

## Nonprofit Explorer

Research Tax-Exempt Organizations

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# ACT INC

IOWA CITY, IA 52243-9003 | TAX-EXEMPT SINCE MARCH 1966

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## Full text of "Full Filing" for fiscal year ending Aug. 2021

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

**Source:** *Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from [IRS e-File Viewer](#) by Ben Getson.*

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Form 990
Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 09-01-2020, and ending 08-31-2021

B Check if applicable: C Name of organization ACT INC D Employer identification number 42-0841485
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending
E Telephone number (319) 337-1000
G Gross receipts \$ 602,125,767

F Name and address of principal officer: JANET GODWIN PO BOX 168 IOWA CITY, IA 522430168

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.ACT.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1960 M State of legal domicile: IA

Part I Summary

Table with 3 columns: Description, Line Number, Amount. Includes '1 Briefly describe the organization's mission...' and '2 Check this box...'

<b>ACTIV</b>	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	630
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	443,931
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 . . . . .	<b>7b</b>	0

		Prior Year	Current Year	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	322,000	844,745	
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	190,143,135	238,136,012	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	50,229,341	3,618,908	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	998,673	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	240,694,476	243,598,338	
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	1,530,864	516,174
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
		<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	132,226,361	99,305,800
		<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)  0				
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		167,517,251	149,875,792	
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		301,274,476	249,697,766	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	-60,580,000	-6,099,428		

		Beginning of Current Year	End of Year
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	448,903,923	330,613,737
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	189,632,330	81,827,374
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	259,271,593	248,786,363

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

Signature of officer \_\_\_\_\_ Date 2022-06-13  
 CURT YEDLIK CFO  
 Type or print name and title \_\_\_\_\_

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 2022-06-13	Check <input type="checkbox"/> if self-employed	PTIN P01315330
	Firm's name  RSM US LLP	Firm's EIN  42-0714325			
	Firm's address  201 FIRST ST SE STE 800 CEDAR RAPIDS, IA 524011512	Phone no. (319) 298-5333			

Podcast

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

**For Paperwork Reduction Act Notice, see the separate instructions.** Cat. No. 11282Y Form **990** (2020)

Leak to Us

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Part III **Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

ACT, INC. (ACT) WAS ESTABLISHED AS A CORPORATION NOT FOR PECUNIARY PROFIT UNDER THE LAWS OF THE STATE OF IOWA ON AUGUST 23, 1960. THE PURPOSE AND MISSION OF ACT IS TO ADVANCE EDUCATION BY PROVIDING PROGRAMS, SERVICES, AND CONDUCTING RESEARCH THAT ASSISTS: A) INDIVIDUALS PLANNING AND PURSUING EDUCATION AND TRAINING, B) EDUCATORS DELIVERING INSTRUCTION AND TRAINING, AND C) POLICY MAKERS CONCERNED WITH ENSURING THAT INDIVIDUALS ARE READY FOR EDUCATION AND WORKPLACE SUCCESS.



**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

© Copyright 2021 ProPublica Inc. Describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **212,097,569** including grants of \$ **482,457**) (Revenue \$ **223,050,232**)

EDUCATION ASSESSMENT PROGRAM - ACT'S EDUCATION ASSESSMENT PROGRAM IS DESIGNED AND DEVELOPED TO INFORM INDIVIDUALS (AND THOSE HELPING THEM) ABOUT THE KNOWLEDGE AND SKILLS NEEDED FOR SUCCESS IN EDUCATION AND EVENTUALLY CAREER. INFORMATION RESULTING FROM THE ADMINISTRATION OF THE ASSESSMENTS ENABLE INDIVIDUALS TO PREPARE THEMSELVES FOR A NEXT LEVEL OF EDUCATION AND/OR TRAINING. THE ASSESSMENTS PROVIDE EDUCATORS AND TRAINERS WITH INFORMATION USEFUL IN GUIDING THEIR TEACHING AND INSTRUCTION. COLLECTIVELY, DATA RESULTING FROM THE ADMINISTRATION OF THE ASSESSMENTS FACILITATES RESEARCH ON EFFECTIVE EDUCATIONAL PRACTICES OF VALUE TO NATIONAL, STATE AND LOCAL EDUCATORS AND POLICY MAKERS.

**4b** (Code: ) (Expenses \$ **14,822,909** including grants of \$ **33,718**) (Revenue \$ **15,085,780**)

WORKFORCE DEVELOPMENT ASSESSMENT PROGRAM - ACT'S WORKFORCE DEVELOPMENT ASSESSMENT PROGRAM IS COMPLEMENTARY OF ITS EDUCATION ASSESSMENT PROGRAM IN THAT IT FOCUSES ON HELPING INDIVIDUALS TO ACQUIRE THE SKILLS THAT THEY NEED FOR SUCCESS IN THE WORKPLACE. THE PROGRAM IS A COMPONENT PART OF THE OVERALL EDUCATION PROCESS AND HELPS INDIVIDUALS TO UNDERSTAND THE SKILLS THEY WILL NEED TO BE READY FOR WORKPLACE RELATED EDUCATION AND TRAINING PROGRAMS. THE ASSESSMENTS ARE USED WIDELY BY EDUCATORS AND TRAINERS TO PRESCRIBE AND PROVIDE INSTRUCTIONAL INTERVENTIONS FOR THOSE INDIVIDUALS. COLLECTIVELY, DATA RESULTING FROM THE ADMINISTRATION OF THE ASSESSMENTS ENABLES RESEARCH ON NATIONAL, STATE, AND REGIONAL SKILL GAPS IN THE LABOR POOL AND FACILITATES DECISIONS AND STRATEGIES FOR ADDRESSING THEM.

**4c** (Code: ) (Expenses \$ ) including grants of \$ ) (Revenue \$ )



	<i>If "Yes," complete Schedule D, Part IV</i>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
<b>b</b>	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
<b>c</b>	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
<b>d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
<b>e</b>	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
<b>b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

21	Yes	
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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b>	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> . . . . .	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	Yes	
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b>	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No

<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

			Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	6,373	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	Yes	

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

<b>2a</b>	Enter the number of employees reported on Form W-2, Transmittal of Wage and			
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<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of wage and TaxStatements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<p><b>2a</b> 1,147</p>			
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p><b>2b</b></p>	<p>Yes</p>		
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>	<p><b>3a</b></p>	<p>Yes</p>		
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O . . . . .</p>	<p><b>3b</b></p>	<p>Yes</p>		
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>	<p><b>4a</b></p>	<p>Yes</p>		
<p><b>b</b> If "Yes," enter the name of the foreign country: <input checked="" type="checkbox"/>AS , CH , KS , ID , NL , HK See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>	<p><b>5a</b></p>		<p>No</p>	
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p><b>5b</b></p>		<p>No</p>	
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>	<p><b>5c</b></p>			
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>	<p><b>6a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>	<p><b>6b</b></p>			
<p><b>7 Organizations that may receive deductible contributions under section 170(c).</b></p>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>	<p><b>7a</b></p>		<p>No</p>	
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>	<p><b>7b</b></p>			
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wasrequired to file Form 8282? . . . . .</p>	<p><b>7c</b></p>		<p>No</p>	
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<p><b>7d</b></p>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p><b>7e</b></p>		<p>No</p>	
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>	<p><b>7f</b></p>		<p>No</p>	
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>	<p><b>7g</b></p>			
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>	<p><b>7h</b></p>			
<p><b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>	<p><b>8</b></p>			
<p><b>9 Sponsoring organizations maintaining donor advised funds.</b></p>				
<p><b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>	<p><b>9a</b></p>			

<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .			<b>14b</b>		
<b>15</b> 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.			<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.			<b>16</b>		No

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>		
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			

Schedule O.

