	
• • • • • • • • • • • • • • • • • • • •	***************************************				
• • • • • • • • • • • • • • • • • • • •			***************************************		
***************************************	***************************************		***************************************		
•••••		•••••••••••••••••••••••••••••••••••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
• • • • • • • • • • • • • • • • • • • •	***************************************	***************************************			

· · · · · · · · · · · · · · · · · · ·	FION GRADES	MINDERGARIEN INKUU	m eigni,		
		AN EDUCATIONAL INST KINDERGARTEN THROUG		667 ENROLLE	€D
(Code:) (Expenses \$	7,381,434 including grants	of \$)	(Revenue \$	B,666,2
		, in out program of the reported.			
		 (4) organizations are required to report to for each program service reported. 	ne amount of grants and allocation	is to others,	
		ervice accomplishments for each of its the (4) organizations are required to report t			
	ribe these changes on So				
services?	·	· · · · · · · · · · · · · · · · · · ·			Yes X
	nization cease conducting,	or make significant changes in how it co	nducts, any program		
Did the	ribe these new services o	on Schedule O.	***************************************		
ir res, desc		and Och et la O	willian were flot listed off the		Yes X
prior Form 99 If "Yes," desc	80 or 990-EZ?		which were not listed on the		· · · · · · · · · · · · · · · · · · ·
prior Form 99 If "Yes," desc	nization undertake any sigi	nificant program services during the year			2 B B
prior Form 99 If "Yes," desc	nization undertake any sigi	Mant program services during the			\. \./
prior Form 99 If "Yes," desc	nization undertake any sigi	Officent program services during the value	ction	Can	1.1
Did the organ prior Form 99	EDULE O	o Inche	ction	Can	N
Briefly descri SEE SCHE Did the organ prior Form 98 If "Yes," description	be the organization's miss	sion:	otion	<u>Can</u>	N
Briefly descri SEE SCHE Did the organ prior Form 99 If "Yes," description	neck if Schedule O combet the organization's missed DULE O	o Inche	otion		11/

52-79 H.E.	Oneconiat of Required Octionalis			
1	Is the organization described in section 504(a)(2) as 4047(a)(4) (ather these a private foundation) 0.65 "Vec. "		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	4	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
	candidates for public office? If prest complete Schedule O Party	13		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	J		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
6	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
U	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		x
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			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Shasilt val	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,"	- 11、壁		
_	complete Schoolide D. Port III	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u>-</u> -		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			32
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	140		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, 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		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
10	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	40		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		.	7.
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

14 5	artive 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	N N		
		23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			·
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			l
	to defease any tax-exempt bonds?	24c		├──
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	(),			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	· · · · · · · · · · · · · · · · · · ·			
	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			7.5
	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			3.5
~~	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	162 -1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		12	+ 3
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	*		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001		x
С	Schedule L, Part IV An artitly of which a gurrent or former affect diseases to take a colony amplication for a family promise the colony.	28b		
C	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	20-		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
00	conservation contributions? If "Yes," complete Schedule M	1 20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
02	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
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,	33		
J	or IV and Part V line 1	24	x	1
35a	Did the experience have a controlled polity within the propriet of controlled to the propriet of the propriet	34 35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	550		<u> </u>
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	900		_
•	related appropriation 2 /f "Voc." complete Calculula D. Dart V. Vinc. D.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<u>, , , , , , , , , , , , , , , , , , , </u>		
	19? Note. All Form 990 filers are required to complete Schedule O.	38	x	
Pa	int V Statements Regarding Other IRS Filings and Tax Compliance			
\$146.kBrist grist.	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ž D	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	echiani IIII
				(2018)
DAA				A 7

Form	990 (2018	BSDS,	INC.		43-1851	910		F	age !
Pa	art V	Statemen	ts Regarding O	ther IRS Filings and Ta	x Compliance (continu	red)			
								Yes	No
2a	Enter the	number of en	nployees reported on	Form W-3, Transmittal of Wag	e and Tax			0.4	
	Statemen	ts, filed for the	e calendar year endir	ng with or within the year covere	d by this return	2a 134			91207
b				organization file all required fed			2b	Х	
	Note. If the	ne sum) of line	s la≆and 2aµs greate	er than 250µyou may berrequire	to e-file (see instructions).		1 1	(A)	
3a	Did the o	ganization ha	ve unrelated busines	s gross income of \$1,000 or ma	pre duting the year?		34		Х
b				ar? If "No" to line 3b, provide an			3b		
4a	At any tin	ne during the o	calendar year, did the	e organization have an interest i	n, or a signature or other auth	nority over,			
				h as a bank account, securities	account, or other financial ac	count)?	4a	BOKT TE	X
b			of the foreign count	*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
				inCEN Form 114, Report of For	-	ounts (FBAR).		and a	
5a		_		tax shelter transaction at any ti	* *****		5a		X
b				that it was or is a party to a pro	phibited tax shelter transaction	?	5b	L	X
C			, did the organization				5c		<u> </u>
6a		-	_	ceipts that are normally greater	, ,			1	
_	-	-		ere not tax deductible as charita	*******		6a	ļ!	Х
b				ery solicitation an express state	ment that such contributions	or	l		ĺ
_	•	not tax deduc					6b	Manager Chara	122
7			=	le contributions under section	• •			700	
а				xcess of \$75 made partly as a c	contribution and partly for good	ds	18.3		
		ces provided to			• • • • • • • • • • • • • • • • • • • •		7a	 	
b				r of the value of the goods or se			7b		
С				wise dispose of tangible person			i _		
		o file Form 82				r:::::::::::::::::::::::::::::::::::::	7c	1.00 A 10 A	¥
đ				filed during the year		7d			
e		=	•	ctly or indirectly, to pay premium	•		7e	 -	
t 				remiums, directly or indirectly, or	•		7f	\vdash	-
g				qualified intellectual property, d	-		7g		
h	_	_		cars, boats, airplanes, or other			<u>7h</u>	St. 2015e.	THE STATE OF THE S
8	-		-	onor advised funds. Did a dor		y tne			
				ss holdings at any time during t	ne year?		8	NAME OF STREET	39488
9			-	onor advised funds.	40000				
a				axable distributions under section	*************		9a		
b 40			anization make a dist anizations. Enter:	ribution to a donor, donor advis	or, or related person?		9b	· · · · · · · · · · · · · · · · · · ·	
10				lad an Dark VIII Ray 40	ĺ	ا مه ا			
a		•		ted on Part VIII, line 12	de Sections	10a		7. 2	
ь 11			ganizations. Enter:	VIII, line 12, for public use of clu	id lacilities	10b		134	
a			mbers or shareholde	70		11a		. 30	
b				et amounts due or paid to other	sources	J 161			
~			received from them.			11b			
12a	-			• trusts. Is the organization filin	a Form 990 in lieu of Form 10		12a	AFABORE	
b				erest received or accrued during	_	12b	I Ea	2	2.15.3
13				aith insurance issuers.	the year	120			
a			•	health plans in more than one	etate?		13a	MENNAMENT.	***・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
			•	rmation the organization must re				717	
b				on is required to maintain by the	•				4
-				health plans		13b			
С			and the second			13c		77.3	
14a		•		or indoor tanning services during	a the tou weer?		14a	*x8#8X854-1	X
b		-		se payments? If "No," provide a			14b		
15				50 tax on payment(s) of more th					
-			ent(s) during the yea				15		X
			and file Form 4720	***************************************		(18 B	水潭	2000
16	-		,	subject to the section 4968 exc	ise tax on net investment inc	ome?	16	CATE DESIGN	X
_	-		4720, Schedule O.	,		····- •		ļķ.	1.5
	, -						K12-03	7700072	Mr. wander and the

