DLN: 93493322011059 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable INLAND DEVELOPMENT CORPORATION ☐ Address change 20-1024004 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 1329 E Telephone number ☐ Amended return ☐ Application pending (541) 379-0594 City or town, state or province, country, and ZIP or foreign postal code BOARDMAN, OR $\,$ 97818 $\,$ G Gross receipts \$ 1,872,119 Name and address of principal officer H(a) Is this a group return for JILL PARKER □Yes ☑No subordinates? PO BOX 1329 H(b) Are all subordinates BOARDMAN, OR 97818 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (4) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW WINDWAVE ORG L Year of formation 2004 M State of legal domicile OR K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE ADVANCED BROADBAND FACILITIES AND SERVICES OVER A FIBER OPTIC NETWORK TO AREAS LACKING IN SERVICES ALTOGETHER OR AT RATES THAT ARE COST PROHIBITIVE Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 14,508 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, line 34 12,616 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 1,317,770 1,773,564 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 47,188 98,555 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,872,119 1,364,958 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). 170,433 75,290 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 20,494 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 952,405 2,101,297 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 1,143,332 2,176,587 19 Revenue less expenses Subtract line 18 from line 12 . 221,626 -304,468 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 10,158,285 9,841,383 850 21 Total liabilities (Part X, line 26) . 13,284 10,145,001 9,840,533 22 Net assets or fund balances Subtract line 21 from line 20 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 2019-11-18 Signature of officer Sign Here JILL PARKER PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-11-07 P01048788 Paid self-employed Firm's name ALDRICH CPAS AND ADVISORS LLP Firm's EIN > 93-0623286 **Preparer** Use Only Firm's address ▶ 680 HAWTHORNE AVE SE 140 Phone no (503) 585-7774 SALEM, OR 97301 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . Form **990** (2018) For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y

Forn	n 990 (2018)					Page 2
Pa	art III Staten	nent of Program Service	e Accomplis	hments		
	Check If	Schedule O contains a respo	nse or note to a	any line in this Part III .		🗆
1		the organization's mission		·		
		EED BROADBAND FACILITIES RE COST PROHIBITIVE	AND SERVICES	OVER A FIBER OPTIC N	ETWORK TO AREAS LACKING IN SI	ERVICES ALTOGETHER
2	Did the organiz	zation undertake any significal	nt program serv	vices during the year wh	ıch were not listed on	
	the prior Form	990 or 990-EZ?				☐ Yes ☑ No
	If "Yes," describ	be these new services on Sch	edule O			
3	Did the organiz	ation cease conducting, or m	ake significant i	changes in how it conduc	cts, any program	
						☐ Yes ☑ No
4	Describe the or Section 501(c)(ganization's program service	accomplishmer	to report the amount of	argest program services, as measu grants and allocations to others, t	red by expenses ne total
4a	(Code) (Expenses \$	1.886.317	including grants of \$	75,290) (Revenue \$	1,773,564)
	See Additional Da		_,,		, ,,_, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d		services (Describe in Schedu	•) (D	,
	(Expenses \$		iding grants of	*) (Revenue \$)
4e	Total progran	n service expenses ▶	1,886,3	1/		

19

21

Form	990 (2018)			Page 3
Par	Checklist of Required Schedules			
			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	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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		
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		No
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 !	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)^7$ If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		No

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

18

19

20a

20b

21

22

Yes

Form **990** (2018)

No

Nο

No

Νo

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form	990 (2018)			Page 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		

•	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
;	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
ı	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
3	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏

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

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

d 25a

29

30

31

32

33

37

Part V

Nο

No

Nο

25b

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

2

0

1a

1b

Yes

Yes

Yes

Yes

Yes

Form 990 (2018)

13a

14a

14b

15

No

No

Form **990** (2018)

13b

13c

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Page 6

Part VI				ra"No	o" resp	onse to	lines
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched Check if Schedule O contains a response or note to any line in this Part VI						✓
Secti	on A. Governing Body and Management						
						Yes	No
1a En	ter the number of voting members of the governing body at the end of the tax year	1a		5			
bo	there are material differences in voting rights among members of the governing dy, or if the governing body delegated broad authority to an executive committee or nilar committee, explain in Schedule O						

Se	ction 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 1a 5			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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?	2		No
3	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? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b		No
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	

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?	2		No
3	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? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b		No
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
ь	Other officers or key employees of the organization	15b		No
	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?	16a		No
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		
Se	ction C. Disclosure			
17	List the Chates with which a same of this Farms 2000 is required to be filed.			