<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	10		
<b>2</b>	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?	<b>2</b>	Yes		
<b>3</b>	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?	<b>3</b>		No	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>		No	
<b>7a</b>	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?	<b>7a</b>		No	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b>	The governing body?	<b>8a</b>	Yes		
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes		
<b>9</b>	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	<b>9</b>		No	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		No
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	<b>12a</b>	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	<b>12c</b>	Yes
<b>13</b>	Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b>	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?		

<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . .	<b>15b</b>		No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	Yes	
<b>b</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? . . . . .	<b>16b</b>	Yes	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed CA , IL , MA , MN , NH , NY
- 18** 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)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:  
 CURT D YEDLIK 500 ACT DRIVE IOWA CITY, IA 522430168 (319) 337-1000

Form **990** (2020)

Form 990 (2020)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	(C) Position (do not check more	(D) Reportable	(E) Reportable	(F) Estimated amount
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Name and title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANET E GODWIN ..... CEO	40.00 ..... 0.00	X		X				417,030	0	38,329
(2) THOMAS G ROTHERHAM ..... DIRECTOR	10.00 ..... 0.00	X						95,320	0	0
(3) EDUARDO J PADRON ..... DIRECTOR	5.00 ..... 0.00	X						59,070	0	0
(4) JULIUS W MUIS ..... DIRECTOR	8.00 ..... 0.00	X						66,925	0	0
(5) ANTHONY MILLER ..... DIRECTOR	3.00 ..... 0.00	X						76,320	0	0
(6) DANIEL A DOMENECH ..... CHAIR	2.00 ..... 0.00	X		X				75,625	0	0
(7) DEB DELISLE ..... DIRECTOR	3.00 ..... 0.00	X						50,500	0	0
(8) KAREN CATOR ..... DIRECTOR	4.00 ..... 0.00	X						57,000	0	0
(9) WALTER C BUMPHUS ..... DIRECTOR	3.00 ..... 0.00	X						65,875	0	0
(10) ROBERT M BERDAHL ..... DIRECTOR	4.00 ..... 0.00	X						51,750	0	0
(11) JOSEPH A AGUERREBERE JR .....	4.00 .....	X						50,500	0	0

DIRECTOR	0.00										
(12) VIVIEN STEWART TEITELBAUM VICE CHAIR	3.00	X		X					54,250	0	0
(13) CHAD P WICK DIRECTOR	7.00	X							92,320	0	0
(14) JENNIFER SMITH CORPORATE SECRETARY (PART-YEAR)	40.00			X					186,562	0	22,145
(15) LUCAS KUHLMANN CFO & TREASURER (PART-YEAR)/CTO	40.00			X					331,072	0	20,800
(16) MICHAEL CLIFTON CORPORATE SECRETARY (EFF. JAN. 2021)	40.00			X					168,567	0	35,906
(17) CURT YEDLIK CFO & TREASURER (EFF. NOV. 2020)	40.00			X					194,812	0	24,352
	2.00										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHANE KING CHIEF OPERATING OFFICER	40.00				X			215,905	0	12,384
(19) ADRIENNE DIEBALL	40.00				X			249,967	0	43,534

VICE PRESIDENT - CONTENT DEVELOPMENT	0.00											
(20) CHARLES ASTORINO	40.00					X				334,913	0	39,825
CHIEF SALES OFFICER	0.00											
(21) JENNIFER YI BOYER	40.00						X			493,394	0	30,188
CHIEF TALENT OFFICER	0.00											
(22) ALINA VON DAVIER	40.00						X			342,008	0	18,337
SR. VICE PRESIDENT - ACT NEXT	0.00											
(23) MARTEN ROORDA	40.00						X			1,251,057	0	47,740
FORMER CEO	0.00											
(24) JONELL SANCHEZ	40.00						X			365,671	0	42,549
PRESIDENT OF LEARNING	0.00											
(25) WAYNE CAMARA	40.00						X			380,707	0	23,025
HORACE MANN CHAIR	0.00											
(26) JOHN COONEY	40.00							X		268,216	0	31,448
FORMER CORPORATE SECRETARY	0.00											
(27) SANTONU JANA	40.00							X		226,965	0	14,970
FORMER CFO & TREASURER	0.00											
<b>1b Sub-Total</b>												
<b>c Total from continuation sheets to Part VII, Section A</b>												
<b>d Total (add lines 1b and 1c)</b>										6,222,301	0	445,532

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **383**

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

**Section B. Independent Contractors**

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
NCS PEARSON 2510 N DODGE ST IOWA CITY, IA 52245	COMPUTER PROCESSING	25,252,272
KELLY SERVICES INC 1212 SOLUTIONS CTR CHICAGO, IL 60677	TEMPORARY LABOR	11,912,341
STARTEK INC 8200 E MAPLEWOOD AVENUE STE 100 GREENWOOD VILLAGE, CO 80111	CALL CENTER - CUSTOMER CARE	10,405,343
AMAZON WEB SERVICES LLC PO BOX 84023 SEATTLE, WA 98124	DATA PROCESSING	5,705,733
SHEPPARD MULLIN RICHTER AND HAMPTON LLP 333 S HOPE ST LOS ANGELES, CA 90071	LEGAL SERVICES	3,948,605
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 107		

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Moderated campaigns . . . . . <b>1a</b>				
Membership dues . . . . . <b>1b</b>				
Fundraising events . . . . . <b>1c</b>				
Related organizations . . . . . <b>1d</b>				
Government grants (contributions) . . . . . <b>1e</b>				
<b>579,745</b> Contributions, Gifts, Grants and Other Similar Amounts				