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No ers of the governing body, author end of the tax year voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee of committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? X 8b is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PAUL GREENWOOD 4049 PENNSYLVANIA KANSAS CITY MO 64111 415-359-3995 DAA Form 990 (2018)

Form 990 (2018)

Part VII	Compensatio	n of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated	Employees,	and
	Independent	Contractors							

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's table year. • List all of the organization's current officers, directors trustees (whether individuals or o 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 employees."
- 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.

Check this box if neither the orga	anization nor any	relat	ed c	rgan	izatio	on compe	ensated any current officer, o	director, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for	bo of	x, uni ficer a	Pos check ess pe end a	rson i directo	than one s both an or/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individuat trustee or director	Institutional trustee	Officer	Key employes	Former Highest compensated employee	(W-2/1099-MISC)		organization and related organizations
(1) VICKI MILLER	1.00			-					<u> </u>
TREASURER	0.00	x		x			o	o	o
(2) LARRY EHREN			Г						
	1.00								
BOARD MEMBER	0.00	X		<u>L</u>			0	0	0
(3) SHERRY TWYMAN	1								
OU COMMENDIA	1.00							_	
SECRETARY (4) ERIC SIPES	0.00	X	┝	X		\vdash	0	0	<u> </u>
(4) ERIC SIFES	1.00								
PRESIDENT	0.00	x		x			l o	o	c
(5) JASON LASALLE		1			-				
• ,	1.00								
BOARD MEMBER	0.00	X					0	0	C
(6) KIVA DENNIS					ŀ				
	1.00							_	_
BOARD MEMBER (7) KRAIG KOHRING	0.00	X	\vdash				0	0	
(/) KRAIG KOHRING	1.00								
VICE PRESIDENT	0.00	x		x			0	0	l o
(8) ROGER OFFIELD		† <u>-</u>						Ŭ	
• •	40.00								
SUPERINTENDENT	0.00			X			160,599	0	29,430
(9)	1								
									<u>.</u>
(10)									
(11)					\vdash				
,,,									
DAA	<u> </u>			Щ.	L				000

MAGILERATING OCCURRATE OFFICE	, Directors, Irus	1000	, ,,,,	-111614	,,,,,,,	, ui	ia inglicat	Compensated	Litiployees (commoca)	
(A) Name and t⊮e	(B) Average hours per week (list any	box	P not ched unless cer and	oerson i	s both :	an	com	(D) portable pensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
Pub	hours for related organizations Galow dotted (ine)	Individualeurustee or director	Institutional trustee	Key employee	Highest compensated employees and same	Former		anization 099-MISC)	(W-2/1099-MISC)	from the organization and related Yorganizations
· · · · · · · · · · · · · · · · · · ·										
			_							
1b Sub-total						▶ ▶		160,599		29,430
d Total (add lines 1b and 1c)					· · · · ·	<u> </u>		160,599		29,430
2 Total number of individuals (increportable compensation from			o those L	listed	d abo	ve) '	who received	d more than \$1	00,000 of	
3 Did the organization list any fo employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ individual 5 Did any person listed on line 1 for services rendered to the or	rmer officer, direct complete Schedu. 1a, is the sum of izations greater the a receive or accruganization? If "Ye.	tor, of tenter to the tenter t	r truste or such ortable 150,00	indivicompe 0? If " ation f	idual ensati Yes," tom a	on a	and other co	mpensation froi Jule J for such ganization or in	m the	3 X X X 5 X
Section B. Independent Contracto 1 Complete this table for your five			lindon			tras	town that was	nived more than	- \$400,000 of	
compensation from the organiz	ation. Report com							with or within	the organization's tax year.	
	(A) business address								(B) tion of services	(C) Compensation
LEE'S SUMMIT	UTIONS MO	64	1064			С	:OMMUNI	DENCE AVE		195,745
CLEANING KING, LLC KANSAS CITY	МО	64	1124		2 E		TH STRE			138,900
SYSCO OF KANSAS CITY OLATHE	KS	66	50 <u>61</u>		.5 E		ansas c FOOD SI	ITY ROAD ERVICE		126,609
2 Total number of independent c received more than \$100,000 (listed above) who		Form 990 (2018)

6.Frs		Check if Schedule O contains a res	sponse (or note to any line	in this Part VIII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants nilar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations 1 1a 1 b 1 c 1 d	43,694	pec	tion	COL	У
Contributions, and Other Sim	e f g	Noncash contributions included in lines 1a-1f: \$	43,122) (44)	
	h	Total, Add lines 1a-1f	<u> </u>	586,816			f-7-1
Program Service Revenue	2.		Busn. Code	0 201 125	0 201 125		
₹	2a b		<u>611710</u> 611710				
93			<u> </u>	303,142	303,142		
ξ	q	·····					· · · · · · · · · · · · · · · · · · ·
E	e	<u> </u>					
E	f	All other program service revenue					
폾		Total. Add lines 2a–2f	🕨	8,666,277			
		Investment income (including dividends, interest,					
		and other similar amounts)	, 🕨	65,365			65,365
	4	Income from investment of tax-exempt bond proce					
;	5	Royalties	<u></u> ▶	David Grad Table			
		(i) Real (ii) Pers	onal				
	6a	Gross rents					
	þ	Less: rental exps.				(18.5 g) (1.1 g) (1.1 g)	Land Color
	C	Rental inc. or (loss)				7	
	d 7a	Net rental income or (loss) Gross amount from (i) Securities (ii) Ott	<u>P</u> _	10 CE 10 VIII		Elica de la marca della marca della marca della marca de la marca de la marca della marca	
		sales of assets	ner				
	h	other than inventory Less: cost or other					
	u	basis & sales exps.					
	_	Gain or (loss)					
	d	Net gain or (loss)			de la companya de la		
				3. 114. J. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	¥		
JE	54	(not including \$ 43,694					
evenue		of contributions reported on line 1c).					
œ		See Part IV, line 18					
Other	b		18,123				
0	С	Net income or (loss) from fundraising events	🕨	-18,123		Sept. (P. 1. 12.1. o. 5. Meter, 12.1. o. 200 o. 200 o. 200 o. 10 o. 200 o. 10 o. 200 o. 10 o. 200 o. 10 o. 200	
		Gross income from gaming activities.					
		See Part IV, line 19 a					
ı	þ	Less: direct expenses b					S CONTROL OF
	C	Net income or (loss) from gaming activities	🕨				
	10a	Gross sales of inventory, less					
		returns and allowances a		. I I wind			
		Less: cost of goods sold b					
ŀ	C	Net income or (loss) from sales of inventory		記録後 言葉的さんない フルタンしか		San News Company of the Company of t	The State of the State of Stat
}	44-		usn. Code	relike like i			
- [11a b						
	C	·······	•		<u> </u>		<u> </u>
I		All other revenue					
Į		Total. Add lines 11a–11d				7.8	
	12	Total revenue. See instructions.	🛴	9,300,335	8,666,277	0	65,365
		Total Coo Hondonorio.		2,000,000	5,000,211	U	
DAA							Form 990 (20

