EXTENDED TO JULY 15, 2020 Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) Fam 990-T 2019 For calendar year 2018 or other tax year beginning  $\,SEP\,\,1$  ,  $\,\,2018\,\,$ , and ending AUG 31 ► Go to www irs gov/Form990T for instructions and the latest information Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if Name of organization ( Check box if name changed and see instructions.) address changed 42-0841485 B Exempt under section Print ACT, INC. F Unrelated business activity code X 501(c()(3 Number, street, and room or suite no. If a P.O. box, see instructions Type 408(e) 220(e) PO BOX 168 408A City or town, state or province, country, and ZIP or foreign postal code 530(a) 529(a) IOWA CITY, IA 52243-0168 611710 C Book value of all assets F Group exemption number (See instructions.) 568, 415, 093. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated If only one, complete Parts I-V If more than one. trade or business here > SEE STATEMENT 1 describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation 319-337-1000 J The books are in care of ► LUCAS KUHLMANN Telephone number Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses 656,720. 1a Gross receipts or sales 656,720. b Less returns and allowances c Balance 1c 1,076,532. 2 Cost of goods sold (Schedule A, line 7) 2 -419,812. -419,812 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 42 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts RECEIVED Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 JUN **2 4 2020** Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) OGDEN. Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 1<u>T</u> Other income (See instructions; attach schedule) 12 -419,812 -419.812. Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 Repairs and maintenance 16 16 17 17 Bad debts Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses SEE STATEMENT 2 0. 20 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 21 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 222 23 23 24 Contributions to deferred compensation plans 24 25 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 Other deductions (attach schedule) 28 Ō. Total deductions Add lines 14 through 28 29 -419.812.Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 -419.812. Unrelated business taxable income Subtract line 31 from line 30 Form 990-T (2018)

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	Control of the Contro	10.	-0841485	2
	ACT, INC.	-1 1	-0042103	
امسيد	Total Unrelated Business Taxable Income  Total Unrelated Business Taxable Income  Total Chief Incomes to the merces compiled from thems blind had not not be more expression.	at en .	1 33 F	-419,812.
33	Total of the Tried the Sast Lividge for any regular three for the first		34	,
34	Accountry of the explorest form?  Observed on the explorest term of an of the original to be parameter for a famous of \$100 cm or national terms.	TWT		0.
35	Construction of the control for any finite specific demands folding the Petron theorem of the Control for the			"'
,le			36	-419,812.
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37	Unrelated business taxable income - place those 37 from tine at 4 line 35 requester than the at-		27	
ŖĘ	ciplet the defact of cip of the or		39	419,812.
( Part	IV1 Tax Computation			
30	Organizations Taxable as Corporations Multiply line of the 20% (0.21)	~ -	▶ 39	0.
10	Trusts Laxable at Liust Bates (b) subfractions by his computation, by the last on the annual on line (	15 և ա.	-	
	Essential Control Solveton Patronii 1044)	• • • • • • • • • • • • • • • • • • • •	▶ 40	
41	Prove tax and are ber		<b>4</b> 1	-
42	Aliena to a monomer (expanse only)		42	- •
43	Tax on Noncompliant Facility Income. See including		43 1	
44	Total Add In \$ 11 (2) and 13 to line 39 or 40, chir forcer applies		44 i	0.
Part V	Tax and Payments			· · · · · · · · · · · · · · · · · · ·
45a	Foreign lay could proporations attach form 1118 musticartect Form 1116) 451	······································	E	
	Other coulds (see instructions) 45b.			
с	General business ground. At a h Form 32 for 45c.			
đ	Could for anony you minimum tax (attach Form 1980) for 1882 ()	<del></del>		
	Total credits. Add lines the the englisted		1 45e	
46	Subtract line (for from line) (a)		46 !	0.
47	Other taxes. Check if from [ ] Form 1255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8566 [ ]	Other Geographic	1	
48	Total tax. Add lines 16 and 17 (see distructions)	,	1 48 1	0.
	2018 net 965 tax hability and from Form 965 A or Form 965 B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overouyment credited to 2018			***************************************
	2018 estimated thy payments 50b	<del></del>		
	Tax deposited with Form 8868	·		
d l	Foreign organizations. Tan paid o: e-thibeta at source (see instructions).			
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941) 501	<del></del>		
	Other credits, adjustments, and payments Form 2439		1	
	Form 4136 Other Tota: > 500			
51 1	Total payments. Add lines 50a through 50g		51	
52 8	Stimated tax penalty (see instructions). Check if Form 2220 is attached.	,	52 1	PARTIES
	fax due. If line 51 is fess than the fotal of lines 43, 49, and 52, enter amount ovice	•	▶ 1 53 I	
	Overpayment: If line 5% is larger than the folial of lines 18, 19, and 52, onler amount overpaid		<b>▶</b> 1 54 1	
. 55 E	inter the amount of line 54 yeu want. Credited to 2019 estimated tax.	Refunded	<b>▶</b> 55 1	
		instructions)		
56 /	it any time during the 2018 calendar year, did the organization have an interest in or a signature or other a	outhority		Yes No
0	iver a firminical account (bank, securities, or other) in a foreign country? If "Yes," the organization may hav	e to fre		
F	mCENT or in 111, Report of Foreign Back and Empirical Accounts. If "Yes" enter the name of the foreign c	ountry		
h	ere > SEE STATEMENT 3			X
57 C	buring the tax year, did the enqueration is come a distribution from or was it the granter of or transferor	to, a foreign trust	17	I X
11	TYPES, I SEE INSTRUCTIONS for other forms the augmnization may have to file	_		
	nter the amount of tax-exempt interest reserved or accrued during the tax year. >\$			
1		nd o hate 1, inc,	kan tati maki ba	14.7
	conser and complete Circles decord restance. The financial restance is the control of the contro	na was.		
iere :	6/15/20 CTO		the transition of	mages for the the
:-:-:-	Segmantire of officer Date Title	<del></del>	Contraction of	X yes No
÷;;;,,4~	Print/Type preparer's name Propager's signature Date	Check	a [200	<del></del>
Paid			•	
	CARLEY UMSTEAD Carley Umstead 06/08/20	120		982177
Prepare	and the LLD	Fani's E		0714325
Use On	201 FIRST ST SE, SUITE 800		<del></del>	
	Fam saudress ► CEDAR RAPIDS, IA 52401	Phone r	no 319-29	8-5333
P23/11 (F				onn 990-T (2018)
			•	,-0.01