**Corporation**

**f** Other contributions, gifts, grants, and similar amounts not included above **1f**

265,000

**g** Noncash contributions included in lines 1a-1f: \$ **1g**

**h Total.** Add lines 1a-1f **844,745**

		Business Code			
<b>Program Service Revenue</b>	<b>2a</b> EDUCATIONAL ASSESSMENT	611710	215,858,934	215,858,934	
	<b>b</b> WORKFORCE DEVELOPMENT	541900	15,085,780	14,641,849	443,931
	<b>c</b> EDU ASSESSMENT-ENCOURA	611710	7,191,298	7,191,298	
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue.				
<b>g Total.</b> Add lines 2a-2f.			238,136,012		

<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,042,622		2,042,622
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties					
<b>6a</b> Gross rents	(i) Real				
	(ii) Personal				
	<b>6b</b> Less: rental expenses				
	<b>6c</b> Rental income or (loss)				
<b>d</b> Net rental income or (loss)					
	(i) Securities	(ii) Other			

<b>Other Revenue</b>	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	358,600,829	1,502,886		
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	357,015,399	1,512,030		
	<b>c</b> Gain or (loss)	<b>7c</b>	1,585,430	-9,144		
	<b>d</b> Net gain or (loss)				1,576,286	1,576,286
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
	<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
	<b>b</b> Less: direct expenses	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
<b>11a</b> LITIGATION SETTLEMENT		900099	998,673		998,673	
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a–11d			998,673			

<b>12 Total revenue.</b> See instructions . . . . .	243,598,338	237,692,081	443,931	4,617,581
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**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	516,174	516,174		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,226,092	1,483,042	2,743,050	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	77,127,449	69,033,221	8,094,228	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,904,655	1,713,977	190,678	
<b>9</b> Other employee benefits . . . . .	10,288,090	8,210,276	2,077,814	
<b>10</b> Payroll taxes . . . . .	5,759,514	5,182,921	576,593	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	1,917,136	11,504	1,905,632	
<b>c</b> Accounting . . . . .	341,749	13,170	328,579	
<b>d</b> Lobbying . . . . .	112,097	112,097		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	267,435		267,435	

<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	55,368,257	53,297,015	2,071,242	
<b>12</b> Advertising and promotion . . . . .	2,509,059	2,408,533	100,526	
<b>13</b> Office expenses . . . . .	21,216,904	20,694,036	522,868	
<b>14</b> Information technology . . . . .	11,820,538	10,814,864	1,005,674	
<b>15</b> Royalties . . . . .	300,416	300,416		
<b>16</b> Occupancy . . . . .	3,112,792	2,790,399	322,393	
<b>17</b> Travel . . . . .	283,145	259,547	23,598	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	362,072	359,338	2,734	
<b>20</b> Interest . . . . .	2,140,343	2,140,343		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	19,375,790	18,930,832	444,958	
<b>23</b> Insurance . . . . .	1,975,690	-27	1,975,717	
<b>24</b> 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.)				
<b>a</b> TEST ADMINISTRATION	29,639,052	29,639,052		
<b>b</b> SOFTWARE DEVELOPMENT	1,313,147	1,313,147		
<b>c</b> MEMBERSHIP FEES	510,325	386,103	124,222	
<b>d</b> BAD DEBTS	115,000	115,000		
<b>e</b> All other expenses	-2,805,155	-2,804,502	-653	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	249,697,766	226,920,478	22,777,288	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .		<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	37,738,969	<b>2</b>	36,709,339
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	11,298,799	<b>4</b>	29,813,860
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	13,315,376	<b>7</b>	6,446,126
	<b>8</b> Inventories for sale or use . . . . .	5,350,360	<b>8</b>	5,263,779
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,878,852	<b>9</b>	4,529,410
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 100,897,675		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 50,075,872	55,784,350	<b>10c</b> 50,821,803
	<b>11</b> Investments—publicly traded securities . . . . .	178,208,414	<b>11</b>	64,795,956
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	-41,852,328	<b>12</b>	106,729,900
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	106,513,275	<b>13</b>	-20,019,726
	<b>14</b> Intangible assets . . . . .	41,072,059	<b>14</b>	32,780,150
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	35,595,797	<b>15</b>	12,743,140
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	448,903,923	<b>16</b>	330,613,737	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	55,583,270	<b>17</b>	33,946,005
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	36,438,026	<b>19</b>	22,883,594
	<b>20</b> Tax-exempt bond liabilities . . . . .	22,625,000	<b>20</b>	20,920,000
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	41,922,587	<b>23</b>	416,508

Net Assets or Fund Balances	24	Unsecured notes and loans payable to unrelated third parties . . . . .		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	33,063,447	25	3,661,267
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	189,632,330	26	81,827,374
	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions . . . . .	258,932,912	27	248,517,164
	28	Net assets with donor restrictions . . . . .	338,681	28	269,199
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds . . . . .		29	
	30	Paid-in or capital surplus, or land, building or equipment fund . . . . .		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b> . . . . .	259,271,593	32	248,786,363	
33	<b>Total liabilities and net assets/fund balances</b> . . . . .	448,903,923	33	330,613,737	

Form 990 (2020)

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	243,598,338
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	249,697,766
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	-6,099,428
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4	259,271,593
5	Net unrealized gains (losses) on investments . . . . .	5	443,528
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	-4,829,330
10	<b>Net assets or fund balances at end of year.</b> Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	248,786,363

Part XII **Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p><b>c</b> 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?                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	Yes	
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p><b>b</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.</p>		

Form 990 (2020)

Form 990 (2020)

**Additional Data**

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**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

Special Condition Description

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**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

 Department of the Treasury  
 Internal Revenue Service

**Public Charity Status and Public Support**

 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.

 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

 Open to Public  
 Inspection

**Name of the organization**

ACT INC

**Employer identification number**

42-0841485

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 $\frac{1}{3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**I** Enter the number of supported organizations . . . . . \_\_\_\_\_

**9** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						

9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	<b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a	<b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b	<b>33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	130,000	431,249	375,000	322,000	844,745	2,102,994
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is	332,322,393	309,583,269	287,704,567	189,688,429	237,692,081	1,356,990,739

	related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	332,452,393	310,014,518	288,079,567	190,010,429	238,536,826	1,359,093,733
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	12,419,649	10,245,461	6,990,087	605,632	1,775,235	32,036,064
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	33,536,340	24,828,912	24,070,600	17,458,649	20,036,260	119,930,761
c	Add lines 7a and 7b. . . . .	45,955,989	35,074,373	31,060,687	18,064,281	21,811,495	151,966,825
8	<b>Public support.</b> (Subtract line 7c from line 6.)						1,207,126,908

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . . . .	332,452,393	310,014,518	288,079,567	190,010,429	238,536,826	1,359,093,733
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .	9,203,709	7,505,225	8,864,194	6,180,329	2,042,622	33,796,079
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	9,203,709	7,505,225	8,864,194	6,180,329	2,042,622	33,796,079
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	341,656,102	317,519,743	296,943,761	196,190,758	240,579,448	1,392,889,812
14 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	86.660 %
16	Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	16	85.340 %