Form 990 (2018) BSDS , INC .
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must co			ete column (A).	
	Check if Schedule O contains a respo			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and general expenses	Fundraising expenses
1	Grants and other assistance to promestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21 s	HASIM			A PLANT AND
2	Grants and other assistance to domestic				April A
_	individuals. See Part IV, line 22	<u>la</u>			
3	Grants and other assistance to foreign			H14 (19)	
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			e compression de la Seguidad de la compression della compression d	
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	4,950,995	4,400,901	550,094	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	507,477	451,092	56,385	
9	Other employee benefits	387,169	336,093	51,076	
10	Payroll taxes	378,751	336,669	42,082	
11	Fees for services (non-employees):				
а	Management				<u> </u>
b	Legal	47,346		47,346	
C	Accounting	8,288		8,288	
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list fine 11g expenses on Schedule O.)	-			
12	Advertising and promotion	66 304		66 304	
13	Office expenses	66,394		66,394	
14	Information technology				
15	Royalties	826,964	787,287	39,677	
16 17	Occupancy	020,304	101,201	39,011	
17 18	Payments of travel or entertainment expenses		<u>.</u>		
10	for any federal, state, or local public officials				
19					
20	Internat	2,689		2,689	
21	Payments to affiliates	_,			
22	Depreciation, depletion, and amortization	162,636		162,636	
23	Insurance	62,654		62,654	
24	Other expenses, Itemize expenses not covered	77 F T			
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	41.5	William Commence		
а	OTHER PURCHASED SERVICES	1,140,118	713,154	426,964	,
b	FOOD SERVICE	207,617		207,617	
C	SUPPLIES	186,042	181,329	4,713	
d	EDUCATIONAL MATERIALS	103,052	103,052		
е	All other expenses	74,078	71,857	2,221	
25	Total functional expenses. Add lines 1 through 24e	9,112,270	7,381,434	1,730,836	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
DAA	following SOP 98-2 (ASC 958-720)			<u>l</u> .	Form 990 (2018)
~1 1/		· · · · · · · · · · · · · · · · · · ·		and the second s	rom . シラU (2018)

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash_non-interest bearing 2,022,451 2,519,370 Savings and temporary cash investments 1,142,498 Pledges and grants in Accounts receivable, ner Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. Notes and loans receivable, net 191,607 215,074 Inventories for sale or use Prepaid expenses and deferred charges 113,411 41,259 10a Land, buildings, and equipment: cost or 1,401,157 other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 732,990 570,354 Investments—publicly traded securities Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 4,201,010 4,511,133 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 236,617 416,788 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 1,632 1,632 19 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 66,814 8,701 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 305,063 427,121 Total liabilities. Add lines 17 through 25. 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 3,895,947 4,084,012 27 28 Temporarily restricted net assets 28 Fund 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here Þ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds ě 32 32 Total net assets or fund balances 3,895,947 4,084,012 33 4,201,010 4,511,133 Total liabilities and net assets/fund balances . .

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2018

Open to Public

Inspection

Employer identification number 43-1851910 Name of the organization, Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(lil). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(lx) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization listed in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E) Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

	(Complete only if you chec Part III. If the organization						under under
Sec	tion A. Public Support					·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants contributions, and members ip fees feceived. (Do not include any "unusual grants.")		30e	CIO		100	У
2	Tax revenues levied for the organization'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						
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					11	
	tion B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, 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			Outgood and in great	4 M		naro di p icio	
12	Gross receipts from related activities, etc. (see instructions)	*			12	
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6,	column (f) divided l	by line 11, column	(f))		14	%
15	Public support percentage from 2017 Scheo	dule A, Part II, line	14			15	%
1 6 a	33 1/3% support test—2018. If the organiz	zation did not check	k the box on line 1	3, and line 14 is 33	1/3% or more, che	ck this	. –
	box and stop here. The organization qualifi	• •					▶
b	33 1/3% support test—2017. If the organiz			•			
	this box and stop here. The organization q						▶ Ŀ
17a	10%-facts-and-circumstances test—201	ū		•			
	10% or more, and if the organization meets		•		•		
	Part VI how the organization meets the "fac	cts-and-circumstanc	es" test. The orga	nization qualifies as	s a publicly support	ed	. –
	organization						▶ L
b	10%-facts-and-circumstances test—201	•		•		ine	
	15 is 10% or more, and if the organization			•	•		
	Explain in Part VI how the organization med			•		•	
	supported organization						▶ L
18	Private foundation. If the organization did						. ┌
_	instructions	<u></u>	<u></u>	<i></i>	<u></u>	<u></u>	,
						Schedule A (Form	990 or 990-EZ) 201

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

0-1	dule A (Form 990 or 990-EZ) 2018	og TNC			43	-1851910	D 0
1000	Support Schedule for O		escribed in S	ection 509(a)(2		-1031910	Page 3
1200,7814	(Complete only if you che					to qualify under	Part II.
_	If the organization fails to	qualify under the	ne tests listed t	elow, please c	omplete Part II.)	
	tion A. Public Support				1		
	ndar year (or fiscal year beginning in) Gits, grants, contributions, and membership	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	fees received, too not include any unusual grangs.		na	OTIO		$ \cap \cap $	\
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						ý
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support (Add lines 9, 10c, 11,						
14	and 12.) First five years. If the Form 990 is for the	organization's first	second third found	h or fifth tay year :	l section 501/o	(3)	
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·	as a section son(c)	•	> 🗆
Sec	tion C. Computation of Public S						
15	Public support percentage for 2018 (line 8.	column (f), divided	by line 13. column	(f))		15	%

Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 17

Investment income percentage from 2017 Schedule A, Part III, line 17 18 19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Page 4

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

	and b. If you directed 12b of Fair i, complete decisins A and c. If you directed 12c of i		complete	•	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and cor	nplete	<u> Part V.)</u>		
Secti	on A. All Supporting Organizations				
1	Are all of the organization's supported organizations listed by hame in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	0		Yes	No
	class or purpose, describe the designation. If historic and continuing relationship, explain.		1	Som	
2	Did the organization have any supported organization that does not have an IRS determination of status		11.50		
	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).		2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		Maria.		建筑
	(b) and (c) below.		3a	2014(2012)	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			16	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the				
	organization made the determination.		3b		204200000
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		427		1.21
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		3c	CALCAURESCOPATES	Shekita Salaka
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			X 180	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		4a	COMMUNICATE SAME	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		i Sir Sir Sir		
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		a de		
	despite being controlled or supervised by or in connection with its supported organizations.		4b	COST AND DESCRIPTION	200
С	Did the organization support any foreign supported organization that does not have an IRS determination		1		1 Ya. 1 1
Ť	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.		4c	Total (2522)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			30 K JA	
va	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN		1		
	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		1.00		100
	was accomplished (such as by amendment to the organizing document).		5a	TGD 21.55%	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		1 1		
	designated in the organization's organizing document?		5b		l distrib
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			i de la companio	the Co
•	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 .		6	400000000000000000000000000000000000000	CANCER TO
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		\$7.9		Mass.
•	(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).		7	2572-722	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			100	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			11. 54.	第微 法
-	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		4		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		9a		-ALD () L2
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which				1.00
~	the supporting organization had an interest? If "Yes," provide detail in Part VI .		9b	1000ER	· 'y i ·
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			藻	
~	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		9c	7	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section				
. va	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			4.7	
	supporting organizations)? If "Yes," answer 10b below.		10a	H1077288	
k	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		IUd		15.15
b	DIG BIE GIGGIBLARIOT HAVE ALLY EXCESS DUSINESS HOLDINGS IN BIE LAX YEAR! (USE SCHEUDIE C, FORM 4120, 10		100	1675	

determine whether the organization had excess business holdings.)

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

ns).		
	Yes	No
2a		
2b		
3a		
3b		
ream 99	IU OF 990	.EZI 2017

Schedule A (Form 990 or 990-EZ) 2018 BSDS, INC.		43-1851	910 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	<u>janizat</u>	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.	. 20, 197	70 (explain in Part VI). See	
instructions. All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term gapitat gain	AS 2301 B		BO B W
2 Recoveries of pror-year distributions	2		
3 Other gross income (see instructions)	3		Y Y
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	<u> </u>		
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	Talka)	A G S Paris of Habitati	la tu a ayrifa ku a s
instructions for short tax year or assets held for part of year):		4000	
a 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		
e Discount daimed for blockage or other	7/ 7/		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	And the second s	
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	İ	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		······································
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	70多长 71 1	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		• .
emergency temporary reduction (see instructions).	6	Constant Constant	
7 Check here if the current year is the organization's first as a non-functionally integrated Ty	ype III s	upporting organization (see	· · · · · · · · · · · · · · · · · · ·
instructions).		0 0 (

Parl	Type III Non-Functionally Integrated 509(a)(3	Supporting Organizat	ions (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purposi organizations in excess of income from activity	es of supported		
3	Administrative expenses paid to accomplish exempt purposes of sur	pported organizations		
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 organizations	zation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
<u>10</u>	Line 8 amount divided by line 9 amount		T	
	Section 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	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			Rapid Control
С	From 2015			
d	From 2016	The same of the same of		
е	From 2017		まれない 多海海	
f	Total of lines 3a through e	17 augustus and 18 augustus an		\$1,530 P. S.
g	Applied to underdistributions of prior years		DEFE - (V. b. of Marketon 4.4" . A confid by which	
h	Applied to 2018 distributable amount			
<u> i </u>	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	P. 2000 1 (800 1) (800 1		
4	Distributions for 2018 from			
	Section D, line 7: \$	NO NO STATE	5.45	
	Applied to underdistributions of prior years		表。************************************	· 有物。
	Applied to 2018 distributable amount			COLOR SERVICE AND THE COLOR SERVICE AND THE
	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			
6	greater than zero, explain in Part VI . See instructions.	TO LINE		966 - X 166 - X 16 - X
0	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	- , ,			
7	Part VI. See instructions. Excess distributions carryover to 2019. Add lines 3j			
7	and 4c.			
8	Breakdown of line 7:			Part All Control
	Excess from 2014			Market Andrews (1997)
	Excess from 2015			
	Excess from 2016	STATE OF THE STATE		
	Excess from 2017			
	Excess from 2018		PARTE OF STATE OF STA	· · · · · · · · · · · · · · · · · · ·

Schedule A (For	m 990 or 990-EZ) 2018	BSDS,	INC.			43-1851910	Page 8
Part VI	Supplemental	Information.	Provide t	he explanations required by Part II,			
				2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c,			
				ne 1; Part IV, Section D, lines 2 and			
				tion B, line 1e; Part V, Section D, lin			Section E,
	lines 2, 5, and	6. Also comple	ete this p	art for any additional information. (S	See instru	ctions.)	
				spection	*	"AN	\
		J					
						8	A .
	***************************************	•••••	• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •
• • • • • • • • • • • • • • • • • • • •							
* * * * * * * * * * * * * * * * * * * *		*****************					
		***************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
• • • • • • • • • • • • • • • • • • • •							
• • • • • • • • • • • • • • • • • • • •							
* * * * * * * * * * * * * * * * * * * *							
,							
					<i>.</i>		
•							.,
• • • • • • • • • • • • • • • • • • • •							• • • • • • • • • • • • • • • • • • • •
*							
		•					
*							

				·			
		•		•			
							· · · · · · · · · · · · · · · · · · ·
			÷			•	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Name of the organization

Employer identification number

43-1851910_W

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
nstructions.	<i>;</i>
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000
General Rule X For an organizatio	or property) from any one contributor. Complete Parts I and II. See instructions for determining a
General Rule X For an organization or more (in mone) contributor's total	or property) from any one contributor. Complete Parts I and II. See instructions for determining a
General Rule X For an organization or more (in money contributor's total special Rules For an organization regulations under 13, 16a, or 16b, a	or property) from any one contributor. Complete Parts I and II. See instructions for determining a
General Rule X For an organization or more (in money contributor's total special Rules For an organization regulations under 13, 16a, or 16b, a \$5,000; or (2) 2% For an organization contributor, during literary, or educations	or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions. In described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 ¹ /3% support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1)