List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 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 LYNN M RODRIGUEZ PO BOX 1329/73500 RUPE KENNEDY BOARDMAN, OR 97818 (541) 676-9663

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
- 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, or 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours			ox, ι n of	(E) Reportable compensation from related organization	(F) Estimated amount of other compensation from the				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) JILL PARKER PRESIDENT	2 00	Х		X				0	0	0
(2) RICH DEVIN VICE PRESIDENT	2 00	Х		X				0	0	0
(3) GREG SMITH SECRETARY	2 00	х		x				0	0	0
(4) JERRY HEALY DIRECTOR	2 00	Х						0	0	0
(5) MARV PADBERG DIRECTOR	2 00	Х						0	0	0
(6) BLAKE LAWRENCE CEO/GENERAL MANAGER	20 00 40 00			x				0	0	0
(7) BRUCE MUNRO CTO	10 00 40 00			×				0	0	0
(8) LYNN RODRIGUEZ DIRECTOR OF FINANCE	10 00 40 00			х				0	0	0
										Form 990 (2018)

Form 990 (2018)										Page 8
Part VII Section A. Officers, Dire	ctors, Trustees	s, Key	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours for related	than o	ne b	ox, u n off	t che inles ficer	and a	on	(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
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Rey employee Officer		Highest compensated employee	ner Bot commens	2/1099-M15C)	2/1099-MISC)	organization and related organizations

	4		at ed		

1b Sub-Total			*		

1b Sub-Total				•	▶ _			
c Total from continuation sheets to Pa	art VII , Section	Α			▶			
d Total (add lines 1b and 1s)					-	Λl	Δl	0

1b Sub-Total	-	 _	*		

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII , Section A	١		▶			
-						1	

Yes

3

4

5

(B)

Description of services

No

Nο

No

No

(C)

Compensation

Form 990 (2018)

Total number of individuals (including but not limited to those listed above) who received more than \$100,000

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

2

3

4

5

Contributions, Gifts, Grants and Other Similar Amounts

(D)

Revenue

excluded from

tax under sections

512 - 514

I	1a	Federated campaigns	1a	Τ			
	b	Membership dues	1 b	İ			
	c	Fundraising events	1 c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1 f				
	g	Noncash contributions included in lines 1a - 1f \$					
	h	Total. Add lines 1a-1f				1	>
						Вι	ıısı
2	2a [[]	PROGRAM REVENUES					
	ь -		_		L		
	c -		_		ŀ		
	d -		_		F		

•							
Business (Code						
!	517000	1,77	3,564	1,773	,564		
1,77	73,564						
and other		98,555				14,508	84,04
eeds 🕨							
ersonal							
	l						

(B) Related or

exempt function

Total revenue

(C)

Unrelated

business

revenue

Program Service Revenue f All other program service revenue **gTotal.** Add lines 2a-2f . 3 Investment income (including dividends, interest, sımılar amounts) 4 Income from investment of tax-exempt bond proce **5** Royalties . (ı) Real (II) P 6a Gross rents **b** Less rental expenses c Rental income or d Net rental income or (loss) . (ı) Securities (II) Other **7a** Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses C Gain or (loss) d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of Other Revenue contributions reported on line 1c) See Part IV, line 18 . . . **b** Less direct expenses . b c Net income or (loss) from fundraising events . 9a Gross income from gaming activities See Part IV, line 19 . . **b** Less direct expenses . . b ${f c}$ Net income or (loss) from gaming activities . 10aGross sales of inventory, less returns and allowances ${f b}$ Less cost of goods sold ${f .}$ \boldsymbol{c} Net income or (loss) from sales of inventory $% \boldsymbol{c}$. Miscellaneous Revenue Business Code 11a d All other revenue e Total. Add lines 11a-11d . 12 Total revenue. See Instructions . . \blacktriangleright 1,773,564 1,872,119 14.508 84.047

