Companying of the Teach Process of the Teach Pro	Form <b>990-T</b>	Exempt C	rganization Bus	sine	ss Income T	'ax Returı	n _	OMB No	1545-0687
Department of the Treasure   Department of the State   Department o	7	-				13	OB 1	21	147
Do not enter SSM names on this form as it may be made public if your organization is a \$01(c)(3)   Settle of Continuation of the property of		For calendar year 2017 or ot	her tax year beginning ${\color{red} { ext{SEP}} $	20	17 , and ending $AU$	G 31, 201	18	<b></b>	J I /
A   Check box of address changed   A   Check box of a mane of aganization (a. 1981(c))   Steps of a season of a	Department of the Treasury							Open to Bu	blic lococcion for
B Exempt unger section    State   Sta						ation is a 501(c)(3			
Recent under section		Name of organiza	ition ( L) Check box if name o	hanged	and see instructions )		(Emp	ployees trus	
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408(e)   220(e)   199e   19									
400A   150(8)   120(9)   120(9)   120(9)   100   10				x, see II	istructions.				
TOWA CITY, IA 52243-0168		PO BOX					4		
C Both Standard value and all assets and of Volva. 208 , 8 4 6 . S Check organization type					n postal code			710	E 41000
B Describe the organization's primary unrelated business activity.   SEE STATEMENT 1							ртт	L / T U	_541900
During the lax year, was the corporation a subsidiary on an affiliated group or a parent-subsidary controlled group?   Ves    X   No   If Yes, enter the name and dentifying number of the parent corporation	at end of year	F Group exempti	on number (See instructions )	<u> </u>	1 504(-)1	Labar	<b>.</b>		Ton
During the lax year, was the corporation a subsidiary on an affiliated group or a parent-subsidary controlled group?   Ves    X   No   If Yes, enter the name and dentifying number of the parent corporation	002,208,8	46 .   G Check organiza	tion type X 501(c) corp	poration	COLA DEMENTO 1	401(a	) trust		J Other trust
If Yes, enter the name and identifying number of the parent corporation ▶  J The books are in care of ▶ SANTONU JANA Telephone number ▶ 319 – 337 – 1000  Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net  1a Gross recepts or sales 570,802. b Less returns and allowances C Cost of goods sold (Schedule A, line 7) C Goods sold (Schedule A, line 7) C Capital gan net income (attach Schedule D) A 2 Capital gan net income (attach Schedule D) A 3 — 576,569. C Capital loss deduction for frusts C Line and Income (Schedule C) C Unrelated debt-Inanced income (Schedule E) C Income (loss) from partnerships and Scorporations (attach statement) C Rent income (Schedule C) C Unrelated debt-Inanced income (Schedule E) C Income (loss) from partnerships and Scorporations (attach statement) C Rent income (Schedule C) C Unrelated debt-Inanced income (Schedule E) C Income (loss) from partnerships and Scorporations (attach statement) C Rent income (Schedule C) C Unrelated debt-Inanced income (Schedule E) C Exploited exempt activity income (Schedule E) C Exploited exempt activity income (Schedule E) C Exploited exempt activity income (Schedule I) C Exploited Exploit	n Describe the organization	s primary unrelated dusir	less activity.		SIMIEMENI I			<del></del>	Tale
The books are in care of   SANTONU JANA   Telephone number   319-337-1000     Part I   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net				nt-subs	idiary controlled group?	<b>•</b>	Y	es LA	] NO
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Exploited exempt activity income (Schedule I)  Advertising income (Schedule J)  10 Other income (See instructions; attach schedule)  11 Other income (See instructions; attach schedule)  12 Other income (See instructions; attach schedule)  13		•	- , ,	9					
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Other deductions (attach schedule)  Total deductions Add lines 14 through 28  29  1, 330.  Unrelated husiness tayable income before not operating less deduction. Subtract line 29 from line 13	Excess exempt exper						-	<del> </del> -	
Total deductions Add lines 14 through 28  29  1,330.		•					$\vdash$	<del> </del>	
Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32  Z23701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions  Total deduction in 10							-	<del> </del>	1 330
Net operating loss deduction (limited to the amount on line 30)  Unrelated business taxable income before specific deduction Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32  A23701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions  Torriginal time 13  Subtract line 30  31  32  479, 391.  33  1,000.	30 Unrelated business to		naratina lace deduction. Cubtros	t line Of	from line 12			- 4	79 391
Unrelated business taxable income before specific deduction Subtract line 31 from line 30  Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32  Z2370 10-22-18 LHA For Paperwork Reduction Act Notice, see instructions  To Paperwork Reduction Act Notice, see instructions  To Paperwork Reduction Act Notice, see instructions	L31 Met operation loca de		•	t 11116 Z3	7 II OH III III 13			-	, , , , , , , , , ,
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  33	32 Unrelated historics to	•		om line	30			-1	79.391
Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32  Z23701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions	Specific deduction (6	·			00		-	<del>                                     </del>	
Inne 32  Section 101-22-18 LHA For Paperwork Reduction Act Notice, see instructions  Form 990-T (2017)	34 Unrelated hyerness			•	than line 32, enter the em	aller of zero or	- 33	<del>                                     </del>	
223701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions Form 990-T (2017)	line 32	endere modifie Outlidel	55 HOTH IIIG 52, II IIIG 53 IS !	91 94161	02, 001 1110 3111	<b>24</b>	M	-47	79,391.
	723701 01-22-18 LHA Fn	Paperwork Reduction A	t Notice, see instructions		<del></del>		, J		