**Section D. Computation of Investment Income Percentage**

17	Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	2.430 %
18	Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	18	2.620 %

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or</i>		

removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

Schedule A (Form 990 or 990-EZ) 2020

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		

b	A family member of a person described in 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>	11c		

**Section B. Type I Supporting Organizations**

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	<b>1</b>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	<b>1</b>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	<b>2</b>		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a  The organization satisfied the Activities Test. Complete **line 2** below.
  - b  The organization is the parent of each of its supported organizations. Complete **line 3** below.
  - c  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or		

assets held for part of year):		<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A,line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B,line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

(continued)

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	

3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015. . . . .			
b From 2016. . . . .			
c From 2017. . . . .			
d From 2018. . . . .			
e From 2019. . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater			

<p>more than zero, <i>explain in Part VI.</i> See instructions.</p>			
<b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8 Breakdown of line 7:</b>			
<b>a</b> Excess from 2016. . . . .			
<b>b</b> Excess from 2017. . . . .			
<b>c</b> Excess from 2018. . . . .			
<b>d</b> Excess from 2019. . . . .			
<b>e</b> Excess from 2020. . . . .			

Schedule A (Form 990 or 990-EZ) (2020)

Schedule A (Form 990 or 990-EZ) 2020

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation
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Schedule A (Form 990 or 990-EZ) 2020

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Schedule B

Schedule of Contributors

OMB No. 1545-0047

**(Form 990, 990-EZ,  
or 990-PF)**Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990, 990-EZ, or 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2020**Name of the organization  
ACT INC**Employer identification number**

42-0841485

**Organization type (check one):****Filers of:****Section:**

Form 990 or 990-EZ

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form

990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . .  \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Page 2

Name of organization ACT INC	Employer identification number 42-0841485
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>RESTRICTED</u>		\$ <u>RESTRICTED</u>	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

-			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
-			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
-			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
-			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
-			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> (Complete Part II for noncash contributions.)
<b>(a) No.</b>	<b>(b) Name, address, and ZIP + 4</b>	<b>(c) Total contributions</b>	<b>(d) Type of contribution</b>
-			<input type="checkbox"/> <b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b>

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization ACT INC	Employer identification number 42-0841485
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<b>Part II Noncash Property</b> (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization ACT INC	Employer identification number 42-0841485
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift	
Transferee's name, address, and ZIP 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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<a href="#">efile Public Visual Render</a>	Objectid: 202211819349302101 - Submission: 2022-06-30	TIN: 42-0841485
<b>SCHEDULE C</b> (Form 990 or 990-EZ)	<b>Political Campaign and Lobbying Activities</b> For Organizations Exempt From Income Tax Under section 501(c) and section 527	OMB No. 1545-0047
Department of the Treasury	<p>▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.</p> <p>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</p>	<b>2020</b> Open to Public Inspection

Internal Revenue Service

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization ACT INC	Employer identification number 42-0841485
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?.....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?.....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If

none, enter -0-

1				
2				
3				
4				
5				
6				

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying) .....
- b** Total lobbying expenditures to influence a legislative body (direct lobbying) .....
- c** Total lobbying expenditures (add lines 1a and 1b) .....
- d** Other exempt purpose expenditures .....
- e** Total exempt purpose expenditures (add lines 1c and 1d) .....
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.

Over \$17,000,000	\$1,000,000.
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- g** Grassroots nontaxable amount (enter 25% of line 1f) .....
- h** Subtract line 1g from line 1a. If zero or less, enter -0- .....
- i** Subtract line 1f from line 1c. If zero or less, enter -0- .....
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?.....

Yes  No

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1. During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt			

<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
<b>a</b>	Volunteers? .....	No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	Yes	
<b>c</b>	Media advertisements? .....	No	
<b>d</b>	Mailings to members, legislators, or the public? .....	No	
<b>e</b>	Publications, or published or broadcast statements? .....	No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....	No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....	Yes	117,841
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	No	
<b>i</b>	Other activities? .....	No	
<b>j</b>	Total. Add lines 1c through 1i .....		117,841
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....	No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912 .....		
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....		
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....		

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? .....	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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PART II-B, LINE 1:

ACT HAS CERTAIN EMPLOYEES LOCATED IN WASHINGTON, D.C. THAT ARE REGISTERED LOBBYISTS. IN ADDITION, ACT CONTRACTED WITH LOBBYING FIRMS DURING THE YEAR TO ASSIST IN MONITORING FEDERAL AND STATE LEGISLATIVE ACTIVITY AND HELPING TO STRENGTHEN ACT'S RELATIONSHIPS WITHIN EACH STATE CONCERNING ACT INITIATIVES AND PROGRAMS.

Schedule C (Form 990 or 990EZ) 2020

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Table with 2 columns: Name of the organization (ACT INC) and Employer identification number (42-0841485)

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1** Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space
- 2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | Held at the End of the Year |  |
|-----------------------------|--|
| <b>2a</b>                   | Total number of conservation easements . . . . .   |
| <b>2b</b>                   | Total acreage restricted by conservation easements . . . . .   |
| <b>2c</b>                   | Number of conservation easements on a certified historic structure included in (a) . . . . .   |
| <b>2d</b>                   | Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . |
- a** Total number of conservation easements . . . . .
- b** Total acreage restricted by conservation easements . . . . .
- c** Number of conservation easements on a certified historic structure included in (a) . . . . .
- d** Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .
- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i)** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- (ii)** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					

<b>f</b> Administrative expenses . . . . .				
<b>g</b> End of year balance . . . . .				

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ .....
- b** Permanent endowment ▶ .....
- c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		9,729,313		9,729,313
<b>b</b> Buildings . . . . .		47,560,934	21,683,159	25,877,775
<b>c</b> Leasehold improvements		25,013,310	11,127,655	13,885,655
<b>d</b> Equipment . . . . .		18,594,118	17,265,058	1,329,060
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				50,821,803

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**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<b>(1)</b> Financial derivatives . . . . .		
<b>(2)</b> Closely-held equity interests . . . . .		
<b>(3)</b> Other _____		
(A) INVESTMENT IN ACT ASSESSMENT TECHNOLOGIES, INC. (FORMERLY ACT BRIDGE, INC.)	106,729,900	C
(C)		

(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		106,729,900

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	

(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)		3,661,267

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	2a		
b	Donated services and use of facilities . . . . .	2b		
c	Recoveries of prior year grants . . . . .	2c		
d	Other (Describe in Part XIII )	2d		