P73/11 II 19= 9

1.

Schedule A - Cost of Good	Is Sold. Enter	method of invent	on, va	luation > N/A					
1 Inventory at beginning of year	1	0.		Inventory at end of yea	— r		6	T	0.
2 Purchases	2		1	Cost of goods sold Su		line 6			
3 Cost of labor	3		1 '	from line 5. Enter here					
4 a Additional section 263A costs			1	line 2			7	1,07	6,532.
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to			Yes No
,		,076,532.		property produced or a		•			
5 Total Add lines 1 through 4b		,076,532.	1	the organization?		, ,			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pers	onal Property L	ease	d With Real Pro	opert	(y)	
1 Description of property									
(1)									
(2)									
(3)									
(4)	<u>.</u>		,						
		ed or accrued				3(a) Deductions dire	etly con	nected with the i	ncome in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for pe	ersonal p	nal property (if the percentago property exceeds 50% or if d on profit or income)	ge	columns 2(	a) and 2(i	b) (attach schedu	ile)
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	<u> </u>			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columns	ın (A)	<b>&gt;</b>			0.	(b) Total deductions Enter here and on page Part I, line 6, column (B)			0.
Schedule E - Unrelated De	bt-Financed	Income (see	nstruc	tions)					
			2.	Gross income from		<ol><li>Deductions directly to debt-fir</li></ol>			ole
1 Description of debt-f	inanced property		'	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other d	
(1)							_		
(2)									
(3)	•								,,
(4)									
4 Amount of average acquisition debt on or allocable to debt-imanced property (attach schedule)	of or debt-fine	adjusted basis allocable to inced property h schedule)	6.	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		(column 6 x to	e deductions stal of columns and 3(b))
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1 Part I, line 7, column (A)		Enter here and Part I line 7	
Totals				▶			0.		0.
Total dividends-received deductions (	ncluded in columi	1 R		- 1					0.