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Form 990-	(2017) ACT, INC.	42-08	841485		F	Page 2
Part I						_
35	Organizations Taxable as Corporations See instructions for tax computation					
	Controlled group members (sections 1561 and 1563) check here  See instructions and					
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)					
	(1) \$   (2)  \$   (3)  \$					
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$					
	(2) Additional 3% tax (not more than \$100,000)					
C	Income tax on the amount on line 34		► 35c			0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3	34 from:				
	Tax rate schedule or Schedule D (Form 1041)	)	▶ 36			
37	Proxy tax See instructions	)	▶ 37			
38	Alternative minimum tax		38			
39	Tax on Non-Compliant Facility Income See instructions		39			
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	_	40			0.
	V Tax and Payments					
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  41a		_			
b	Other credits (see instructions) 41b					
	General business credit. Attach Form 3800		_			
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	Total credits Add lines 41a through 41d		41e			_
42	Subtract line 41e from line 40	٦؞؞	42			0.
43	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedul				0.
44	Total tax Add lines 42 and 43	Ī	44			<u>.</u>
	Payments A 2016 overpayment credited to 2017 45a		$\dashv$ $\vdash$			
	2017 estimated tax payments 45b Tax deposited with Form 8868 45c		$\dashv$ $\vdash$			
			$\dashv$ 1			
	, , , , , , , , , , , , , , , , , , ,		$\dashv$ $\vdash$			
	Backup withholding (see instructions) 45e Credit for small employer health insurance premiums (Attach Form 8941) 45f		$\dashv$ $\downarrow$			
	Other credits and payments: Form 2439		$\dashv$ $\parallel$			
y	Form 4136 Other Total > 45g					
46	Total payments. Add lines 45a through 45g		46			
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached		47			
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	ı	▶ 48			0.
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	j	▶ 49			0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Refunded	▶ 50			
Part \	Statements Regarding Certain Activities and Other Information (see	e instructions)				
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other	r authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may ha	ive to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign of	country				
	here ► SEE STATEMENT 4				X	
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	r to, a foreign trust?		L		X
	If YES, see instructions for other forms the organization may have to file.					
53	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			<u> L</u>		
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has an	ts, and to the best of my ny knowledge	knowledge and	i belief, it is tr	10,	
Sign Here			May the IRS			rith
Here	Signature of officer Date CFO			shown below		l Na
		T out to	instructions)?	Y X Yes		No
	Print/Type preparer's name Preparer's signature Date	Check	] if PTIN			
Paid	CARLEY IMCHEAD /Alley//males A 7/2/	self- employ		09821	77	
Prepa	Ter Suntana DCM HC LLD	Firm's EIN		-0714		
Use C	201 FIRST ST SE, SUITE 800	- FRITTS EIN	7.4	0 / 1 4	J 4 .	
	Firm's address  CEDAR RAPIDS, IA 52401	Phone no	319-2	98-53	33	
	THE PERSON POR CONTROL OF THE PERSON PROPERTY PROPERTY OF THE PERSON PROPERTY PROPERTY PROP	1				

