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CLIENT'S COPY

DRAFT

MAY 27, 2020

INLAND ACTION, INC.
1601 E. THIRD STREET NO. 138
SAN BERNARDINO, CA 92408

DEAR CAROLE:

ENCLOSED IS THE ORGANIZATION'S 2019 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE JULY 15, 2020.

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10.00, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO - FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

PAT SPAFFORD

DRAFT

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

INLAND ACTION, INC.

95-2238673

Name and title of officer

**CAROLE BESWICK
CHIEF EXECUTIVE OFFICER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>207,642.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **SPAFFORD & LANDRY, INC** to enter my PIN **22765**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ **05/04/20**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33189845100

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ **05/27/20**

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

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.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INLAND ACTION, INC.		D Employer identification number 95-2238673
	Doing business as		E Telephone number 909-382-4018
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1601 E. THIRD STREET		G Gross receipts \$ 207,642.
	City or town, state or province, country, and ZIP or foreign postal code SAN BERNARDINO, CA 92408		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: CAROLE BESWICK SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(6) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ INLANDACTION.COM			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1962
M State of legal domicile: CA			

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASSIST & ENCOURAGE ECONOMIC WELL-BEING & BETTERMENT FOR INLAND EMPIRE OF CALIFORNIA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	52
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	52
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	209,064.	206,262.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	574.	1,380.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	209,638.	207,642.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	134,240.	137,562.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	73,742.	73,978.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	207,982.	211,540.	
19 Revenue less expenses. Subtract line 18 from line 12	1,656.	-3,898.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 127,003.	End of Year 146,821.
	21 Total liabilities (Part X, line 26)	2,935.	61,322.
	22 Net assets or fund balances. Subtract line 21 from line 20	124,068.	85,499.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	CAROLE BESWICK, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PAT SPAFFORD	Preparer's signature PAT SPAFFORD	Date 05/27/20	Check if self-employed <input type="checkbox"/>	PTIN P00367698
	Firm's name ▶ SPAFFORD & LANDRY, INC	Firm's EIN ▶ 46-3131594	Phone no. 909-792-1852		
	Firm's address ▶ P.O. BOX 8847 REDLANDS, CA 92375				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission:
INLAND ACTION, INC. WAS INCORPORATED ON SEPTEMBER 17, 1962 UNDER THE CALIFORNIA NONPROFIT CORPORATION LAW FOR THE PURPOSE OF ASSISTING AND ENCOURAGING THE ECONOMIC WELL-BEING AND BETTERMENT OF THE INLAND EMPIRE OF CALIFORNIA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

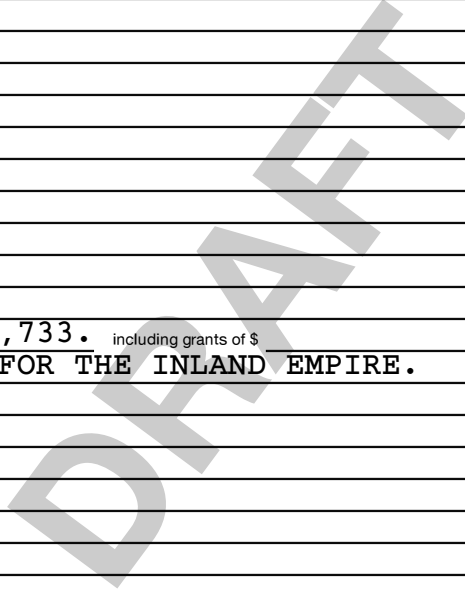
4a (Code:) (Expenses \$ 83,395. including grants of \$) (Revenue \$)
TO AID ECONOMIC DEVELOPMENT IN THE INLAND EMPIRE AT THE LOCAL LEVEL.

4b (Code:) (Expenses \$ 9,733. including grants of \$) (Revenue \$)
STATE LEVEL ACTIVITIES FOR THE INLAND EMPIRE.

4c (Code:) (Expenses \$ 36,833. including grants of \$) (Revenue \$)
NATIONAL LEVEL ACTIVITIES FOR THE INLAND EMPIRE.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 129,961.