		<b>2e</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	

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

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

		<b>1</b>	
<b>1</b>	Total expenses and losses per audited financial statements		
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2:	FIN 48 FOOTNOTE FROM AUDITED FINANCIAL REPORT: ACT, PROEXAM, AND ACT EDUCATION ASSESSMENT SERVICES, INC. ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAXES ON ANY NET INCOME FROM UNRELATED BUSINESS ACTIVITIES AND FILE FORMS 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY AND UNRELATED BUSINESS INCOME (UBI) IS REPORTED ON FORM 990-T, AS APPROPRIATE. ACT HAS CERTAIN REVENUE FROM PROGRAMS AND SERVICES THAT, BY VIRTUE OF A 1980 AGREEMENT WITH THE INTERNAL REVENUE SERVICE (IRS), IS DEEMED TO BE UNRELATED TO ITS TAX-EXEMPT PURPOSE AND, THEREFORE, MAY BE SUBJECT TO FEDERAL AND STATE INCOME TAX. THE ENTITIES CONSOLIDATED INTO ACT INTERNATIONAL B.V. ARE NOT DIRECTLY SUBJECT TO U.S. INCOME TAX AND SUCH INCOME AND LOSS OF SUCH FOREIGN ENTITIES ARE NOT INCLUDED IN THE U.S. TAXABLE INCOME OF ACT. MANAGEMENT HAS EVALUATED THEIR MATERIAL TAX POSITIONS, WHICH INCLUDE SUCH MATTERS AS THE TAX EXEMPT STATUS AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UBI. AS OF AUGUST 31, 2021 AND 2020, THFRF WFRF NO UNCERTAIN TAX BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY AND ANY

AMOUNTS OWED RELATED TO UBI ARE IMMATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS AS A WHOLE. FORMS 990 AND 990-T FILED BY ACT ARE SUBJECT TO EXAMINATION BY THE IRS UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN. FORMS 990 AND 990-T FILED BY ACT ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEARS ENDED AUGUST 31, 2017 AND PRIOR, AND FORMS 990 AND 990-T FILED BY PROEXAM ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEARS ENDED DECEMBER 31, 2017 AND PRIOR.

Schedule D (Form 990) 2020

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<p><b>efile Public Visual Render</b>    <b>ObjectID: 202211819349302101 - Submission: 2022-06-30</b>    <b>TIN: 42-0841485</b></p>		
<p><b>SCHEDULE F (Form 990)</b></p> <p>Department of the Treasury Internal Revenue Service</p>	<p><b>Statement of Activities Outside the United States</b></p> <p>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</p>	<p>OMB No. 1545-0047</p> <p><b>2020</b></p> <p>Open to Public Inspection</p>
<p>Name of the organization ACT INC</p>		<p>Employer identification number 42-0841485</p>

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TESTING SERVICES	32,117
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TESTING SERVICES	1,617,737
EUROPE (INCLUDING ICELAND)	0	0	PROGRAM SERVICES	TESTING SERVICES	303,773



or government		(if applicable)		assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1) UNITED WAY OF JOHNSON COUNTY 1150 5TH ST CORALVILLE, IA 52241	42-6062055	501(C)(3)	53,000		N/A	N/A	MATCHING CONTRIBUTION FOR UNITED WAY CAMPAIGN
(2) IOWA CITY AREA DEVELOPMENT GROUP INCORPORATED 316 E COURT ST IOWA CITY, IA 52240	42-1234837	501(C)(6)	45,000		N/A	N/A	GENERAL OPERATING
(3) ARENACO 900 1ST AVE CORALVILLE, IA 52441	81-4968896	501(C)(3)	25,000		N/A	N/A	COMMUNITY DEVELOPMENT PROJECT - SPONSORSHIP
(4) UNITED NEGRO COLLEGE FUND INC 1805 7TH STREET NW WASHINGTON, DC 20001	13-1624241	501(C)(3)	25,000		N/A	N/A	GENERAL OPERATING
(5) AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	52-1573446	501(C)(3)	10,500		N/A	N/A	GENERAL OPERATING
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .							4
3 Enter total number of other organizations listed in the line 1 table . . . . .							1

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Cat. No. 50055P

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	ACT REVIEWS THE QUALIFICATIONS OF THOSE REQUESTING CONTRIBUTIONS TO ENSURE THAT THEY ARE NONPROFIT ORGANIZATIONS. ACT HAS CREATED AN EMPLOYEE COMMITTEE TO REVIEW ALL SUCH REQUESTS. REQUESTS UP TO \$10,000 ARE APPROVED/DENIED BY THE COMMITTEE. REQUESTS OVER \$10,000 ARE APPROVED/DENIED BY THE CEO.

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efile Public Visual Render		ObjectID: 202211819349302101 - Submission: 2022-06-30	TIN: 42-0841485
Schedule J (Form 990)	<b>Compensation Information</b>		OMB No. 1545-0047
	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		<span style="font-size: 2em; font-weight: bold; color: green;">2020</span> Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization ACT INC		Employer identification number 42-0841485

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	Yes	
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	Yes	
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>4a</b>	Receive a severance payment or change-of-control payment?	Yes	
<b>4b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>4c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? . . . . .	5a	No
b	Any related organization? . . . . . If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? . . . . .	6a	No
b	Any related organization? . . . . . If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. . . . .	7	Yes
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. . . . .	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MARTEN ROORDA FORMER CEO	(i)	510,657	0	740,400	31,457	16,283	1,298,797	500,000
	(ii)	0	0	0	0	0	0	0
2 JENNIFER YI BOYER CHIEF TALENT OFFICER	(i)	282,335	88,000	123,059	17,584	12,604	523,582	0
	(ii)	0	0	0	0	0	0	0
3 JANET E GODWIN CEO	(i)	382,637	18,277	16,116	23,240	15,089	455,359	0
	(ii)	0	0	0	0	0	0	0
4 JONELL SANCHEZ PRESIDENT OF LEARNING	(i)	325,022	20,000	20,649	20,347	22,202	408,220	0
	(ii)	0	0	0	0	0	0	0
5 WAYNE CAMARA HORACE MANN CHAIR	(i)	268,153	0	112,554	20,510	2,515	403,732	0
	(ii)	0	0	0	0	0	0	0
6 CHARLES ASTORINO CHIEF SALES OFFICER	(i)	266,419	30,000	38,494	17,513	22,312	374,738	0
	(ii)	0	0	0	0	0	0	0
7 ALINA VON DAVIER SR. VICE PRESIDENT - ACT NEXT	(i)	236,069	0	105,939	17,619	718	360,345	0
	(ii)	0	0	0	0	0	0	0