PAGE 1 OF 1 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization BSDS, INC. 43-1851910 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) Total, contributions No. Type of contribution 1 Payroll 45,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 Person Payroll 300,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Payroll 5,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 4 Person Payroll 91,520 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll

Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public

P	SDS, INC	1851910 , ,
2 10 1	irt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	L 163 L 16
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	The state of the s	Yes No
#Pŝ	Conservation Easements.	Tes I INC
XX La	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		al araa
	Protection of natural habitat Preservation of a certified historic structu Preservation of a certified historic structu	e
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	
	easement on the last day of the tax year.	-
а		
b	Total acreage restricted by conservation easements	b
С	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	d
3	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, inspection, handling of	<u>_</u>
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements of	uring the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during	the year
	▶ \$	•
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	<u>.</u>
	organization's accounting for conservation easements.	
. Ra	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance she	et
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	·
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
h	THE ORGANIZATION ELECTED AS DEMITTED UNDER SEAS. FIX (ASC. 938) TO TENOT IN ITS REVENUE STATEMENT AND PRISONER SHAPE	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
b	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
b	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	. c
b	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	> \$
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	▶ \$
b 2	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	▶ \$
2	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	▶ \$
2 a	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	> \$

570,354

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

Complete if the organization answered "Yes" or (a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		Cost or end-of-year market value
1) Financial derivatives	ta	
2) Closely-held equity interests		
3) Other	Second 1	
(A)		N III
(B)	'	
(C)		
(D)		
(E)	"	
(F)	· ·	
(G)		
(H)	•	
tal. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII Investments—Program Related.		20年7月
Complete if the organization answered "Yes" or	Form 990 Part IV II	ne 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
)		-
(2)		
)		
)		
5)		
7)		
3)		
9)		
tal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Complete if the organization answered "Yes" or (a) Description 1)	n Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.
2)		
3)		
))		
5)	<u> </u>	
s) 6)		
')		
3)		
al. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
Same as the contract of the co		
Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability	n Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability) Federal income taxes		ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability) Federal income taxes)		ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability Federal income taxes)		ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability Federal income taxes)		ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability Federal income taxes)		ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability) Federal income taxes)		ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability) Federal income taxes)))		ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability Federal income taxes		ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability Federal income taxes))))		ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability Federal income taxes		ne 11e or 11f. See Form 990, Part X,
Complete if the organization answered "Yes" or line 25. (a) Description of liability Federal income taxes))))))) al. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(b) Book value	
Complete if the organization answered "Yes" or line 25. (a) Description of liability Federal income taxes (b) (c) (d) (e) (a) (e) (e) (fine 25) (fine 25) (fine 25) (fine 25) (fine 25) (fine 25)	(b) Book value	nancial statements that reports the
Complete if the organization answered "Yes" or line 25. (a) Description of liability	(b) Book value	nancial statements that reports the

Part XI	Reconciliation of Revenue per Audited Financial Complete if the organization answered "Yes" on Form		per Return.	5
1 Total re	venue, gains, and other support per audited financial statements		1	9,318,458
	s included on line 1 but not on Form 990, Part VIII, line 12:		25 20	
a Netunn	ealized gains (losses) on investments	_ ,2a		
b Donated	d services and use of facilities ries of prior year grants Describe in Part XIII	[2b]		
c Recove	ries of prior year grants	2d)	الما	
d Other (I	Describe in Part XIII.)	2d 1	18,123	y y
	es 2a through 2d		2e	<u> </u>
3 Subtrac	t line 2e from line 1		3	9,300,335
4 Amount	s included on Form 990, Part VIII, line 12, but not on line 1:	1 1	\$18.51	
a Investm	ent expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (E	Describe in Part XIII.)	_4b		
c Add line	es 4a and 4b		4c	
5 Total re	venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	5	9,300,335
Part XII .	Reconciliation of Expenses per Audited Financia Complete if the organization answered "Yes" on Form	-	es per Returr	1.
1 Total ex	penses and losses per audited financial statements		1	9,130,393
	s included on line 1 but not on Form 990, Part IX, line 25:		3	
	d services and use of facilities	2a		
b Prior ye	ar adjustments	2b	E. C.	
c Other ic		_		
	Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	8,123	
e Add line	es 2a through 2d		2e	18,123
3 Subtract	t line 2e from line 1		3	9,112,270
4 Amount	s included on Form 990, Part IX, line 25, but not on line 1:			
	ent expenses not included on Form 990, Part VIII, line 7b	4a		
	Describe in Part XIII.)			
	es 4a and 4b		4c	
	penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	(8.)		9,112,270
	Supplemental Information.			
2; Part XI, line	escriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to XII, LINE 2D - REVENUE AMOUNTS INC.	provide any additional information.		R
FUNDRA	ISING EXPENSES		\$	18,123
PART X	XII, LINE 2D - EXPENSE AMOUNTS INC	CLUDED IN FINANCIA	ALS - OTH \$	ER 18,123

SCHEDULE E (Form 990 or 990-EZ)

Intérnal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Open to Public

Employer identification number 43 1851910 Name of the organization Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? X Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? X Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please X describe. If "No," please explain. If you need more space, use Part II THE NONDISCRIMINATION POLICY IS INCLUDED ON THE BROOKSIDE CHARTER SCHOOL WEB SITE, IT IS IN THE STUDENT HANDBOOK AND IT IS INCLUDED ON THE ENROLLMENT APPLICATION. Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? X 4a Records documenting that scholarships and other financial assistance are awarded on a racially X nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? X 4c Copies of all material used by the organization or on its behalf to solicit contributions? 4d X If you answered "No" to any of the above, please explain. If you need more space, use Part II. BROOKSIDE CHARTER SCHOOL DOES NOT OFFER SCHOLARSHIPS LOAN PROGRAMS OR FINANCIAL ASSISTANCE PROGRAMS FOR ANY REASONS Does the organization discriminate by race in any way with respect to: Students' rights or privileges? X Admissions policies? X b 5b Employment of faculty or administrative staff? X 5c Scholarships or other financial assistance? X Educational policies? X 5e Use of facilities? X X Athletic programs? 5g Other extracurricular activities? X If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? 6a Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

	age 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.	
SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION	
THE ORGANIZATION RECEIVES FEDERAL AND STATE OF MISSOURI SCHOOL	
FUNDING PASSED THROUGH THE STATE OF MISSOURI DEPARTMENT OF ELEMENTARY AND	
SECONDARY EDUCATION.	
······	

······································	• • • • •
• • • • • • • • • • • • • • • • • • • •	
• • • • • • • • • • • • • • • • • • • •	••••
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Employer identification number