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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 52		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 52		
2	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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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 on 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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** 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 Upon request Other (explain on Schedule O)
- 19** Describe on 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **SUE HARRISON - 909-382-4018**
1601 E. THIRD STREET, SAN BERNARDINO, CA 92408

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARK CLOUD MEMBER	0.00	X					0.	0.	0.	
(2) FRANK ZABALETA MEMBER	0.00	X					0.	0.	0.	
(3) AL ARGUELLO MEMBER	0.00	X					0.	0.	0.	
(4) PHIL WALLER MEMBER	0.00	X					0.	0.	0.	
(5) MARK KAENEL TREASURER	0.00	X		X			0.	0.	0.	
(6) JOHN MIRAU MEMBER	0.00	X					0.	0.	0.	
(7) KEN COATE SECRETARY	0.00	X		X			0.	0.	0.	
(8) PETER BARMACK MEMBER	0.00	X					0.	0.	0.	
(9) LOUIS GOODWIN CHAIRMAN OF THE BOARD	0.00	X		X			0.	0.	0.	
(10) RAY WOLFE MEMBER	0.00	X					0.	0.	0.	
(11) BRUCE BARON MEMBER	0.00	X					0.	0.	0.	
(12) JARROD MCNAUGHTON MEMBER	0.00	X					0.	0.	0.	
(13) BILL LEMANN MEMBER	0.00	X					0.	0.	0.	
(14) LOREN GILL MEMBER	0.00	X					0.	0.	0.	
(15) DAN ROBERTS MEMBER	0.00	X					0.	0.	0.	
(16) PAUL SHIMOFF MEMBER	0.00	X					0.	0.	0.	
(17) PATRICIA ARLT MEMBER	0.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANN BRYAN MEMBER	0.00	X						0.	0.	0.
(19) MIKE BURROWS MEMBER	0.00	X						0.	0.	0.
(20) JACK DANGERMOND MEMBER	0.00	X						0.	0.	0.
(21) LADONNA DICAMILLO MEMBER	0.00	X						0.	0.	0.
(22) DEL HEINTZ MEMBER	0.00	X						0.	0.	0.
(23) DR. RICHARD HART MEMBER	0.00	X						0.	0.	0.
(24) DOUGLAS HEADRICK MEMBER	0.00	X						0.	0.	0.
(25) JAMES R. HOLMES MEMBER	0.00	X						0.	0.	0.
(26) JASON JIMENEZ MEMBER	0.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DOUGLAS KLEAM MEMBER	0.00	X						0.	0.	0.
(28) RALPH KUNCEL MEMBER	0.00	X						0.	0.	0.
(29) DR. TEMETRY LINDSEY MEMBER	0.00	X						0.	0.	0.
(30) JOHN M. MAGNESS MEMBER	0.00	X						0.	0.	0.
(31) DALE MARSDEN MEMBER	0.00	X						0.	0.	0.
(32) JOHN HUSING MEMBER	0.00	X						0.	0.	0.
(33) P.T. MCEWEN MEMBER	0.00	X						0.	0.	0.
(34) TOMAS MORALES MEMBER	0.00	X						0.	0.	0.
(35) KEVIN PULLIAM MEMBER	0.00	X						0.	0.	0.
(36) PHILIP SOUTHARD MEMBER	0.00	X						0.	0.	0.
(37) STEVE MATICH MEMBER	0.00	X						0.	0.	0.
(38) STEVE PONTELL MEMBER	0.00	X						0.	0.	0.
(39) KEVIN PORTER MEMBER	0.00	X						0.	0.	0.
(40) BRIAN REIDER MEMBER	0.00	X						0.	0.	0.
(41) MICHAEL RIVERA MEMBER	0.00	X						0.	0.	0.
(42) EDWARD ROSKI JR. MEMBER	0.00	X						0.	0.	0.
(43) PATTY SENEAL MEMBER	0.00	X						0.	0.	0.
(44) DAVID VANVOORHIS MEMBER	0.00	X						0.	0.	0.
(45) STEVE VON RAJCS MEMBER	0.00	X						0.	0.	0.
(46) KIM WILCOX MEMBER	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) LOWELL KING FIRST VICE CHAIRMAN	0.00	X		X				0.	0.	0.
(48) KEVIN DYERLY SECOND VICE CHAIRMAN	0.00	X		X				0.	0.	0.
(49) PATRICK MCCLENAHAN MEMBER	0.00	X						0.	0.	0.
(50) KRISTINE SCOTT MEMBER	0.00	X						0.	0.	0.
(51) DOMINIQUE TAN MEMBER	0.00	X						0.	0.	0.
(52) PETE VANHELDEN MEMBER	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	202,012.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	4,250.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			206,262.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,380.	1,380.			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			207,642.	1,380.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations 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	126,085.	69,211.	56,874.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	11,477.	6,300.	5,177.	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	3,500.		3,500.	
d Lobbying				
e 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 line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	524.		524.	
14 Information technology	4,822.		4,822.	
15 Royalties				
16 Occupancy	5,225.		5,225.	
17 Travel	35,737.	35,737.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,924.	1,924.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,608.	1,056.	552.	
23 Insurance	2,651.		2,651.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD & BEVERAGES	9,294.	9,294.		
b MEALS & ENTERTAINMENT	5,627.	5,627.		
c WORKERS COMPENSATION	1,479.	812.	667.	
d WEBSITE	1,268.		1,268.	
e All other expenses	319.		319.	
25 Total functional expenses. Add lines 1 through 24e	211,540.	129,961.	81,579.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	63,299.	1	59,419.
	2 Savings and temporary cash investments	55,545.	2	56,924.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	4,130.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,816.	9	5,240.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 38,833.		
	b Less: accumulated depreciation	10b 18,365.	6,343.	10c 20,468.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	640.
16 Total assets. Add lines 1 through 15 (must equal line 33)	127,003.	16	146,821.	
Liabilities	17 Accounts payable and accrued expenses		17	2,498.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	2,935.	25	58,824.
	26 Total liabilities. Add lines 17 through 25	2,935.	26	61,322.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	124,068.	31	85,499.
	32 Total net assets or fund balances	124,068.	32	85,499.
33 Total liabilities and net assets/fund balances	127,003.	33	146,821.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	207,642.
2	Total expenses (must equal Part IX, column (A), line 25)	2	211,540.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,898.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	124,068.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-34,671.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	85,499.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization INLAND ACTION, INC. **Employer identification number** 95-2238673