8 LUCAS KUHLMANN CFO & TREASURER (PART-YEAR)/CTO	(i)	288,831	40,000	2,241	17,982	2,818	351,872	0
	(ii)	0	0	0	0	0	0	0
9 JOHN COONEY FORMER CORPORATE SECRETARY	(i)	265,017	0	3,199	14,919	16,529	299,664	0
	(ii)	0	0	0	0	0	0	0
10 ADRIENNE DIEBALL VICE PRESIDENT - CONTENT DEVELOPMENT	(i)	226,822	20,000	3,145	13,121	30,413	293,501	0
	(ii)	0	0	0	0	0	0	0
11 SANTONU JANA FORMER CFO & TREASURER	(i)	226,407	0	558	12,181	2,789	241,935	0
	(ii)	0	0	0	0	0	0	0
12 SHANE KING CHIEF OPERATING OFFICER	(i)	200,198	12,500	3,207	11,757	627	228,289	0
	(ii)	0	0	0	0	0	0	0
13 CURT YEDLIK CFO & TREASURER (EFF. NOV. 2020)	(i)	192,834	0	1,978	11,114	13,238	219,164	0
	(ii)	0	0	0	0	0	0	0
14 JENNIFER SMITH CORPORATE SECRETARY (PART-YEAR)	(i)	175,361	10,000	1,201	10,557	11,588	208,707	0
	(ii)	0	0	0	0	0	0	0
15 MICHAEL CLIFTON CORPORATE SECRETARY (EFF. JAN. 2021)	(i)	166,624	0	1,943	10,696	25,210	204,473	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2020

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	ACT'S TRAVEL POLICY GENERALLY PROHIBITS FIRST CLASS TRAVEL AT ACT'S EXPENSE. THE POLICY DOES ALLOW LIMITED EXCEPTIONS FOR FIRST CLASS TRAVEL AT ACT'S EXPENSE UNDER CIRCUMSTANCES REQUIRING EXTENDED UNINTERRUPTED FLIGHTS. IN ADDITION, TEAM MEMBERS ARE ELIGIBLE TO FLY FIRST CLASS IF THERE IS NO ADDITIONAL EXPENSE TO ACT (I.E., USE OF TRAVEL POINTS). ONE KEY EMPLOYEE WAS PROVIDED WITH FIRST CLASS TRAVEL. NO AMOUNT WAS TREATED AS TAXABLE COMPENSATION TO THE LISTED PERSONS. CHARLES ASTORINO WAS REIMBURSED FOR A MOVE. THE PAYMENT WAS GROSSED UP AND INCLUDED IN HIS W-2.
PART I, LINES 4A-B	ACT MAINTAINS A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE FOR CERTAIN LISTED PERSONS. THE PLAN DOES NOT ALLOW ELIGIBLE EMPLOYEES TO MAKE ELECTIVE CONTRIBUTIONS BUT DOES PROVIDE FOR ACT TO MAKE DISCRETIONARY CONTRIBUTIONS TO ELIGIBLE EMPLOYEES. ACT MADE NO SUCH CONTRIBUTIONS DURING THE YEAR. MARTEN ROORDA'S 457(F) AMOUNT ACCRUED AND RECORDED AS DEFERRED ON PRIOR YEAR 990'S OF \$500,000 VESTED AND IS PROPERLY REPORTED IN FORM 990, PART VII, COLUMN D, AND ALSO IN SCHEDULE J, PART II, COLUMN B(III). ACT MAINTAINS SEVERANCE/TERMINATION AGREEMENTS WITH CERTAIN LISTED PERSONS. SEVERANCE AGREEMENTS GENERALLY PROVIDE FOR EITHER A LUMP SUM PAYMENT OR A SERIES OF PAYMENTS OVER TIME UPON THE TERMINATION OF THE LISTED PERSON. THE SPECIFIC TERMS AND CONDITIONS OF EACH SEVERANCE AGREEMENT ARE DETERMINED ON AN INDIVIDUAL BASIS. DURING THE YEAR THERE WERE SEVERANCE PAYMENTS MADE PURSUANT TO A CONFIDENTIAL AGREEMENT. ALL AMOUNTS PAID HAVE BEEN PROPERLY REPORTED ON FORM W-2 AND REPORTED IN FORM 990, PART VII, COLUMN D, AND ALSO IN SCHEDULE J, PART II, COLUMN B(III). THE AGREEMENT IS AVAILABLE TO THE INTERNAL REVENUE SERVICE UPON REQUEST. OTHER LISTED PERSONS MAY BE ELIGIBLE FOR SIMILAR SEVERANCE ARRANGEMENTS.
PART I, LINE 7	ACT HAS IMPLEMENTED A BONUS PLAN FOR CERTAIN LEADERSHIP EMPLOYEES THAT ENABLES THEM TO EARN ADDITIONAL COMPENSATION BASED ON THE ACHIEVEMENT OF CERTAIN GOALS. SUCH BONUSES HAVE A MAXIMUM AMOUNT THAT IS A PERCENTAGE OF THE INDIVIDUAL'S BASE COMPENSATION. THESE PAYMENTS ARE CONSIDERED NON-FIXED AS THEY ARE DISCRETIONARY IN NATURE AND ARE BASED PRIMARILY ON PERFORMANCE, WHICH DOES NOT INCLUDE PERFORMANCE BASED UPON NET INCOME OR REVENUE. THIS BONUS PLAN IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

Schedule J (Form 990) 2020

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Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ACT INC

Employer identification number  
42-0841485

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF IOWA CITY IOWA			02-28-2017	27,560,000	REFUNDING REVENUE BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired . . . . .				
2	Amount of bonds legally defeased . . . . .				
3	Total proceeds of issue . . . . .	27,560,000			
4	Gross proceeds in reserve funds . . . . .				
5	Capitalized interest from proceeds . . . . .				
6	Proceeds in refunding escrows . . . . .				
7	Issuance costs from proceeds . . . . .	300,710			
8	Credit enhancement from proceeds . . . . .				
9	Working capital expenditures from proceeds . . . . .				
10	Capital expenditures from proceeds . . . . .				
11	Other spent proceeds . . . . .				
12	Other unspent proceeds . . . . .				
13	Year of substantial completion . . . . .				
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? . . . . .	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)? . . . . .		X		
16	Has the final allocation of proceeds been made? . . . . .	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X			

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Schedule K (Form 990) 2020

Part III Private Business Use		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . . . .								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
2	If "No" to line 1, did the following apply? . . . . .								
a	Rebate not due yet? . . . . .		X						
b	Exception to rebate? . . . . .		X						
c	No rebate due? . . . . .		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X						

Part IV Arbitrage (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
	Was the hedge terminated?								

e	Was the hedge terminated?							
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X					
b	Name of provider							
c	Term of GIC							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?							
6	Were any gross proceeds invested beyond an available temporary period?		X					
7	Has the organization established written procedures to monitor the requirements of section 148?		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
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Schedule K (Form 990) 2020