\* SEE STATEMENT 5

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		,	Exempt	Controlled O	rganızatı	ons		(300		<u>-7</u>	
1 Name of controlled organization	ident	mployer ification mber		elated income a instructions)	4. Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4) Nonexempt Controlled Organiz	vations										
7 Taxable Income	8 Net unrelated inco (see instruction		9. Total	of specified payr made	nents	10 Part of column the controllingross	nn 9 that ng organ s income	l is included lization s		ductions directly connected in income in column 10	
(1)					-						
(2)											
(3)									<del> </del>		
(4)	<del> </del>										
		, <u>, l</u>				Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 Here and on page 1, Part I, Hine 8 column (B)	
Totals					<u> </u>			0.		0.	
Schedule G - Investmer (see instr		Section 5	501(c)(7	7), (9), or ( <sup>*</sup>	17) Org	ganization					
1 Descr	iption of income	J17 L-1 11 1		2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4 Set-a (attach se		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)						·					
(3)											
(4)			<u>-</u>								
				Enter here and e Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Totals			•		0.					0.	
Schedule I - Exploited I		y Income,	Other	Than Adv		g Income					
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expedirectly cowith procoff unrelabusiness	nnected luction lated	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attributa colun	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)		1									
(2)				1		·					
(3)				<b>†</b>							
(4)		†		-							
	Enter here and on page 1, Part I line 10, col (A)	Enter here page 1, line 10, c	Parti,		<u> </u>					Enter here and on page 1 Part II line 26	
Totals	0.		0.				1.00			0.	
Schedule J - Advertisin				•						· ·	
{Part{I∭ Income From F				solidated	Basis						
1 Name of periodical	2 Gross advertising income		Direct tising costs	4 Advert or (loss) (co col 3) If a ga cols 5 It	ol 2 minus iin, comput	5 Circulat		6 Reade		7 Excess readership costs (column 6 minus column 5 but not more than column 4)	
(1)										30 C 20 C	
(2)											
(3)								-			
(4)											
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0							0.	
										Form 990-T (2018	

Part II Income From Perio	•		ate Basis (For eac	ch periodical listed in P	art II, fill in	
columns 2 through 7 on a	l line by-line basis)					
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation 6	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1 Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensation	າ of Officers, D	Directors, and	Trustees (see in:	structions)		
1 Name			2 Title	3 Percent of time devoted to business		pensation attributable prelated business
(1)				9	6	
(2)				9	6	
(3)				9	6	
(4)				9	6	
Total Enter here and on page 1, Part II, I	ine 14			<b>•</b>		0.
			<del></del>	<u> </u>		Farm 000 T (0010)

Form 990-T (2018)

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

PROVIDES TESTING SERVICES TO PROFESSIONAL ORGANIZATIONS.

TO FORM 990-T, PAGE 1

FORM 990-T CONTRIBUTIONS SUMMARY		STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2013 813,324 FOR TAX YEAR 2014 527,575 FOR TAX YEAR 2015 844,258 FOR TAX YEAR 2016 653,584 FOR TAX YEAR 2017		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	2,838,741	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	2,838,741	<del></del> -
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	2,838,741 0 2,838,741	_
ALLOWABLE CONTRIBUTIONS DEDUCTION		0
TOTAL CONTRIBUTION DEDUCTION		0

		<del></del>
FORM 990-T	NAME OF FOREIGN COUNTRY IN WHICH	STATEMENT 3
	ORGANIZATION HAS FINANCIAL INTEREST	

## NAME OF COUNTRY

AUSTRALIA CHINA SOUTH KOREA INDONESIA NETHERLANDS HONG KONG

FORM 990-T	NET	OPERATING	LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLI	-	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/18	577,899.	-	0.	577,899.	577,899.
NOL CARRYO	VER AVAILABLE THIS	YEAR		577,899.	577,899.

42-0841485

FORM 990-T COST OF G	GOODS SOLD - OTHER COSTS	STATEMENT 5
DESCRIPTION		AMOUNT
TRAVEL (EXCLUDING MEALS) MEALS @ 50% SALARIES & WAGES GENERAL SUPPORT ALLOCATED INDIRECT COSTS SERVICES & FEES		6,560. 642. 340,575. 241,468. 473,399. 13,888.
TOTAL TO FORM 990-T, SCHEDULE A,	LINE 4B	1,076,532.