Schedule A - Cost of Good	is Soid. Enter me	etnoa ot invente	ory valuation 🚩 IN / A	1			
1 Inventory at beginning of year	1	0.	6 Inventory at end of year	ar		6	0.
2 Purchases	2		7 Cost of goods sold S	ubtract li	ne 6		
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	1,147,371.
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to		Yes No
b Other costs (attach schedule)		47,371.	property produced or	•	·		1
5 Total Add lines 1 through 4b		47,371.	the organization?	·	,,		
Schedule C - Rent Income				Lease	ed With Real Pro	pert	v)
(see instructions)	<u> </u>				_		
1 Description of property	<del>-</del>		,		-		
(1)			<u> </u>				
(2)							
(3)			<del>,</del>				
(4)					<del></del>		
	2. Rent received of	or accrued			<b>2</b> ( )-		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for per	d personal property (if the percent rsonal property exceeds 50% or if is based on profit or income)	age	<b>3(a)</b> Deductions directly columns 2(a) ar		ted with the income in attach schedule)
(1)							
(2)							
(3)							
(4)							
Total							
10(4)	0.1	otai		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Enter	• • • • • • • • • • • • • • • • • • •		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0.
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Enter n (A)	<b>&gt;</b>	nstructions)		Enter here and on page 1,	<u> </u>	0.
(c) Total income Add totals of columns	2(a) and 2(b). Enter n (A)	<b>&gt;</b>	2 Gross income from		Enter here and on page 1,		with or allocable
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Enter n (A) bt-Financed In	<b>&gt;</b>		0.	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly con		with or allocable
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del	2(a) and 2(b). Enter n (A) bt-Financed In	<b>&gt;</b>	2 Gross income from or allocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly con to debt-finance Straight line depreciation		with or allocable erty  (b) Other deductions
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del	2(a) and 2(b). Enter n (A) bt-Financed In	<b>&gt;</b>	2 Gross income from or allocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly con to debt-finance Straight line depreciation		with or allocable erty  (b) Other deductions
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del	2(a) and 2(b). Enter n (A) bt-Financed In	<b>&gt;</b>	2 Gross income from or allocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly con to debt-finance Straight line depreciation		with or allocable erty  (b) Other deductions
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fit (1)	2(a) and 2(b). Enter n (A) bt-Financed In	<b>&gt;</b>	2 Gross income from or allocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly con to debt-finance Straight line depreciation		with or allocable erty  (b) Other deductions
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del  1 Description of debt-fit (1) (2) (3)	2(a) and 2(b). Enter n (A) bt-Financed In	usted basis able to d property	2 Gross income from or allocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly con to debt-finance Straight line depreciation	ed prop	with or allocable erty  (b) Other deductions
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fin (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed	2(a) and 2(b). Entern (A)  bt-Financed Ir  nanced property  5 Average adjustination of or allocidebt-financed debt-financed debt-financed financed	usted basis able to d property	Gross income from or allocable to debt-financed property      Column 4 divided	0.	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly conto debt-finance (attach schedule)  7 Gross income reportable (column	ed prop	with or allocable erty  (b) Other deductions (attach schedule)  8 Allocable deductions column 6 x total of columns
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fin (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	2(a) and 2(b). Entern (A)  bt-Financed Ir  nanced property  5 Average adjustination of or allocidebt-financed debt-financed debt-financed financed	usted basis able to d property	Gross income from or allocable to debt-financed property      Column 4 divided by column 5	0.	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly conto debt-finance (attach schedule)  7 Gross income reportable (column	ed prop	with or allocable erty  (b) Other deductions (attach schedule)  8 Allocable deductions column 6 x total of columns
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fit (1) (2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	2(a) and 2(b). Entern (A)  bt-Financed Ir  nanced property  5 Average adjustination of or allocidebt-financed debt-financed debt-financed financed	usted basis able to d property	2 Gross income from or allocable to debt-financed property  6 Column 4 divided by column 5  %	0.	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly conto debt-finance (attach schedule)  7 Gross income reportable (column	ed prop	with or allocable erty  (b) Other deductions (attach schedule)  8 Allocable deductions column 6 x total of columns
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fill (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	2(a) and 2(b). Entern (A)  bt-Financed Ir  nanced property  5 Average adjustination of or allocidebt-financed debt-financed debt-financed financed	usted basis able to d property	2 Gross income from or allocable to debt-financed property  6 Column 4 divided by column 5	0.	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly conto debt-finance (attach schedule)  7 Gross income reportable (column	ed prop	with or allocable erty  (b) Other deductions (attach schedule)  8 Allocable deductions column 6 x total of columns
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del  1 Description of debt-fil  (1) (2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3)	2(a) and 2(b). Entern (A)  bt-Financed Ir  nanced property  5 Average adjustination of or allocidebt-financed debt-financed debt-financed financed	usted basis able to d property	2 Gross income from or allocable to debt-financed property  6 Column 4 divided by column 5  %  %	(a)	Enter here and on page 1, Part I, line 6, column (B)  3 Deductions directly conto debt-finance (attach schedule)  7 Gross income reportable (column	((	with or allocable erty  (b) Other deductions (attach schedule)  8 Allocable deductions column 6 x total of columns
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del  1 Description of debt-fil  (1) (2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1) (2) (3)	2(a) and 2(b). Entern (A)  bt-Financed Ir  nanced property  5 Average adjustination of or allocidebt-financed debt-financed debt-financed financed	usted basis able to d property	2 Gross income from or allocable to debt-financed property  6 Column 4 divided by column 5  %  %	(a)	Enter here and on page 1, Part 1, line 6, column (B)  3 Deductions directly conto debt-finance (attach schedule)  7 Gross income reportable (column 2 x column 6)	((	with or allocable erty  (b) Other deductions (attach schedule)  8 Allocable deductions column 6 x total of columns 3(a) and 3(b))
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Del 1 Description of debt-fit (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	2(a) and 2(b). Enter n (A)  bt-Financed Ir  nanced property  5 Average adjusted of or alloc debt-finance (attach sci	usted basis able to d property	2 Gross income from or allocable to debt-financed property  6 Column 4 divided by column 5  %  %	(a)	Part I, line 6, column (B)  3 Deductions directly conto debt-finance Straight line depreciation (attach schedule)  7 Gross income reportable (column 2 x column 6)	((	with or allocable erty  (b) Other deductions (attach schedule)  8 Allocable deductions column 6 x total of columns 3(a) and 3(b))  onter here and on page 1, Part I, line 7, column (B)