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
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. 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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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.

	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)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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 violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during 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)?

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 organization's accounting for conservation easements.

Part III 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 FASB 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 FASB 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

2 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		23,100.	18,365.	4,735.
e Other		15,733.		15,733.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,468.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PAYROLL TAXES	2,927.
(3) DEFERRED INCOME	55,897.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	58,824.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

INLAND ACTION, INC.

Employer identification number

95-2238673

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO
FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

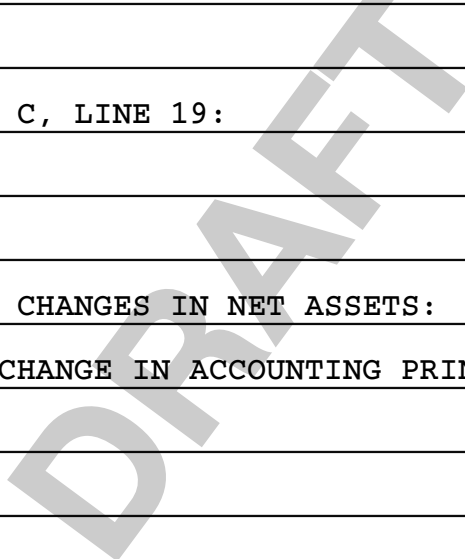
ALL NEW MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT
AND ON A BIANNUAL BASIS ALL CONFLICT OF INTEREST STATEMENTS ARE RENEWED.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENT - CHANGE IN ACCOUNTING PRINCIPLE -34,671.