Part IX	Statement of Functional Expenses
C t	(-)(3) F04(-)(4)

or	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			3	
2	Grants and other assistance to domestic individuals See Part IV, line 22	75,290	75,290		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	a Management				
ı	Legal	61,273		61,273	
•	c Accounting	23,803		23,803	
•	il Lobbying				
•	e Professional fundraising services See Part IV, line 17				
1	Investment management fees				
9	GOTHER (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	200,060		200,060	
12	Advertising and promotion	1,534		1,534	
13	Office expenses				_
14	Information technology				_
15	Royalties				
16	Occupancy	3,600		3,600	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,143,673	1,143,673		
23	Insurance				
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)				
	a UNRELATED BUSINESS INCO	3,541	3,541		
	b FIBER EXPENSE	529,303	529,303		
	c G&A EXPENSE	53,445	53,445		
	d OPERATING TAXES	51,011	51,011		
	e All other expenses	30,054	30,054		
25	Total functional expenses. Add lines 1 through 24e	2,176,587	1,886,317	290,270	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balance

Assets or 30

Net

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

b Less accumulated depreciation

Intangible assets . . .

Grants payable . .

Deferred revenue . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	49,158	1	331,828
	2	Savings and temporary cash investments	1,191,940	2	3,019,506
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	34,862	4	503,874
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
S	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		6	
et	7	Notes and loans receivable, net	2,189,107	7	2,863,602
SS	8	Inventories for sale or use		8	
⋖	_		27.440		67.607

7,921,602

4,866,716

10a

10b

37.118

4,198,559

2.457.541

10.158.285

13.284

9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

27 28

29

31

32

33

34

0 30

10,145,001

10.145.001

10,158,285

13.284

67.687

3,054,886

9.841.383

850

850

0

9,840,533

9,840,533

9,841,383

Form **990** (2018)

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,872,119
2	Total expenses (must equal Part IX, column (A), line 25)	2			,176,587
3	Revenue less expenses Subtract line 2 from line 1	3		-304,468	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		10	,145,001
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		9	,840,533
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990				
	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?		2a	 	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2ь	 	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

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

lo__

Form **990** (2018)

3b

Additional Data

Software ID:

Software Version:

EIN: 20-1024004

Name: INLAND DEVELOPMENT CORPORATION

EDUCATION, RESEARCH AND INFORMATION SHARING

Form 990, Part III, Line 4a:

Form 990 (2018)

INLAND DEVELOPMENT CORPORATION WILL PROVIDE ADVANCED BROADBAND FACILITIES TO THE EDUCATIONAL AND PUBLIC SECTORS FOR THE ADVANCEMENT OF

As Filed Data efile GRAPHIC print - DO NOT PROCESS **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 the latest information.