Schedule F - Interest, A	-	, rioyait		Controlled C			-4.101	(366 115	a detion	
1 Name of controlled organization		2 Emple Identifica numbe	oyer 3 Net un (loss) (se	nrelated income se instructions)	4 Tot	ments made inclu		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5
_(1)										
(2)										
_(3)										
(4)										
Nonexempt Controlled Organiz	ations				•					
7 Taxable Income		nrelated income ee instructions)	(loss) 9 Tota	I of specified pay made	ments	10 Part of column the controll gross	mn 9 thai ing organ income	t is included lization's		ductions directly connected income in column 10
(1)		·— <u> </u>								
(2)	_				1					
_(3)										
_(4)	-									
_						Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals Schedule G - Investme		ne of a S	ection 501(c)	(7), (9), or	(17) Or	ganization		<u> </u>		
(see instri	uctions) 	me		2 Amount of	ıncome	3 Deductio		4 Set-a		5 Total deductions and set-asides
				ļ		(attach sched		(attach so	chedule)	(col 3 plus col 4)
_(1)										<u> </u>
(2)				ļ			-		_	ļ.——
(3)										
_(4)		<u> </u>				_				
				Enter here and Part I, line 9, co	on page 1, llumn (A)	•	•			Enter here and on page 1, Part I, line 9, column (B)
<u>T</u> otals	_				0.					0.
Schedule I - Exploited I (see instruc	-	Activity I	ncome, Othe	er Than Ac	lvertisi	ng Income	•			
Description of exploited activity	2 G unrelated income trade or b	business a from	3 Expenses directly connected with production of unrelated business income	4 Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							$\neg \neg$			-
(2)										
(3)		-+		1					_	1
(4)									_	<del>                                     </del>
	Enter here page 1, line 10,	Part I,	Enter here and on page 1, Part I, line 10, col (B)				,			Enter here and on page 1, Part II, line 26
Totals -		0.	0.	,[		· .		r 4		0.
Schedule J - Advertisin	g Incor	ne (see ins	tructions)	<u> </u>				·		<u> </u>
Part I Income From P				nsolidated	Basis		-	· ·	-	
<del>-</del>		2 Gross	3 Direct	4 Advert	ising gain	5 Circulat	ion	6 Reader	rship	7 Excess readership costs (column 6 minus
1 Name of periodical		advertising income	advertising costs		ain, compute			costs		column 5, but not more than column 4)
(1)								_		•
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	<b>•</b>	0		).						0.
<del></del> -										Form <b>990-T</b> (2017)

## Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a 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 income	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)	· ·	-	د	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>•</b>	0.	0.		•		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2017)

	•		
ACT	,	INC	

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 OTHER INCOME	STATEMENT 2
DESCRIPTION	AMOUNT
SEC. 512(A)(7) QUALIFIED PARKING EXPENSE	98,508.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	98,508.

FORM 990-T	CONTRI	BUTIONS SUMMARY		STATEMENT	3
QUALIFIED	CONTRIBUTIONS SUBJECT	ro 100% LIMIT			
CARRYOVER	OF PRIOR YEARS UNUSED	CONTRIBUTIONS			
FOR TAX	YEAR 2012	858,594			
FOR TAX	YEAR 2013	813,324			
FOR TAX	YEAR 2014	527,575			
FOR TAX	YEAR 2015	844,258			
FOR TAX	YEAR 2016	653,584			
TOTAL CARI		IONS	3,697,335		
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJU	USTED	3,697,335		
	CONTRIBUTIONS CONTRIBUTIONS		3,697,335		
	ESS CONTRIBUTIONS		3,697,335		
ALLOWABLE	CONTRIBUTIONS DEDUCTION	<b>4</b>			0
TOTAL CON	TRIBUTION DEDUCTION				0

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

AUSTRALIA CHINA SOUTH KOREA INDONESIA NETHERLANDS HONG KONG

FORM 990-T	COST OF	GOODS	SOLD	- OT	HER	COSTS	STATEMENT	5
DESCRIPTION							AMOUNT	
TRAVEL (EXCLUDING I MEALS @ 50% SALARIES & WAGES GENERAL SUPPORT ALLOCATED INDIRECT							9,6 1,0 368,6 266,5 501,4	58. 92. 64.
TOTAL TO FORM 990-	r, schedule	A, LIN	E 4B				1,147,3	71.