	BSDS, INC.				<u>ن</u> الله	43-185191	
Pa	irt I Fundraising Activities Complete Form 990 EZ filers are not require	if the organization to complete this	rean: ∗pan	weite	ed Yes on Form	990, Part IV, line	3 W
1	Indicate whether the organization raised funds through	any of the following	ctivitie	s. Ch	eck all that apply.		y y
а	Mail solicitations				emment grants	No.	
b	Internet and email solicitations	f Solicitation		_	*		
C	Phone solicitations	g D Special fur	ıdraisir	ig eve	ents		
d	In-person solicitations						
	Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	in connection with p	rofessi	onal f	undraising services?	,,,	Yes No
b	If "Yes," list the 10 highest paid individuals or entities (compensated at least \$5,000 by the organization.	fundraisers) pursuant	to agr	eemer	nts under which the fun-	draiser is to be	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo	d fund- have dy or rol of utions?	(Iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	"		Yes	No			· · · · ·
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							·
3	List all states in which the organization is registered or registration or licensing.	licensed to solicit con	tributio	ons or	has been notified it is o	exempt from	
		· • • • • • • • • • • • • • • • • • • •					
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		• • • • • • • • • • • • • • • • • • • •					

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE col. (a) through cg). (c)) 1 Gross receipts 43,694 <u>43,694</u> 43,694 2 Less: Contributions 43,694 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 18,123 18,123 7 Food and beverages Direct 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 18,123 11 Net income summary. Subtract line 10 from line 3, column (d) ... -18,123Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

	lute G (For						
11	Does the	organization conduc	t gaming activities	with nonmembers?			Yes No
12	Is the orga	anization a grantor,	beneficiary or truste	e of a trust, or a member of a	partnership or other entity		
	formed to	administer charitable	e gaming?			*	Yes No
13	Indicate th	ne percentage of ga	ming activity condu	cted in:			
а	The organ	pization's facility			X	13a	%
b	An outsid	e facility				13b	M %
14	Enter the records:	iname and address	of the person who	prepares the organizations ga	injuryspecial events books and	COD	
	Name 🕨		•••••				
	Address 1	>					
				d party from whom the organi	- •		
	revenue?			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes No
þ	If "Yes," e	enter the amount of	gaming revenue rec	beived by the organization	\$	and the	
	amount of	f gaming revenue re	tained by the third p	party 🕨 💲			
С	If "Yes," e	nter name and addr	ess of the third part	ty:			
	Name >				•••••		
	Address 🕨						
16	Gaming n	nanager information:					
	Name -						
	Gaming n	nanager compensati	on ▶ \$				
	Gaming n	nanager compensati n of services provid	on ▶ \$				
	Gaming n	nanager compensati	on ▶ \$				
1	Gaming n Description	nanager compensati n of services provid	on ▶ \$				
17	Gaming n Description Direct Mandatory	nanager compensation of services provide tor/officer	on ▶ \$ed ▶		ontractor		
17 a	Gaming n Description Direct Mandatory Is the organization	nanager compensation of services provide tor/officer distributions:	on ▶ \$ ed ▶ Employee der state law to m	Independent of ake charitable distributions fro	ontractor m the gaming proceeds to		Yes No
17 a	Gaming n Description Direct Mandatory Is the organization the	nanager compensation of services provide tor/officer distributions: anization required unstate gaming licens	on ▶ \$ ed ▶ Employee der state law to me?	Independent of ake charitable distributions fro	ontractor m the gaming proceeds to		Yes No
17 a b	Gaming n Description Direct Mandatory Is the organization the Enter the spent in the	nanager compensation of services provide tor/officer distributions: anization required unstate gaming licens amount of distributions organization's ow	ed Employee der state law to me? ons required under so	Independent of ake charitable distributions from the state law to be distributed to during the tax year ▶ \$	ontractor m the gaming proceeds to other exempt organizations or		
17 a b	Gaming n Description Direct Mandatory Is the organization the Enter the spent in the	nanager compensation of services provide tor/officer of distributions: anization required unstate gaming licens amount of distributions organization's ow Supplemental Part III, lines 9,	ed Finder state law to make? In exempt activities information. Fig. 9b, 10b, 15b,	Independent of ake charitable distributions from the state law to be distributed to during the tax year ▶ \$	ontractor m the gaming proceeds to	, columns (iii) and (v)	; and
i7 a b	Gaming n Description Direct Mandatory Is the organization the Enter the spent in the	nanager compensation of services provide tor/officer distributions: anization required unstate gaming licens amount of distributions organization's ow Supplemental	ed Finder state law to make? In exempt activities information. Fig. 9b, 10b, 15b,	Independent of ake charitable distributions from the state law to be distributed to during the tax year ▶ \$	ontractor m the gaming proceeds to ther exempt organizations or required by Part I, line 2b,	, columns (iii) and (v)	; and
i7 a b	Gaming n Description Direct Mandatory Is the organization the Enter the spent in the	nanager compensation of services provide tor/officer of distributions: anization required unstate gaming licens amount of distributions organization's ow Supplemental Part III, lines 9,	ed Finder state law to make? In exempt activities information. Fig. 9b, 10b, 15b,	Independent of ake charitable distributions from the state law to be distributed to during the tax year ▶ \$	ontractor m the gaming proceeds to ther exempt organizations or required by Part I, line 2b,	, columns (iii) and (v)	; and
17 a b	Gaming n Description Direct Mandatory Is the organization the Enter the spent in the	nanager compensation of services provide tor/officer of distributions: anization required unstate gaming licens amount of distributions organization's ow Supplemental Part III, lines 9,	ed Finder state law to make? In exempt activities information. Fig. 9b, 10b, 15b,	Independent of ake charitable distributions from the state law to be distributed to during the tax year ▶ \$	ontractor m the gaming proceeds to ther exempt organizations or required by Part I, line 2b,	, columns (iii) and (v)	; and
17 a b	Gaming n Description Direct Mandatory Is the organization the Enter the spent in the	nanager compensation of services provide tor/officer of distributions: anization required unstate gaming licens amount of distributions organization's ow Supplemental Part III, lines 9,	ed Finder state law to make? In exempt activities information. Fig. 9b, 10b, 15b,	Independent of ake charitable distributions from the state law to be distributed to during the tax year ▶ \$	ontractor m the gaming proceeds to ther exempt organizations or required by Part I, line 2b,	, columns (iii) and (v)	; and
17 a b	Gaming in Description Direct Mandatory is the organization the Enter the spent in the tally.	nanager compensation of services provide tor/officer of distributions: anization required unstate gaming licens amount of distributions organization's ow Supplemental Part III, lines 9, See instruction	ed Finder state law to me? In exempt activities information. Fig. 10b, 15b, 5s.	Independent of ake charitable distributions from the law to be distributed to a during the tax year ▶ \$Provide the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16c, and 16c,	ontractor m the gaming proceeds to ther exempt organizations or required by Part I, line 2b,	, columns (iii) and (v) additional information	; and
i7 a b	Gaming in Description Direct Mandatory is the organization the Enter the spent in the Living in th	nanager compensation of services provide tor/officer of distributions: anization required unstate gaming licens amount of distributions organization's ow Supplemental Part III, lines 9, See instruction.	ed Finder state law to me? In exempt activities information. Fig. 9b, 10b, 15b, 5s.	Independent of ake charitable distributions from the law to be distributed to a during the tax year ▶ \$Provide the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16c, and 16c,	ontractor m the gaming proceeds to other exempt organizations or a required by Part I, line 2b, oplicable. Also provide any	, columns (iii) and (v) additional information	; and
17 a b	Gaming in Description Direct Mandatory is the organization the Enter the spent in the Living in th	nanager compensation of services provide tor/officer of distributions: anization required unstate gaming licens amount of distributions organization's ow Supplemental Part III, lines 9, See instruction.	ed Finder state law to me? In exempt activities information. Fig. 9b, 10b, 15b, 5s.	Independent of ake charitable distributions from the law to be distributed to a during the tax year ▶ \$Provide the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16c, and 16c,	ontractor m the gaming proceeds to other exempt organizations or a required by Part I, line 2b, oplicable. Also provide any	, columns (iii) and (v) additional information	; and
17 a b	Gaming in Description Direct Mandatory is the organization the Enter the spent in the Living in th	nanager compensation of services provide tor/officer of distributions: anization required unstate gaming licens amount of distributions organization's ow Supplemental Part III, lines 9, See instruction.	ed Finder state law to me? In exempt activities information. Fig. 9b, 10b, 15b, 5s.	Independent of ake charitable distributions from the law to be distributed to a during the tax year ▶ \$Provide the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16c, and 16c,	ontractor m the gaming proceeds to other exempt organizations or a required by Part I, line 2b, oplicable. Also provide any	, columns (iii) and (v) additional information	; and
17 a b	Gaming in Description Direct Mandatory is the organization the Enter the spent in the Company	nanager compensation of services provide tor/officer distributions: anization required us state gaming licensiamount of distributione organization's ow Supplemental Part III, lines 9, See instruction	ed Femployee Employee Index state law to make? Instruction required under some exempt activities Information. F. 9b, 10b, 15b, 15b, 15b, 15b, 15b, 15b, 15b, 15	Independent of ake charitable distributions from the state law to be distributed to during the tax year ▶ \$Provide the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16c, and 16c, a	ontractor m the gaming proceeds to other exempt organizations or a required by Part I, line 2b, oplicable. Also provide any	, columns (iii) and (v) additional information	; and h.
17 a b	Gaming in Description Direct Mandatory is the organization the Enter the spent in the Company	nanager compensation of services provide tor/officer distributions: anization required us state gaming licensiamount of distributione organization's ow Supplemental Part III, lines 9, See instruction	ed Femployee Employee Index state law to make? Instruction required under some exempt activities Information. F. 9b, 10b, 15b, 15b, 15b, 15b, 15b, 15b, 15b, 15	Independent of ake charitable distributions from the state law to be distributed to during the tax year ▶ \$Provide the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16c, and 16c, a	ontractor m the gaming proceeds to other exempt organizations or required by Part I, line 2b, oplicable. Also provide any	, columns (iii) and (v) additional information	; and
17 a b	Gaming in Description Direct Mandatory is the organization the Enter the spent in the Company	nanager compensation of services provide tor/officer distributions: anization required us state gaming licensiamount of distributione organization's ow Supplemental Part III, lines 9, See instruction	ed Femployee Employee Index state law to make? Instruction required under some exempt activities Information. F. 9b, 10b, 15b, 15b, 15b, 15b, 15b, 15b, 15b, 15	Independent of ake charitable distributions from the state law to be distributed to during the tax year ▶ \$Provide the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16c, and 16c, a	ontractor m the gaming proceeds to other exempt organizations or required by Part I, line 2b, oplicable. Also provide any	, columns (iii) and (v) additional information	; and
17 a b	Gaming in Description Direct Mandatory is the organization the Enter the spent in the Company	nanager compensation of services provide tor/officer distributions: anization required us state gaming licensiamount of distributione organization's ow Supplemental Part III, lines 9, See instruction	ed Femployee Employee Index state law to make? Instruction required under some exempt activities Information. F. 9b, 10b, 15b, 15b, 15b, 15b, 15b, 15b, 15b, 15	Independent of ake charitable distributions from the state law to be distributed to during the tax year ▶ \$Provide the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the state of the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16, and 17b, as approximate the explanations 15c, 16c, and 16c, a	ontractor m the gaming proceeds to other exempt organizations or required by Part I, line 2b, oplicable. Also provide any	, columns (iii) and (v) additional information	; and