2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	OFFICE EQUIPMENT	04/01/94	SL	7.00		HY17	10,008.				10,008.	10,009.		0.	10,009.
2	PRINTER/COPIER	02/22/07	SL	5.00		HY17	915.				915.	915.		0.	915.
3	EXTERNAL HARD DRIVE	03/10/08	SL	5.00		HY17	150.				150.	150.		0.	150.
5	COMPUTER PRESIDENT	06/30/08	SL	5.00		HY17	592.				592.	592.		0.	592.
7	IPAD	06/01/11	SL	5.00		HY17	908.				908.	908.		0.	908.
8	LAPTOP	05/01/11	SL	5.00		HY17	877.				877.	877.		0.	877.
9	COMPUTER	05/28/14	SL	5.00		HY17	1,602.			801.	801.	720.		81.	801.
10	COLOR PRINTER	11/29/16	SL	5.00		MQ17	294.				294.	125.		59.	184.
11	APPLE TV	09/12/17	SL	5.00		MQ17	162.				162.	44.		32.	76.
12	2 CEILING PROJECTORS	10/31/17	SL	5.00		MQ17	4,422.				4,422.	995.		884.	1,879.
13	PLATTER & STAND	11/06/17	SL	7.00		MQ17	172.				172.	28.		25.	53.
14	WHITE BOARD	11/13/17	SL	7.00		MQ17	499.				499.	80.		71.	151.
15	TRASH BINS	11/13/17	SL	7.00		MQ17	770.				770.	124.		110.	234.
16	NEW LAP TOP ADMIN ASSIST	12/18/17	SL	5.00		MQ17	1,729.				1,729.	389.		346.	735.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						23,100.			801.	22,299.	15,956.		1,608.	17,564.
	PROGRAM SERVICES														
6	(D)WEBSITE	07/01/11	197	36M		HY43	7,880.				7,880.	7,880.		0.	7,880.

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
17	WEBSITE	12/31/19	NC	3.00	HY		15,733.				15,733.			0.	
	* 990 PAGE 10 TOTAL PROGRAM SERVICES						23,613.				23,613.	7,880.		0.	7,880.
	* GRAND TOTAL 990 PAGE 10 DEPR & AMORT						46,713.			801.	45,912.	23,836.		1,608.	25,444.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						30,980.			801.	30,179.	23,836.			25,444.
	ACQUISITIONS						15,733.			0.	15,733.	0.			0.
	DISPOSITIONS/RETIRED						7,880.			0.	7,880.	7,880.			7,880.
	ENDING BALANCE						38,833.			801.	38,032.	15,956.			17,564.
	ENDING ACCUM DEPR LESS DISPOSITIONS											18,365.			
	ENDING BOOK VALUE											20,468.			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. INLAND ACTION, INC.	Taxpayer identification number (TIN) 95-2238673
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1601 E. THIRD STREET, NO. 138	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN BERNARDINO, CA 92408	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SUE HARRISON

- The books are in the care of ▶ **1601 E. THIRD STREET - SAN BERNARDINO, CA 92408**
Telephone No. ▶ **909-382-4018** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization Annual Information Return

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name INLAND ACTION, INC.		California corporation number 0440408
Additional information. See instructions.		FEIN 95-2238673
Street address (suite or room) 1601 E. THIRD STREET, NO. 138		PMB no.
City SAN BERNARDINO	State CA	ZIP code 92408
Foreign country name	Foreign province/state/county	Foreign postal code

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ _____</p> <p>L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____</p>
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,380	00
	2 Gross dues and assessments from members and affiliates	2	202,012	00
	3 Gross contributions, gifts, grants, and similar amounts received	3	4,250	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	207,642	00
	5 Cost of goods sold	5		00
	6 Cost or other basis, and sales expenses of assets sold	6		00
	7 Total costs. Add line 5 and line 6	7		00
	8 Total gross income. Subtract line 7 from line 4	8	207,642	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	211,540	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-3,898	00
Filing Fee	11 Total payments	11		00
	12 Use tax. See General Information K	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15 Filing fee \$10 or \$25. See General Information F	15	10	00
	16 Penalties and Interest. See General Information J	16		00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10	00

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

Sign Here	Signature of officer PAT SPAFFORD	Title CHIEF EXECUTIV	Date 05/27/20	• Telephone
Paid Preparer's Use Only	Preparer's signature PAT SPAFFORD	Date 05/27/20	Check if self-employed <input type="checkbox"/>	• PTIN P00367698
	Firm's name (or yours, if self-employed) and address SPAFFORD & LANDRY, INC P.O. BOX 8847 REDLANDS, CA 92375			• Firm's FEIN 46-3131594
				• Telephone 909-792-1852