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<a href="#">efile Public Visual Render</a>	<b>ObjectID: 202211819349302101 - Submission: 2022-06-30</b>	<b>TIN: 42-0841485</b>
<b>SCHEDULE O (Form 990 or 990-EZ)</b>	<p align="center"><b>Supplemental Information to Form 990 or 990-EZ</b></p> <p align="center">Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.</p> <p align="center">▶ Attach to Form 990 or 990-EZ.</p> <p align="center">▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.</p>	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service Name of the organization ACT INC		Employer identification number 42-0841485

Return Reference	Explanation
FORM 990, PART I, LINE 6, NUMBER OF VOLUNTEERS	ACT HAS STATE ORGANIZATIONS THAT SERVE AS ADVISORY AND ADVOCACY GROUPS TO FACILITATE COMMUNICATIONS BETWEEN ACT AND THE EDUCATIONAL INSTITUTIONS AND AGENCIES THAT PARTICIPATE IN ACT PROGRAMS. THESE ORGANIZATIONS ARE NOT SEPARATE LEGAL ENTITIES, BUT DO HAVE ORGANIZING BYLAWS. THE STATE ORGANIZATIONS PROVIDE FEEDBACK TO ACT ON ITS PROGRAMS AS THEY RELATE TO THE INFORMATION NEEDS OF INDIVIDUALS, SCHOOLS, AND AGENCIES IN THE STATE. THERE ARE 630 REPRESENTATIVES INCLUDING

	EDUCATORS, AGENCY PERSONNEL, LEADERS OF STATE ASSOCIATIONS, AND WORKFORCE PROFESSIONALS WHO ACTIVELY VOLUNTEER THEIR TIME TO SERVE IN AN ADVISORY CAPACITY BY ATTENDING MEETINGS WITH ACT REGIONAL AND NATIONAL OFFICE STAFF TO PROVIDE INPUT.
FORM 990, PART VI, SECTION A, LINE 2	SOME CURRENT AND FORMER OFFICERS, DIRECTORS, AND KEY EMPLOYEES HAVE A BUSINESS RELATIONSHIP WITH OTHER CURRENT AND FORMER OFFICERS, DIRECTORS, AND KEY EMPLOYEES TO THE EXTENT THAT THEY ALSO SERVE TOGETHER ON THE BOARDS OF OTHER ENTITIES RELATED TO ACT, INC.: JANET GODWIN, CURT YEDLIK, SHANE KING, LUCAS KUHLMANN
FORM 990, PART VI, SECTION B, LINE 11B	PROCEDURES FOR REVIEW OF FORM 990 THE AUDIT COMMITTEE OF THE CORPORATION CONDUCTS A SUBSTANTIVE REVIEW OF THE FORM 990 PRIOR TO ITS FILING WITH THE ASSISTANCE OF THE CORPORATION'S INTERIM CHIEF FINANCIAL OFFICER, COUNSEL, AND STAFF. THE FINAL VERSION OF THE FORM 990 IS PROVIDED TO ALL OF THE MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS BEFORE IT IS FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	ACT HAS CREATED AN ETHICS ADVISORY COMMITTEE. MEMBERS OF THE ETHICS ADVISORY COMMITTEE REVIEW CONFLICT OF INTEREST QUESTIONNAIRES SUBMITTED BY EMPLOYEES AND ARE RESPONSIBLE FOR SEEING THAT CONFLICTS OF INTEREST ARE INVESTIGATED AND APPROPRIATELY ADDRESSED. IN ADDITION TO QUESTIONNAIRES, THE ETHICS COMMITTEE UTILIZES AN ANONYMOUS ETHICS HOTLINE AND CONVERSATIONS WITH TEAM MEMBERS TO MONITOR ETHICS ISSUES. THEY ALSO WORK CLOSELY WITH ACT'S HUMAN RESOURCES DEPARTMENT TO DEVELOP EDUCATION AND TRAINING PROGRAMS FOR EMPLOYEES REGARDING THE CONFLICTS OF INTEREST POLICY AND ETHICS ISSUES. THE ETHICS ADVISORY COMMITTEE REPORTS DIRECTLY TO THE AUDIT COMMITTEE OF ACT'S BOARD OF DIRECTORS. CONFLICT OF INTEREST QUESTIONNAIRES SUBMITTED BY DIRECTORS OR OFFICERS ARE REVIEWED AND ADDRESSED BY THE AUDIT COMMITTEE.
FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION OF THE CEO IS DETERMINED BASED UPON A PROCESS THAT INCLUDES CONTEMPORANEOUS DOCUMENTATION AND A PERIODIC INDEPENDENT COMPENSATION STUDY CONDUCTED BY A PROFESSIONAL FIRM. AMONG OTHER BENCHMARKS, THE STUDY INCLUDES A REVIEW OF COMPENSATION PUBLISHED BY SIMILAR ORGANIZATIONS CONTAINED IN FORM 990. COMPENSATION OF THE CEO IS APPROVED BY THE BOARD BASED UPON THE RECOMMENDATION OF THE COMPENSATION COMMITTEE. FORM 990, PART VI, SECTION B, LINE 15B: COMPENSATION OF ALL OTHER OFFICERS AND KEY EMPLOYEES IS ESTABLISHED UNDER ACT'S COMPENSATION POLICY. THE CEO APPROVES THE COMPENSATION FOR ALL OTHER OFFICERS.
FORM 990, PART VI, SECTION C, LINE 19	ACT DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.
FORM 990, PART VII, SECTION A, BOARD MEMBER COMPENSATION	PER ACT POLICY, BOARD MEMBERS ARE EXPECTED TO PARTICIPATE IN FOUR TWO-DAY BOARD MEETINGS, COMMITTEE MEETINGS THAT OCCUR THROUGHOUT THE YEAR, AND AT OTHER TIMES TO DISCUSS IMPORTANT AND STRATEGIC MATTERS PERTAINING TO ACT. IN EXCHANGE FOR THEIR VALUABLE TIME AND SERVICE, ACT COMPENSATES THE BOARD WITH AN ANNUAL AMOUNT THAT IS PRORATED FOR MEETING ATTENDANCE AND PARTIAL YEARS OF SERVICE. THE CHAIRMAN OF THE BOARD AND COMMITTEE CHAIRS, AS WELL AS BOARD MEMBERS WHO ARE REQUESTED TO PROVIDE TIME OTHER THAN FOR MEETING ATTENDANCE, RECEIVE ADDITIONAL COMPENSATION AT A COMMENSURATE RATE. IN ADDITION TO SERVING AS A VOTING MEMBER OF THE BOARD OF DIRECTORS, JANET GODWIN ALSO SERVES AS CEO OF ACT. COMPENSATION AS CEO IS DISCLOSED ON FORM 990, PART VII, SECTION A AND SCHEDULE J. SHE RECEIVES NO ADDITIONAL COMPENSATION FOR SERVICE AS A MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B), AVERAGE HOURS PER WEEK:	HOURS LISTED FOR EACH INDIVIDUAL ARE REPORTED ON A CALENDAR YEAR BASIS. HOURS REPORTED FOR EMPLOYEES REPRESENT RECORDED PAYROLL HOURS. ACTUAL HOURS WORKED MAY EXCEED THE HOURS REPORTED.
FORM 990, PART IX, LINE 11G	COMPUTER PROCESSING-EXTERNAL: PROGRAM SERVICE EXPENSES 7,070,588. MANAGEMENT AND GENERAL EXPENSES 182,151. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,252,739. TEMPORARY LABOR: PROGRAM SERVICE EXPENSES 9,073,999. MANAGEMENT AND GENERAL EXPENSES 18,256. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 9,092,255. CONSULTING FEES: PROGRAM SERVICE EXPENSES 10,559,235. MANAGEMENT AND GENERAL EXPENSES 915,221. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 11,474,456. OTHER SERVICES & FEES: PROGRAM SERVICE EXPENSES 10,541,511. MANAGEMENT AND GENERAL EXPENSES 915,221. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 11,456,732. ESSAY SCORING: PROGRAM SERVICE EXPENSES 6,121,703. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,121,703. COMPUTER PROGRAMMING - EXTERNAL: PROGRAM SERVICE EXPENSES 2,372,073. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,372,073. OTHER DATA PROCESSING: PROGRAM SERVICE EXPENSES 5,911,206. MANAGEMENT AND GENERAL EXPENSES 40,393. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,951,599. ITEM DEVELOPMENT: PROGRAM SERVICE EXPENSES 1,204,866. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,204,866. HONORARIA OTHER: PROGRAM SERVICE EXPENSES 10,010. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 10,010. DISTRIBUTOR COMMISSIONS: PROGRAM SERVICE EXPENSES 67,512. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 67,512. INTERCOMPANY SERVICE: PROGRAM SERVICE EXPENSES 364,312. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 364,312.
FORM 990, PART XI, LINE 9:	(INCREASE) IN NET ASSETS - ACT INTERNATIONAL CONSOLIDATED 423,384. (INCREASE) IN NET ASSETS - ACT ASSESSMENT TECHNOLOGIES CONSOLIDATED 131,236,227. (DECREASE) IN NET ASSETS - PROFESSIONAL EXAMINATION SERVICE -1,099,281. (DECREASE) IN NET ASSETS - NRCCUA, LLC -128,231,541. (INCREASE) IN NET ASSETS - ACT EDUCATION ASSESSMENT SERVICES 26,887. INCOME ON EQUITY INVESTMENT 3,749,118. NET LOSS FROM ELIMINATING ENTRIES -252,887. SEC. 337(B)(2) TAX REFUND FROM TARGET CORPORATION 1,068,727. ADOPTION OF ASC 606 -4,558,629. INTER COMPANY CAPITAL CONTRIBUTIONS PRIOR PERIOD ADJUSTMENT -37. PASSTHROUGH INCOME BOOK-TAX DIFFERENCE -7,191,298.
FORM 990, PART XII, LINE 2C, RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT:	THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
ACT INC