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Haine	BSDS, INC. 43-1851910			
Pa	art I Questions Regarding Compensation	V		
		7	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	1/37	Cong.	1.4
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	16		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		10 jun	(2)
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
		# (2)		
þ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		100	
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	222	angeraans.	C-PARAMETERS
	explain	1b		
				1
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		(M)-512V2MAKI	
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
		1	7	1.3
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			4
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	SA		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			+
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		17.4	
	compensation contingent on the revenues of:		. :	
а	The organization?	5a		X
b	Any related organization?	5b	255	X
	If "Yes" on line 5a or 5b, describe in Part III.		#	
_				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	TATAL		7.
	The organization?	6a	•	X
D	Any related organization?	6b	MENDIZEN	X
	If "Yes" on line 6a or 6b, describe in Part III.			201
7	For persons listed on Form 900 Part VII. Section A line 1a did the association provide any penfined	là.		
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	•		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	7		┢┸
,	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			1
		8		x
	in Part III			S. D.
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations, section 53,4958-6(c)?			

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (BNI)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A, life 13, and icable column (D) and (F) amounts for the

(4B), Breakdown=6fW-2 and 6f 1099MR	(B) Breakdown=of	W-2 affd/ar (1099-MIS	SC compensation (c) Regires	(C) Regirement and	6	(E) Total of columns	(F) Compensation
(A) Name and Title	confibensation	(fi)#Bortos & incentive of compensation	reportable compensation	compensation	Deneffts	(G)-(D)(g)	in columin (b) reported as deferred on prior Form 990
	160,599	0	0	13,894	15,536	190,029	0
1 SUPERINTENDENT	(m) 0		0	0	0	0	0
	(0)						
0	0						
	(ii)						
(1)	(0)						
	(II)						
	(6)						
0 2	(n)						
	(w) (t)						
	(u)						
) (0	(w) (t)						
	(II)						
12	(ii)						
	(II)						
(i) (ii)	(II)						
	(0)						
	(0)						
						8	Schedule J (Form 990) 2018

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

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.