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	1,380	00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 1	•	6	0	00	
	7	Other income	•	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	1,380	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9		00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees SEE STATEMENT 2	•	11	126,085	00	
	12	Other salaries and wages	•	12		00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14	11,477	00
		15	Rents	•	15	5,225	00
		16	Depreciation and depletion (See instructions)	•	16	1,608	00
		17	Other Expenses and Disbursements SEE STATEMENT 3	•	17	67,145	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	211,540	00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		118,844	•	116,343
2 Net accounts receivable			•	4,130
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments			•	
10 a Depreciable assets	30,980		38,833	
b Less accumulated depreciation	(24,637)	6,343	(18,365)	20,468
11 Land			•	
12 Other assets STMT 4		1,816	•	5,880
13 Total assets		127,003		146,821
Liabilities and net worth				
14 Accounts payable			•	2,498
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities STMT 5		2,935		58,824
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		124,068	•	85,499
22 Total liabilities and net worth		127,003		146,821

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1	Net income per books	•	-3,898	7	Income recorded on books this year not included in this return	•	
2	Federal income tax	•		8	Deductions in this return not charged against book income this year	•	
3	Excess of capital losses over capital gains	•		9	Total. Add line 7 and line 8		
4	Income not recorded on books this year	•		10	Net income per return.		
5	Expenses recorded on books this year not deducted in this return	•			Subtract line 9 from line 6		-3,898
6	Total. Add line 1 through line 5		-3,898				

CA 199	GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	1		
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	07/01/11	12/31/19	PURCHASED	7,880.	7,880.	0.	0.
TOTAL TO FORM 199, PAGE 2, LN 6				7,880.	7,880.	0.	0.

CA 199	COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES		STATEMENT	2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION		
MARK CLOUD 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.		
FRANK ZABALETA 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.		
AL ARGUELLO 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.		
PHIL WALLER 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.		
MARK KAENEL 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	TREASURER 0.00	0.		
JOHN MIRAU 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.		
KEN COATE 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	SECRETARY 0.00	0.		

PETER BARMACK 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
LOUIS GOODWIN 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	CHAIRMAN OF THE BOARD 0.00	0.
RAY WOLFE 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
BRUCE BARON 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
JARROD MCNAUGHTON 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
BILL LEMANN 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
LOREN GILL 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
DAN ROBERTS 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
PAUL SHIMOFF 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
PATRICIA ARLT 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
ANN BRYAN 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
MIKE BURROWS 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
JACK DANGERMOND 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.

LADONNA DICAMILLO 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
DEL HEINTZ 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
DR. RICHARD HART 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
DOUGLAS HEADRICK 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
JAMES R. HOLMES 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
JASON JIMENEZ 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
DOUGLAS KLEAM 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
RALPH KUNCEL 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
DR. TEMETRY LINDSEY 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
JOHN M. MAGNESS 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
DALE MARSDEN 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
JOHN HUSING 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
P.T. MCEWEN 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.

TOMAS MORALES 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
KEVIN PULLIAM 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
PHILIP SOUTHARD 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
STEVE MATICH 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
STEVE PONTELL 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
KEVIN PORTER 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
BRIAN REIDER 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
MICHAEL RIVERA 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
EDWARD ROSKI JR. 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
PATTY SENEAL 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
DAVID VANVOORHIS 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
STEVE VON RAJCS 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.
KIM WILCOX 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER	0.00	0.

LOWELL KING 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	FIRST VICE CHAIRMAN 0.00	0.
KEVIN DYERLY 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	SECOND VICE CHAIRMAN 0.00	0.
PATRICK MCCLENAHAN 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
KRISTINE SCOTT 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
DOMINIQUE TAN 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
PETE VANHELDEN 1601 E. THIRD STREET, NO. 138 SAN BERNARDINO, CA 92408	MEMBER 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		0.

CA 199	OTHER EXPENSES	STATEMENT	3
--------	----------------	-----------	---

DESCRIPTION	AMOUNT
FOOD & BEVERAGES	9,294.
MEALS & ENTERTAINMENT	5,627.
WORKERS COMPENSATION	1,479.
WEBSITE	1,268.
ACCOUNTING FEES	3,500.
OFFICE EXPENSES	524.
INFORMATION TECHNOLOGY	4,822.
TRAVEL	35,737.
CONFERENCES AND CONVENTIONS	1,924.
INSURANCE	2,651.
ALL OTHER EXPENSES	319.
TOTAL TO FORM 199, PART II, LINE 17	67,145.

CA 199	OTHER ASSETS	STATEMENT	4
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	1,816.	5,240.	
SECURITY DEPOSIT	0.	640.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,816.	5,880.	

CA 199	OTHER LIABILITIES	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCRUED PAYROLL TAXES	2,704.	2,927.	
CREDIT CARD LIABILITY	231.	0.	
DEFERRED INCOME	0.	55,897.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	2,935.	58,824.	

DRAFT

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 95-2238673

Corporation name

California corporation number

INLAND ACTION, INC.

0440408

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	6	38,833.	16,757.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	1,608

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	1,608
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	1,608
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19	6 WEBSITE						
	07/01/11	7,880	7,880	197	36M	0	
20	Total. Add the amounts in column (g)					20	
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					21	
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					22	

CA 3885		DEPRECIATION				STATEMENT 6	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 OFFICE EQUIPMENT	04/01/94	10,008.	10,009.	SL	7.00	0.	
2 PRINTER/COPIER	02/22/07	915.	915.	SL	5.00	0.	
3 EXTERNAL HARD DRIVE	03/10/08	150.	150.	SL	5.00	0.	
5 COMPUTER PRESIDENT	06/30/08	592.	592.	SL	5.00	0.	
7 IPAD	06/01/11	908.	908.	SL	5.00	0.	
8 LAPTOP	05/01/11	877.	877.	SL	5.00	0.	
9 COMPUTER	05/28/14	1,602.	1,521.	SL	5.00	81.	
10 COLOR PRINTER	11/29/16	294.	125.	SL	5.00	59.	
11 APPLE TV	09/12/17	162.	44.	SL	5.00	32.	
12 2 CEILING PROJECTORS	10/31/17	4,422.	995.	SL	5.00	884.	
13 PLATTER & STAND	11/06/17	172.	28.	SL	7.00	25.	
14 WHITE BOARD	11/13/17	499.	80.	SL	7.00	71.	
15 TRASH BINS	11/13/17	770.	124.	SL	7.00	110.	
16 NEW LAP TOP ADMIN ASSIST	12/18/17	1,729.	389.	SL	5.00	346.	
17 WEBSITE	12/31/19	15,733.			3.00	0.	
TOTAL TO FORM 3885		38,833.	16,757.			1,608.	

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month following the close of the taxable year.
S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.
Exempt organizations - File and Pay by the 15th day of the 5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay for more information.

939035 11-12-19

--- DETACH HERE --- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER --- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2019** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM **3586 (e-file)**

0000000 INLA 95-2238673 000000000000 19 FORM 3
TYB 01-01-2019 TYE 12-31-2019
INLAND ACTION INC

1601 E THIRD STREET NO 138
SAN BERNARDINO CA 92408

(909) 382-4018

Amount of Payment 10.

TAXABLE YEAR
2019

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name INLAND ACTION, INC.	Identifying number 95-2238673
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Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	207,642
2	Total gross income (Form 199, line 8)	2	207,642
3	Total expenses and disbursements (Form 199, line 9)	3	211,540

Part II Settle Your Account Electronically for Taxable Year 2019

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5	Routing number _____	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number _____		

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here	 <small>Signature of officer</small>	05/04/20 <small>Date</small>	 <small>Title</small>
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	 <small>ERO's signature</small>	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN P00367698
Must Sign	Firm's name (or yours if self-employed) and address SPAFFORD & LANDRY, INC P.O. BOX 8847 REDLANDS, CA				Firm's FEIN 46-3131594 ZIP code 92375

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	 <small>Paid preparer's signature</small>	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
Must Sign	Firm's name (or yours if self-employed) and address _____			Firm's FEIN _____ ZIP code _____