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Employer identification number

42-0841485

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) PROFESSIONAL EXAMINATION SERVICE 500 ACT DRIVE  IOWA CITY, IA 52243 23-7097173	TESTING SERVICES	IA	501(C)(3)		ACT INC	Yes	
(2) ACT EDUCATION ASSESSMENT SERVICES INC 500 ACT DRIVE  IOWA CITY, IA 52243 83-1610170	TESTING SERVICES	IA	501(C)(3)	LINE 12A, I	ACT INC	Yes	


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Cat. No. 50135Y

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ENCOURA LLC (FKA NRCCUA LLC) (INDIRECT) 1108 LAVACA ST STE 110-390 AUSTIN, TX 78701 26-2320841	TESTING SERVICES	DE	STERLING NRCCUA HOLDINGS INC	RELATED				No			No	
(2) ENCOURA LLC (FKA NRCCUA LLC) (DIRECT) 1108 LAVACA ST STE 110-390 AUSTIN, TX 78701 26-2320841	TESTING SERVICES	DE	ACT INC	RELATED	61,241,381	132,542,698		No			No	100.000 %

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ACT EDUCATION SOLUTIONS LTD (HONG KONG) ROOM 2503 BANK OF AMERICA TOWER 1 HONG KONG HK	TESTING SERVICES	HK	ACT INTERNATIONAL BV	C	3,473,069	8,078,164	100.000 %	Yes	
(2) ACT INTERNATIONAL BV NARITAWEG 165 1043 BW AMSTERDAM NL	HOLDING COMPANY	NL	ACT INC	C	872,393	12,456,052	100.000 %	Yes	
(3) ACT BUSINESS SOLUTIONS BV	TESTING SERVICES	NL	ACT INTERNATIONAL	C	320,069	10,472	100.000 %	Yes	

(3)ACT BUSINESS SOLUTIONS BV NARITAWEG 165 1043 BW AMSTERDAM NL	TESTING SERVICES	NL	ACT INTERNATIONAL BV	C	350,908	19,472	100.000 %	Yes
(4)ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY LTD SUITE 1201 LEVEL 12 275 ALFRED ST NORTH SYDNEY NSW AS	TESTING SERVICES	AS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	C		51,385	100.000 %	Yes
(5)ACT EDUCATION SOLUTIONS (KOREA) INC ROOM 2503 BANK OF AMERICA TOWER 1 HONG KONG HK	TESTING SERVICES	KS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	C				Yes
(6)ACT INFORMATION CONSULTING (SHANGHAI) CO LTD RM 1204 TIAN AN CTR 338 NANJING W SHANGHAI CH	TESTING SERVICES	CH	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	C	7,902,743	7,271,645	100.000 %	Yes
(7)ACT ASSESSMENT TECHNOLOGIES INC (FKA ACT BRIDGE INC) 500 ACT DRIVE IOWA CITY, IA 52243 46-1405341	TESTING SERVICES	DE	ACT INC	C	1,398,858	130,130,990	100.000 %	Yes
(8)STERLING NRCCUA HOLDINGS INC 500 ACT DRIVE IOWA CITY, IA 52243 81-1258127	TESTING SERVICES	DE	ACT ASSESSMENT TECHNOLOGIES INC	C			83.000 %	Yes
(9)MY COLLEGE OPTIONS INC 701 BRAZOS ST 5TH FL AUSTIN, TX 78701 81-1392058	TESTING SERVICES	DE	ENCOURA LLC	C			100.000 %	Yes

Schedule R (Form 990) 2020

**Part V Transactions With Related Organizations.** Complete 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 of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>	Yes	
<b>1o</b>	Yes	




Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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Schedule R (Form 990) 2020

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