DLN: 93493322011059 OMB No 1545-0047

Open to Public **Inspection**

	me of the organization AND DEVELOPMENT CORPORATION			Emp	oloyer identificati	on number
TIME	AND DEVELOPMENT CORPORATION			20-1	1024004	
Pā	art I Organizations Maintaining Donor Advi			r Acc	counts.	
	Complete if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·			41.55	
		(a) Donor advi	sed funds		(b)Funds and oth	er accounts
L	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		ets held in donor ad	vised		☐ Yes ☐ No
5	Did the organization inform all grantees, donors, and donor charitable purposes and not for the benefit of the donor private benefit?					□ Yes □ No
Рa	rt II Conservation Easements. Complete if the	he organization answe	red "Yes" on Form	n 990). Part IV. line 7.	1es 110
	Purpose(s) of conservation easements held by the orga			11 330	, raiciv, iiic / i	
	Preservation of land for public use (e.g., recreation			hictor	rically important lar	ud area
						iu ai ea
	☐ Protection of natural habitat		Preservation of a c	ertifie	d historic structure	
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation co	ntribution in the for	m of a		
_	Total number of conservation easements		ı	2-	Held at the En	d of the Year
a L	Total acreage restricted by conservation easements			2a		
b	Number of conservation easements on a certified histor	us structure included in (-	.,	2b		
C	Number of conservation easements included in (c) acqu	•	· .	2c		
d	structure listed in the National Register	ined after 7/25/00, and fi	ot on a mistoric	2d		
3	Number of conservation easements modified, transferred tax year ▶	ed, released, extinguished	d, or terminated by	the or	ganızatıon durıng tl	ne
1	Number of states where property subject to conservation	on easement is located >				
5	Does the organization have a written policy regarding t	he periodic monitoring, in	spection, handling of	of viola	— ations,	
	and enforcement of the conservation easements it hold		,		☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violatio	ns, and enforcing co	nserv	ation easements du	iring the year
7	Amount of expenses incurred in monitoring, inspecting, \$, handling of violations, a	nd enforcing conserv	vation	easements during	the year
3	Does each conservation easement reported on line 2(d)) above satisfy the require	ements of section 1	70(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?				☐ Yes	☐ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	e footnote to the organiza	s revenue and exper tion's financial state	nse sta ements	atement, and s that describes	
aı	rt III Organizations Maintaining Collections Complete If the organization answered "Ye			er Si	milar Assets.	
La	If the organization elected, as permitted under SFAS 1: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its final	public exhibition, educat	ion, or research in f			
b	If the organization elected, as permitted under SFAS 1: historical treasures, or other similar assets held for pub 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 following amounts required to be reported under SFAS			ncıal g	jain, provide the	
а	Revenue included on Form 990, Part VIII, line 1				> \$	

b Assets included in Form 990, Part X

Par	1111	Organizations Ma	aintaining Colle	ctions o	of Art, H	listori	cal T	reası	ares, o	r Other	Similar A	ssets (co	ntınued)	
3		the organization's acq (check all that apply)	uisition, accession,	and other	records,	check	any of	the fo	ollowing t	that are a	significant i	use of its c	ollection	
а		Public exhibition				d		Loan	or exch	ange prog	yrams			
b		Scholarly research				е		Othe	ır					
С		Preservation for future	e generations											
4	Provid Part X	e a description of the l	organization's collec	ctions and	l explain l	how the	ey furtl	her the	e organiz	zation's ex	xempt purpo	ose in		
5		g the year, did the orga to be sold to raise fur									nılar	☐ Yes		lo
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			" on For	m 990	, Part	IV, lı	ine 9, o	r reporte	ed an amou	unt on Fo	rm 990,	Part
1a		organization an agent ed on Form 990, Part)		or other	ıntermedi	ary for	contri	bution	s or oth	er assets	not	☐ Yes		lo
ь	If "Yes	s," explain the arrange	ement in Part XIII a	nd comple	ete the fo	llowina	table				A	mount		_
c		ning balance		'		,				1c				_
d	_	ons during the year								1d				
е	Distrib	outions during the year	r							1e				_
f	Ending	g balance								1f				
2a	Did th	e organization include	an amount on Forn	n 990, Pai	rt X, line 2	21, for	escrov	v or cu	ıstodıal a	account lia	ability?	☐ Yes		lo
b	If "Yes	s," explain the arrange	ement in Part XIII (Check her	e ıf the ex	kplanati	on has	s been	provide	d in Part)	XIII			
Pa	rt V	Endowment Fund	ds. Complete ıf tl	he organ	ızatıon a	nswer	ed "Y	es" oı	n Form	990, Par	t IV, line 1	LO.		
				(a)Currer	nt year	(b) P	rıor yea	r	(c)Two y	ears back	(d)Three yea	ars back (e) Four yea	rs back
	_	ng of year balance .												
		utions												
		estment earnings, gair	· —											
		or scholarships	<u> </u>											
е		xpenditures for facilities	es											
f		strative expenses .						_						
		year balance	 					_						
2	•	e the estimated percei	ntage of the gurron	t voor one	d balance	/line 1	a colu)) hold a					
ے a		designated or quasi-e	=	t year ent	Dalance	(mie ri	g, colu	IIII (a)) Helu a	15				
b		inent endowment >												
_		prarily restricted endov	wment >											
С		ercentages on lines 2a		egual 100	0%									
За	•	ere endowment funds				on that	t are h	eld an	ıd admın	istered fo	r the			
	organı	zation by			5								Yes	No
	(i) un	related organizations										3a(
		lated organizations .			٠.,							3a(i		
р 4		s" on 3a(II), are the rel be In Part XIII the Inte										3b	·	
	t VI	Land, Buildings,			ii a eiluov	viiieilt l	unus							
rei	C VI	Complete if the org			" on For	m 990	, Part	IV, lı	ine 11a	. See Foi	rm 990, Pa	rt X, line	10.	
	Descrip	otion of property	(a) Cost or other (investment	- basıs	(b) Cost						depreciation) Book valı	ie
1a	Land .													
b	Building	js		342,420							12,557			329,863
С	Leaseho	old improvements												
d	Equipm	ent		2,312							2,312			0
				7 576 070	l				 		4 054 047			

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

Part VII Investments—Other Securities. Complete if the ord See Form 990, Part X, line 12.	ganızatı	on answere	d "Yes" on Form 990, Part IV	, line 11b.
(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuati Cost or end-of-year mark	
1) Financial derivatives				
3)Other				
A)				
B)				
C)				
D)				
E)				
F)				
G)				
н)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	Þ			
The street of the organization answered 'Yes' on Form				
(a) Description of investment	(b) Boo	ok value	(c) Method of valuati Cost or end-of-year mark	
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		000 0 17	/	1 45
Part IX Other Assets. Complete if the organization answered 'Yes' (a) Description	on Form	990, Part IV		(b) Book value
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answer	· ·	· · · · s' on Form		
See Form 990, Part X, line 25. (a) Description of liability		(b) Book		
1) Federal income taxes		(-,		
2)				
3)				
4)				
5)				
	-+			
			1	
6)				
6) 7)				
6) 7) 8)				
6) 7) 8) 9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25)	•			

1

Schedule D (Form 990) 2018

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990. Part VIII. line 12

1

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Returi	n.
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Par	t XIII Supplemental Information		
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional informatio		4, Part X, line 2, Part
	Return Reference Explanation		

Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Return Reference		Explanation	
			Schedule D (Form 990) 2018

DLN: 93493322011059 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number INLAND DEVELOPMENT CORPORATION 20-1024004 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

PRIOR TO BEING PAID THE GRANT

Schedule I (Form 990) 2018

efile GRAPH	IIC print - [DO NOT PROCESS	As Filed Data -		DLN:	93493322011059
COLLEBIU	F 0					OMB No 1545-0047
SCHEDUL (Form 990 or EZ)		Complete to pro	tal Information ovide information for or 990-EZ or to prov	ions on	2018	
Department of the T	Treasury	► Go to <u>ı</u>		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
Name l Bะthe เอโด INLAND DEVELOPN		rion		Employer identi 20-1024004	fication number	
990 Schedul	e O, Supple	emental Informatio	n			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 8B	THE ORGA	NIZATION DOES NOT I	HAVE COMMITTEES			

Return
Reference

EXPLANATION

THE BOARD OF DIRECTORS REVIEWS THE FORM 200 RRIGHT TO FILING.

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, PART VI, SECTION B.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE BOARD OF DIRECTORS, CEO, CTO, OUTSIDE PLANT FOREMAN, AND DIRECTOR OF FINANCE ARE REQUIRED TO SHOW NO CONFLICT OF INTEREST AT THE ANNUAL MEETING ALL REQUIRED PARTIES ARE QUESTION B, ONED

Return Explanation
Reference
FORM 990. ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

LINE 19

FORM 990, ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST
PART VI,
SECTION C.

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -										DLN: 93493	322011	059		
SCHEDULE R (Form 990)	> 0	Related C	_		s" on Form	n 990, Parl		_		37.		OMB No 1545-0047 2018				
Department of the Treasury Internal Revenue Service	ternal Revenue Service											Open to Public Inspection				
Name of the organization INLAND DEVELOPMENT CORPORATION	ON							Emp	loyer identifi	ication	number					
										024004						
Part I Identification	of Disregarded E	ntities Complete if	he organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3.	3. ———							
Name, address, and	(a) EIN (If applicable) of disre	egarded entity		(b) Primary a		(c) Legal domicile (state or foreign country)		(d) Total inco	come End-of-year a		sets	(f Direct co ent	ntrolling			
	of Related Tax-Ex npt organizations di	empt Organization uring the tax year.	s Comple	ete if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	/, line 34 bed	cause	ıt had one or	more			
Name, address, an	(a) d EIN of related organızatı	ed organization		(b) ary activity	Legal dom	c) nicile (state n country)	(d) Exempt Cod		Public cl	(e) narity status n 501(c)(3))	Dır	(f) rect controlling entity	Section (13) cor enti	512(b) itrolled ty?		
													Yes	No		
For Paperwork Reduction Ac	t Notice see the Inc	structions for Form O	90			at No. 5013	257				Scho	edule R (Form	990) 30	18		

	(a) Name, address, and EIN of related organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomin income(relate unrelate excluded f tax und sections 5 514)	lated, tota ed, from ler 512-	(f) hare of al income	(g) Share of end-of-year assets			(i) Code V-l amount in 20 of Schedule (Form 10	box m K-1 65)	(j) enera nanagi partne	ng ow	(k) rcenta mersh
									Yes	No			es i	10	
												_	_	_	
												+	+	+	
													\perp		
			1 1									-+	+	_	
IV Identification of Related Or	ganizations Taxable as a	Corporation	or Trus	t Complete	ıf the org	ganizatio	n answ	ered "Yes	s" on Fo	orm 9:	90, Part	IV, lır	ne 3	4	
IV Identification of Related Or because it had one or more related organization Name, address, and EIN of related organization	rganizations Taxable as a lated organizations treated a (b) Primary activity	as a corporation (c Leg domi (state or	on or trus) 	st during th	e tax yea	ganizatio ar. (e) ype of entit corp, S coi or trust)	ty Sha	rered "Yes (f) Irre of total Income	Share o	(g)	of- P	IV, lir (h) ercentae	ge	Section (13) of er	cont ntity
because it had one or more rel (a) Name, address, and EIN of	lated organizations treated a	as a corporation (c	on or trust) al cole foreign try)	st during th	e tax yea	(e) ype of entit	ty Sha rp,	(f) ire of total	Share o	(g) of end-c	of- P	(h) ercenta	ge Ip	Section (13) of	cont ntity
because it had one or more rel (a) Name, address, and EIN of related organization	lated organizations treated (b) Primary activity	as a corporation (c Leg dominate or county)	on or trust) al cole foreign try)	st during th	e tax yea	(e) ype of entit	ty Sha rp,	(f) are of total ancome	Share o	(g) of end-o rear ssets	of- P	(h) ercenta wnersh	ge Ip	Section (13) of er	cont ntity
because it had one or more rel (a) Name, address, and EIN of related organization IDWAVE TECHNOLOGIES INC 1390 MAN, OR 97818	lated organizations treated (b) Primary activity	as a corporation (c Leg dominate or county)	on or trust) al cole foreign try)	st during th	e tax yea	(e) ype of entit	ty Sha rp,	(f) are of total ancome	Share o	(g) of end-o rear ssets	of- P	(h) ercenta wnersh	ge Ip	Section (13) of er	cont ntity
because it had one or more rel (a) Name, address, and EIN of related organization IDWAVE TECHNOLOGIES INC 1390 MAN, OR 97818	lated organizations treated (b) Primary activity	as a corporation (c Leg dominate or county)	on or trust) al cole foreign try)	st during th	e tax yea	(e) ype of entit	ty Sha rp,	(f) are of total ancome	Share o	(g) of end-o rear ssets	of- P	(h) ercenta wnersh	ge Ip	Section (13) of er	ntit
because it had one or more rel (a) Name, address, and EIN of related organization IDWAVE TECHNOLOGIES INC 1390 MAN, OR 97818	lated organizations treated (b) Primary activity	as a corporation (c Leg dominate or county)	on or trust) al cole foreign try)	st during th	e tax yea	(e) ype of entit	ty Sha rp,	(f) are of total ancome	Share o	(g) of end-o rear ssets	of- P	(h) ercenta wnersh	ge Ip	Section (13) of er	on ntit
because it had one or more rel (a) Name, address, and EIN of related organization IDWAVE TECHNOLOGIES INC 1390 MAN, OR 97818	lated organizations treated (b) Primary activity	as a corporation (c Leg dominate or county)	on or trust) al cole foreign try)	st during th	e tax yea	(e) ype of entit	ty Sha rp,	(f) are of total ancome	Share o	(g) of end-o rear ssets	of- P	(h) ercenta wnersh	ge Ip	Section (13) of er	con ntit
because it had one or more rel (a) Name, address, and EIN of related organization IDWAVE TECHNOLOGIES INC 1390 MAN, OR 97818	lated organizations treated (b) Primary activity	as a corporation (c Leg dominate or county)	on or trust) al cole foreign try)	st during th	e tax yea	(e) ype of entit	ty Sha rp,	(f) are of total ancome	Share o	(g) of end-o rear ssets	of- P	(h) ercenta wnersh	ge Ip	Section (13) of er	con ntit

Schedule R (Form 990) 2018		P	age 3
Part V Transactions With Related Organizations Comp	plete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV o	of this schedule	Yes	No
1 During the tax year, did the organization engage in any of the follow	wing transactions with one or more related organizations listed in Parts II-IV?	1	1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent fro	rom a controlled entity	a Yes	
${f b}$ Gift, grant, or capital contribution to related organization(s)		,	No
${f c}$ Gıft, grant, or capital contribution from related organization(s) .		=	No
d Loans or loan guarantees to or for related organization(s)		:	No
f e Loans or loan guarantees by related organization(s)		2	No
f Dividends from related organization(s)		f	No
g Sale of assets to related organization(s)		<u>, </u>	No
h Purchase of assets from related organization(s)	II	n	No
i Exchange of assets with related organization(s)	1	i T	No
j Lease of facilities, equipment, or other assets to related organizati	1j	1	No
k Lease of facilities, equipment, or other assets from related organi		K .	No
l Performance of services or membership or fundraising solicitations	s for related organization(s)	П	No
m Performance of services or membership or fundraising solicitations	s by related organization(s)	n	No
n Sharing of facilities, equipment, mailing lists, or other assets with	related organization(s)	n	No
\boldsymbol{o} $$ Sharing of paid employees with related organization(s) . $$. $$.	1	Yes	\blacksquare
p Reimbursement paid to related organization(s) for expenses .		p Yes	,
\boldsymbol{q} $\;$ Reimbursement paid by related organization(s) for expenses .		1	No
f r Other transfer of cash or property to related organization(s)		- 	No
\boldsymbol{s} $$ Other transfer of cash or property from related organization(s) .		š	No
2 If the answer to any of the above is "Yes," see the instructions for	r information on who must complete this line, including covered relationships and transaction thresholds		
(-)	(4)		

				\vdash	+						
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No						
I Performance of services or membership or fundraising solicitations for related organization(s) \dots				11	No						
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No						
o Sharing of paid employees with related organization(s)				1o Yes							
p Reimbursement paid to related organization(s) for expenses				1p Yes	 						
f q Reimbursement paid by related organization(s) for expenses				1q	No						
r Other transfer of cash or property to related organization(s)				1r	No						
s Other transfer of cash or property from related organization(s)				1s	No						
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds										
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	iount involve	d						
(1)WINDWAVE TECHNOLOGIES INC	Р	0	FAIR MARKET VALUE								

0

FAIR MARKET VALUE

(2)WINDWAVE TECHNOLOGIES INC

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

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 foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	(e) Are all partners section 501(c)(3) organizations?		(f) (g) Share of total income end-of-year assets		(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Forn	1 99	0) 2018