2018

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization BSDS/INC. DSDECTION

AN EXPANSION TO DOUBLE THE ACADEMIC SPACE.

Employer identification number 43, 1851910

BSDS, INC. OPERATES BROOKSIDE CHARTER WHICH CONTAINS PRE-K, ELEMENTARY, AND MIDDLE SCHOOL. IMPLEMENTING STEPHEN COVEY'S 7 HABITS, FACULTY AND STAFF PROVIDE QUALITY ACADEMICS FOR URBAN STUDENTS WITHIN KANSAS CITY, MO PUBLIC SCHOOL DISTRICT BOUNDARIES. WITHIN THE PAST FEW YEARS, BSDS, INC. COMPLETED

ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

SHERRY TWYMAN

EMILY TWYMAN

SECRETARY

ASST PRINCIP

MOTHER/DAUGHTER

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE SUPERINTENDENT WILL REVIEW THE FORM 990 BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE SUPERINTENDENT AND BOARD PRESIDENT AND HUMAN RESOURCE STAFF ARE AWARE

OF BACKGROUND OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES. THERE IS AN

ASSURANCE THAT NO ONE HAS A CONFLICT OF INTEREST WHEN SERVING IN SUCH

CAPACITIES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS APPROVES THE BUDGET AND REVIEWS THE PROPOSED SALARY

SCHEDULE PRIOR TO THE FISCAL/ACADEMIC YEAR. SALARY COMPARISONS CAN BE MADE

WITH REFERENCE TO THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

PAGE 1 OF 1

Open to Public Inspection Schedule R (Form 990) 2018 Section 512(b)(13) controlled entity? × 2018 (f)
Direct controlling
entity Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 43-1851910 (f)
Direct controlling entity BSDS, INC. (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) 83 (d) Total income <u>i</u>ie Patt//V. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. (d) Exempt Code section 501C2 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 996, (c) Legal domicile (state or foreign country) (c) Legal domicite (state or foreign country) S ▶ Attach to Form 990. (b) Primary activity (b) Primary activity REAL EST 46-1115988 For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA (a)
Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization MO 64130 1815 E 63RD STREET KANSAS CITY BSDS RE HOLDINGS, INC BSDS Department of the Treasury Internal Revenue Service Name of the organization Part Part II Ξ Ξ 3 ල ₹ 3 <u>8</u> ල € 9

OMB No. 1545-0047

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

Related Organizations and Unrelated Partnerships

SCHEDULE R (Form 990)

BSDS, INC.

Schedule R (Form 990) 2018

T A C

> Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. PartV

43-1851910

2		×	×	×	×	: :	×	×	×	×	×	×	Control of the Contro	2 2 2	×	×	×	×	×	×	機能を が は、これ 関係	×	×										
Yes						\downarrow	_					Ļ.		×		_						\downarrow				ved							
		78	₽	2	-	1	9	+	-	9 =	=	=	1	+	=	Ę	£	2	1	19	160 1560	=	15			ount invol							
																								resholds.	(p)	Method of determining amount involved	EMV						1000
	arts-ILIV?) <u> </u>																					including covered relationships and transaction thresholds	(3)	Amount involved	430,200						
	ed organizations listed in Pa																								(a)	Transaction type (a–s)	K						
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	sactions with one or moneyela	a Receipt of (i) incest, (ii) annulue (iii) or alines, or (iv) reint non-ascontrolled entry	b Gift, grant, or capital contribution of related organization(s)	c Giff, grant, or capital contribution from related organization(s)	d Loans or loan quarantees to or for related organization(s)		e Loans of loan guarantees by related organization(s)	f Dividends from related organization(s)				i Lease of facilities, equipment, or other assets to related organization(s)		k Lease of facilities, equipment, or other assets from related organization(s)	l Performance of services or membership or fundraising solicitations for related organization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	o Sharing of paid employees with related organization(s)	p Reimbursement paid to related organization(s) for expenses	q Reimbursement paid by related organization(s) for expenses			s Other transfer of cash or property from related organization(s)	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	(a)	Name of related organization	(1) BSDS RE HOLDINGS, INC.	(2)	(3)	(4)	(9)	(9)	

BSDS, INC.

Schedule R (Form 990) 2018

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions required to the containing of
Name, eddings, and Jav grephy	(b)	(S)	(d)	(e) Are all partners	Share of	(9) Share of	(h) Disproportionate		(i) General or	(k) Percentage
	domicile (state or foreign	domicile (state or foreign	income (related, section unrelated, excluded 501(c)(3) from tax under organizations?	section 501(c)(3) organizations?	total income		allocations	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
		country)	sections 512-514)	Yes No			Yes No		Yes No	
(1)										
	:									
(2)										
	:									
(3)										
	:									
(4)										
	· ;									
(5)										
	:									
(9)										
	:									
(2)										
:										
(8)										
(6)										
	:									
(10)										
	:	· · ·								
(11)										
								Sched	Schedule R (Form 990) 2018	990) 2018

Schedule R (F	orm 990) 2018	BSDS,	INC.			43-1851910	Page 5
Part VII	Suppleme	ntal Infor	nation.				
rait viig	Provide ad	Iditional info	ormation for	responses to question	ns on Schedule R.	See Instructions.	
*	*************						
	general.		N		A 16		

						1 Cor	y
				-			******
	•••••					• • • • • • • • • • • • • • • • • • • •	
						,	
• • • • • • • • • • • • • • • • • • • •			•••••				
• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •			
							••••
							• • · · • • · · · · · · · · · · · · · ·
							• • • • • • • • • • • • • • • • • • • •
					***,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	•						
	,					• • • • • • • • • • • • • • • • • • • •	·

•			• • • • • • • • • • • • • • • • • • • •	**************************			
• • • • • • • • • • • • • • • • • • • •		************					
							• • • • • • • • • • • • • • • • • • • •
					· · · · · · · · · · · · · · · · · · ·		
				•			
			• • • • • • • • • • • • • • • • • • • •				
				•			•

Form **4562**

Department of the Treasury

Internal Revenue Service
Name(s) shown on return

For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

identifying number

THERE ARE NO AMOUNTS FOR PAGE 2

2018

ment 4

BSDS, INC. 43-1851910 Business or activity to which this formerelate INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,000,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,500,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12. 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 Other depreciation (including ACRS) 162,633 MACRS Depreciation (Don't include listed property. See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2018 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) 19a 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/L Residential rental MM 27.5 yrs. S/L property 27.5 yrs. MM S/L Nonresidential real MM property MM S/L Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs. S/I C 30-year 30 yrs. MM S/L 40-year ММ Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 162,633 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ...