

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493162005190

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

Internal F	Revenue S	Service	► The or	ganızatıon may have to us	se a copy of this return to	satisfy state	e reporting	requirements	Inspection	
A For	the 2	008 cal	endar yea	r, or tax year beginning 09	9-01-2008 and ending 08	8-31-2009			-	
B Che	ck ıf ap	plicable	Please	C Name of organization ACT INC				D Employer ide	ntification number	
┌ Add	ress cha	ange	use IRS label or					42-084148		
┌ Nam	ne chan	nge	print or	Doing Business As				E Telephone nu	mber	
┌ Initia	al returi	n	type. See Specific	Number and street (or P.O.	box if mail is not delivered to st	reet address)	Room/suite	(319) 337-1		
┌ Tem	nınatıor	n	Instruc- tions.	PO BOX 168	box ii maii is not delivered to st	reet dadress,	Room, saice	G Gross receipt	s \$ 374,254,238	
_ ☐ Ame	ended re	eturn		City or town, state or counti	v. and ZIP + 4					
_		pending		IOWA CITY, IA 522430168	,,					
,		L	E Nam	L ne and address of Principa) Officer	1				
				RD L FERGUSON	ii Onicei	"	(a) Is thi affilia	s a group return tes?	for	
			PO BO							
 т Тах	-exemi	nt status		CITY,IA 522430168)(3) ◀(Insert no)	7(a)(1) or	— н		l affiliates include		
					(4)(1) 01 327	——————————————————————————————————————		o," attach a list p Exemption Nui	See instructions)	
) We	eb site	: - ww	V A C T O R	RG .		"	(c) Grou	p Exemption Nui	ilbei F	
К Туре	of orga	anızatıon	Corporati	ion trust association	other ►	<u> </u>	L Year of Fo	rmation 1960 M	State of legal domicile IA	
Par	t I	Sumn	nary							
	1	Briefly d	escribe the	e organization's mission o	r most significant activitie	es		· · · · · · · · · · · · · · · · · · ·		
ფ	I	HELPIN	G PEOPLE	E ACHIEVE EDUCATION	AND WORKPLACE SUCC	CESS				
Governance										
E	2	Chack th	us boy \Box	if the organization discon	inued its operations or dis	snosed of m	ore than 2	5% of its assets		
<u> </u>					body (Part VI, line 1a)				14	
			_		ne governing body (Part V				11	
les				nployees (Part V, line 2a)	5	2,260				
Activities &				olunteers (estimate if nece		6 _	800			
24				·	n Part VIII, line 12, colum	nn (C)		_ 7a _	13,352,201	
	ь	Net unre	lated busi	ness taxable income from	Form 990-T, line 34 .			7b	215,650	
							Pric	or Year	Current Year	
	8	Contrib	utions and	d grants (Part VIII, line 1	[640,000		
Revenue	9	Progran	n service i	revenue (Part VIII, line 2	g)	[228,587,647	243,483,440	
ЭЛė	10	Investr	nent incon	me (Part VIII, column (A)	, lines 3, 4, and 7d)			13,076,622	-6,058,892	
=	11	Otherr	evenue (P	art VIII, column (A), line	s 5,6d,8c,9c,10c,and 1	.1e)			0	
	12	Total re	venue—a	dd lines 8 through 11 (mu	st equal Part VIII, columr	n (A), line		241,664,269	238,064,548	
	13		and simila	ar amounts paid (Part IX,			2,000,000	2,213,877		
	14			or for members (Part IX, co			2,000,000	2,213,577		
	15		•	• • •	nefits (Part IX, column (A), lines 5–				
\$		10)	,	, , ,		"		82,467,009	89,263,865	
Expenses	16a	Profess	ional fund	raising fees (Part IX, colu	mn (A), line 11e)				0	
ਬੌ	b	(Total fu	ndraising exp	penses, Part IX, column (D), lın	e 25 <u>0</u>	_) _				
	17			(Part IX, column (A), lines	·		136,924,881 137,65			
	18				qual Part IX, line 25, colur	mn (A))		221,391,890	229,130,589	
- 47	19	Revenu	e less exp	penses Subtract line 18 f	om line 12			20,272,379	8,933,959	
Not Assets or Fund Balances		_				-	_	ng of Year	End of Year	
See	20			rt X, line 16)				347,715,379	362,721,541	
벌	21		•	Part X, line 26)				76,727,253	87,264,153	
	22			d balances Subtract line		270,988,126 275,457,3				
Par	t II		ture Blo							
					mined this return, including acco on of preparer (other than office					
Plea		****		•	• • •	*	1	-06-10	· •	
Sign		Signat	ure of office	er			Date			
Here	•			EN CFO/TREASURER						
		Туре	or print name	e and title						
		Preparer's			Date	Chec	ck if	Preparer's PTIN (See Gen Inst)	
	1	signature	Kay He	egaπy		self-				
Paid	J	_	•			emp	olyed 🕨 🦵			
Paid Prepa Use C		Firm's nai	me (or yours	RSM MCGLADREY INC		emp	olyed 🕨 🦵	EIN Þ		

May the IRS discuss this return with the preparer shown above? (See instructions) .

CEDAR RAPIDS, IA 524011512

Cat No 11282Y

Phone no 🕨 (319) 298-5333

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
See A	ddıtıonal Data Table				
2	Did the organization undertake any si the prior Form 990 or 990-EZ? .		rvices during the year v	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conductin services?		t changes in how it cond	ducts any program · · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these changes on S	Schedule O			
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization others, the total expenses, and reven	ons and 4947(a)(1) t	rusts are required to re	port the amount of grants	• •
4a	(Code) (Expenses \$ EDUCATION ASSESSMENT SERVICES - ACT'S THEM) ABOUT THE KNOWLEDGE AND SKILLS ADMINISTRATION OF THE ASSESSMENTS EN EDUCATORS AND TRAINERS WITH INFORMA ADMINISTRATION OF THE ASSESSMENTS FA AND POLICY MAKERS	EDUCATION ASSESSMEN S NEEDED FOR SUCCESS ABLE INDIVIDUALS TO PR TION USEFUL IN GUIDING	IN EDUCATION AND EVENTU EPARE THEMSELVES FOR A N G THEIR TEACHING AND INS	ALLY CAREER INFORMATION RE NEXT LEVEL OF EDUCATION AND, TRUCTION COLLECTIVELY, DATA	SULTING FROM THE /OR TRAINING AND THEY PROVID A RESULTING FROM THE
	(Code) (Expenses \$	28,379,109	including grants of \$	12,500) (Revenue \$	43,204,495)
40	WORKFORCE DEVELOPMENT ASSESSMENT S ASSESSMENT SERVICES IN THAT THEY FOCU SERVICES HELP INDIVIDUALS TO UNDERSTA ASSESSMENTS ARE USED WIDELY BY EDUCA COLLECTIVELY, DATA RESULTING FROM THE LABOR POOL AND FACILITATES DECISIONS A	ERVICES - ACT'S WORKF JS ON HELPING INDIVIDU ND THE SKILLS THEY WII TORS AND TRAINERS TO ADMINISTRATION OF TH	FORCE DEVELOPMENT ASSES IALS TO ACQUIRE THE SKILLS IL NEED TO BE READY FOR V PRESCRIBE AND PROVIDE II IE ASSESSMENTS ENABLES R	SMENT SERVICES ARE COMPLEM 5 THAT THEY NEED FOR SUCCES VORKPLACE RELATED EDUCATION NSTRUCTIONAL INTERVENTIONS	IENTARY OF ITS EDUCATION S IN THE WORKPLACE THE N AND TRAINING PROGRAMS THE FOR THOSE INDIVIDUALS
	(Code) (Expenses \$	<u> </u>	ıncludıng grants of \$) (Revenue \$)
4d	Other program services (Describe i (Expenses \$	n Schedule O) including grants of	f¢) (Revenue \$	1
	Total program service expenses \$	194,649,84	<u> </u>		,
46	i otai piogiaili seivice expelises \$	174,047,84	z musi equal rail 18, i	Line 25, colullii (D).	

Form **990** (2008)

Part IV	Check	klist o	f Rec	mired	Sched	lules
	CIICCI	NIISL U	INCL	ıuncu	Schie	Juics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 8,89	2		
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	О		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. <u>1c</u>	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country NL , HK , KS , CH , AS , SP			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?</i>	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required file Form 8282?	to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
8	required?	7h		
•	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	e 8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Yes

11

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A.	Governing	Body and Ma	anagement			
	For each "	Vec " recoonse to	olines 2-7 helow	and for a "No"	response to lines	g or Oh helow	describe the circums

11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, $processes$, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 14			
b	Enter the number of voting members that are independent 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA, IL, LA, MA, MI, MN, NY, OH, OR
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
 - 9 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

THO MAS J GO EDKEN 500 ACT DRIVE IO WA CITY,IA 522430168 (319) 337-1000

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	(B) Average hours per week	Posit	(C) chec	:k al				(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F)
(A) Name and Title		Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)		Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)	
(A) Name and Title		Individual Trustee or Director	Institutional Trustee	Officei	Ke) employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
					\Box						
					\dashv		\vdash				
			\vdash	$\vdash\vdash$	\dashv		$\vdash\vdash$				
				Ш.			┝	3,417,664		632,700	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶69

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

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

\$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
NCS PEARSON INC 2510 N DODGE ST IOWA CITY, IA 52245	COMPUTER PROCESSING	23,904,289
ROLTA TUSC INC 377 E BUTTERFIELD RD STE 100 LOMBARD, IL 60148	CONSULTING	8,682,350
MSI SYSTEMS INTEGRATORS 14301 1ST NATIONAL PKWY STE 400 OMAHA, NE 68154	DATA PROCESSING	7,352,739
FEDERAL EXPRESS CORP 942 S SHADY GROVE RD MEMPHIS, TN 38120	FREIGHT AND SHIPPING	2,349,201
UNITED PARCEL SERVICE LOCKBOX 577 CAROL STREAM, IL 60132	FREIGHT AND SHIPPING	2,071,656
2 Total number of independent contractors (including those in 1) who received more than \$ from the organization	•	104

Page **9**

Part VIII

Statement of Revenue

					(A)	(B)	(C)	(D)
					Total Revenue	Related or	Unrelated	Revenue
						Exempt Function	Business Revenue	Excluded from Tax under IRC
						Revenue	Revenue	512, 513, or 514
يور الجار	1a	Federated car	npaigns 1a					
nts Ents	b	Membership d	lues					
, gifts, grants illar amounts	c	Fundraising ev	1b vents					
ا القرار		_	1c					
<u>=</u> ,=	d		ızatıons1d					
£,₩	e	Government grar	nts (contributions) 1e					
Contributions, and other simil	f	All other contribution	tions, gifts, grants, and not included above	640,000				
훈통			1f					
돌	g		ributions included in					
ŏ≅	h		es 1a-1f)		640,000			
		(· · · · · ·				
<u>9</u>	3-	EDUCATIONAL AC	CCCCMENT	Business Code	200 270 045	200 270 045		
E e	2a	EDUCATIONAL AS		611,710		200,278,945		
æ	Ь	WORKFORCE DE	VELOPMENT	541,900	43,204,495	29,852,294	13,352,201	
မိ	С							
æ. Æ	d							
S =	е							
<u> </u>	f	All other prog	ram service revenue					
Program Serwce Revenue	g	Total. Add line	es 2a-2f					
		> \$ 243,483,4						
	3	Investment in	icome (including divid	dends, interest				
		othersimilar	amounts)		7,036,999			7,036,999
	4	Income from inve	estment of tax-exempt bo	ond proceeds				
	5	Povaltios		•				
	3	Royalties .	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) Keui	(II) I ersonar				
	ь	Less rental						
	c	expenses Rental income						
	`	or (loss)						
	d	Net rental inc	ome or (loss)	· · · · ·				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	123,092,986	813				
		assets other than inventory						
	ь	Less cost or	136,182,165	7,525				
		other basis and sales expenses						
	С	Gain or (loss)	-13,089,179	-6,712				
	d	Net gain or (lo		.	-13,095,891			-13,095,891
	8a		from fundraising	· •				
		events (not in						
e E		\$	 ns reported on line					
Other Revenue		1c) See Part						
ě			le G ıf total exceeds					
<u>.</u>			a					
ŧ	b		xpensesb (loss) from fundraisi	ng avants				
0	С			ing events				
	9a	Gross income	from gaming e part IV , line 19					
		Complete Sche	dule G ıf total					
		exceeds \$15,00						
			a .					
	b c		xpensesb r(loss) from gaming a	ectivities				
			(loss) from gailing a	rctivities ▶-				
	10a		f inventory, less					
		returns and al	lowances .					
	ь	less cost of	goods sold b					
	c		(loss) from sales of	inventory				
	_	Miscellaneou		Business Code				
	11a							
	ь							
	c							
		A II - 4.1						
	d		nue es 11a-11d	*				
	12		es 11a-11d e. Add lines 1h, 2g, 3		238,064,548	230,131,239	13,352,201	-6,058,892
	**	8c,			_55,551,570		13,332,201	5,550,552
		9c, 10c, and 1	11e					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,213,877	2,213,877		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,581,470	2,090,806	1,490,664	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	64,001,595	57,706,461		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,854,506	7,036,750	817,756	
9	Other employee benefits	8,835,459	7,604,719	1,230,740	
10	Payroll taxes	4,990,835	4,474,358	516,477	
11	Fees for services (non-employees)				
а	Management				
b	Legal	587,818	37,229	550,589	
c	Accounting	101,915	7,225	94,690	
d	Lobbying	130,082	130,082		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	542,734		542,734	
g	Other	33,136,893	30,094,864	3,042,029	
12	Advertising and promotion	698,636	574,396	124,240	
13	Office expenses	28,928,236	25,994,972	2,933,264	
14	Information technology	8,002,135	6,248,780	1,753,355	
15	Royalties	67,889		67,889	
16	Occupancy	5,307,096	580,449	4,726,647	
17	Travel	4,977,495	4,290,095	687,400	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	2,072,282	1,250,748	821,534	
20	Interest	957,203	957,203		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,639,109	7,441,423	8,197,686	
23	Insurance	390,783	135	390,648	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	TEST ADMINISTRATION	34,456,296	34,456,296		
b	BAD DEBTS	1,237,052	1,237,052		
С	MEMBERSHIP FEES	266,957	168,705	98,252	
d	FEDERAL TAXES (UBIT)	67,354		67,354	
f	All other expenses	84,882	53,217	31,665	
25	Total functional expenses. Add lines 1 through 24f	229,130,589	194,649,842	34,480,747	0
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 000 /2009)

Part X	Balance	Shoot
	Balance	Sneer

2 Savings and temporary cash investments	6 7 8 3,587,390
2 Savings and temporary cash investments	2 30,307,670 3 4 41,972,199 5 6 7 8 3,587,390
3 Pledges and grants receivable, net	3 4 41,972,199 5 6 7 8 3,587,390
4 Accounts receivable, net	4 41,972,199 5 6 7 8 3,587,390
5 Receivables from current and former officers, directors, trustees, key employees or	5 6 7 8 3,587,390
other related parties complete rate I of Schedule L	6 7 8 3,587,390
6 Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L 6	7 8 3,587,390
	9 2,871,389
0 10a	, ,
9 Prepaid expenses and deferred charges	
b Less accumulated depreciation Complete Part VI of Schedule D	10c 68,739,583
	11 142,150,488
	62,966,926
Schedule D	12
	13
14 Intangible assets	14
15 Other assets See Part IV, line 11 Complete Part IX of Schedule D	10,125,896 15
16 Total assets. Add lines 1 through 15 (must equal line 34) 347,715,379 16	16 362,721,541
17 Accounts payable and accrued expenses . 19,071,483 17	17 23,212,153
18 Grants payable	18
19 Deferred revenue	19 23,191,363
	20 34,850,000
21 Escrow account liability Complete Part IV of Schedule D	21
21 Escrow account liability Complete Part IV of Schedule D	
persons Complete Part II of Schedule L	22
	23 353,301
24 Unsecured notes and loans payable	24
25 Other liabilities Complete Part X of Schedule D	25 5,657,336
	26 87,264,153
Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27	
through 29, and lines 33 and 34. 27 Unrestricted net assets 269,590,015 27 Temporarily restricted net assets 1,398,111 28	27 272,879,125
28 Temporarily restricted net assets	28 2,578,263
26 Temporating restricted net assets	
<u> </u>	29
☐ Organizations that do not follow SFAS 117, check here ► ☐ and complete ☐ lines 30 through 34.	
30 Capital stock or trust principal, or current funds	30
30 Capital stock or trust principal, or current funds	31
	32
Total net assets or fund balances	33 275,457,388
34 Total liabilities and net assets/fund balances	362,721,541

Dart YT	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493162005190

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name ACT II		e organizat i	rganization Employer identification number						n number			
ACT II	NC							42	-084148!	5		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo					
The	organiz	ation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))		-		
1	Γ	A church, o	onvention of ch	nurches, or association of ch	nurches de	scribed in	Section 1	L70(b)(1)	(A)(i).			
2	Γ	A school de	escribed in Sec l	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	ion descril	bed in Sec	tion 170(l	o)(1)(A)(i	i ii). (Attac	h Schedul	le H)	
4	Γ	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	Γ	An organiza	ation operated 1	for the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın	
		Section 17	0(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	state, or local g	overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	eral public	
		describedi	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A commun	ıty trust descrit	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	굣	An organiza	ation that norm	ally receives (1) more than	331/3% 0	f its supp	ort from co	ontribution	ns, membe	rship fees	s, and gross	
		receipts fro	om activities re	lated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	income (l	ess sectio	on 511 tax	() from bu	sınesses	
		acquired by	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)										
11	Γ	one or more	e publicly supports the	and operated exclusively foorted organizations describe type of supporting organiza	d in section to and c	on 509(a) omplete li	(1) or sec	tion 509(a hrough 11	a)(2) See	Sect ion 5	• •	
e	Γ	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more publ	ıcly suppo	orted orga	nizations :	described	ın sectior	n 509(a)(1) or	
f				d a written determination fro	om the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
g		check this		as the organization accepte	d any dift	or contrib	ution from	any of the	۵		ı	
9		following pe		as the organization accepts	a a, g	0. 00	4	u., o	•			
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No	
		and (III) be	low, the govern	ng body of the the supported	d organıza	tion?				11g	(i)	
		(ii) a family	y member of a p	erson described in (i) above	17					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	e following infori	mation about the organizatio	ns the org	janization	supports					
		me of	(ii) EIN	(iii) Type of organization		s the	1	ou notify	(vi) I		(vii) A mount of	
		orted		(described on lines 1-9	, ,	ation in	_	nization	_	ation in	support?	
	Organ	ızatıon		above or IRC section (See Instructions))		listed in verning	supr) of your		rganized US?		
				(000 101.00.0)		nent?	347	, , , ,	""			
					Yes	No	Yes	No	Yes	No	1	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for Org				(2)		
	(Complete only if you check	ed the box on	line 9 of Part	: I.)			
Se	ction A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					640,000	640,000
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services performed,	154 506 340	175 020 201	204 072 225	245 000 757	220 121 241	077 540 043
	or facilities furnished in any activity that	154,506,318	175,938,301	201,972,325	215,000,757	230,131,241	977,548,942
	is related to the organization's tax-						
_	exempt purpose	+					
3	Gross receipts from activities that are not an unrelated trade or business under						0
	section 513						Ū
4	Tax revenues levied for the						
7	organization's benefit and either paid to						0
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						0
	organization without charge						
6	Total Add lines 1-5	154,506,318	175,938,301	201,972,325	215,000,757	230,771,241	978,188,942
7a	A mounts included on lines 1, 2, and 3					744,764	744,764
	received from disqualified persons					711,701	
b	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of	22,836,574	27,394,998	35,366,570	28,301,121	29,868,001	143,767,264
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000	22 026 574	27 204 000	25 266 570	20 204 424	20 642 765	144 512 020
С	Total of lines 7a and 7b	22,836,574	27,394,998	35,366,570	28,301,121	30,612,765	144,512,028
8	Public Support (Substract line 7 c from						833,676,914
	line 6)						

Total Support

nts from line 6	151 500 010	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	154,506,318	175,938,301	201,972,325	215,000,757	230,771,241	978,188,942
income from interest, dividends, nts received on securities loans, royalties and income from similar is	4,998,739	6,230,571	8,012,395	7,876,843	7,036,999	34,155,547
ted business taxable income (less n 511 taxes) from businesses ed after 30 June, 1975						0
nes 10a and 10b	4,998,739	6,230,571	8,012,395	7,876,843	7,036,999	34,155,547
come from unrelated business ies not included in line 10b, er or not the business is regularly I on	515,071	350,165	604,781	193,568	216,650	1,880,235
income Do not include gain or om the sale of capital assets in in Part IV)						0
Support (Add lines 9, 10c, 11 and						1,014,224,724
	in in Part IV) Support(Add lines 9, 10c, 11 and	in in Part IV) Support (Add lines 9, 10c, 11 and	in in Part IV) Support (Add lines 9, 10c, 11 and	in in Part IV) Support (Add lines 9, 10c, 11 and	Support (Add lines 9, 10c, 11 and	in in Part IV)

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Computation of	f Public	Support	Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))

Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g 16

15	82	200	%
16	81	190	%

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))

Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h

17 3 370 % 3 370 % 18

19a 33 1/3% Tests - 2008. 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

33 1/3% Tests - 2007. 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

►V

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 42-0841485

Name: ACT INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
	(C) Position (c) that ap					I			/E\	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
RICHARD L FERGUSON , CEO/CHAIRMAN OF BOARD	69 00	Х		х				649,948	0	84,635	
DIXIE L AXLEY , DIRECTOR	5 00	Х						22,500	0	0	
JAMES E BOSTIC JR , DIRECTOR	5 00	Х						48,500	0	0	
SARITA E BROWN , DIRECTOR	5 00	Х						33,000	0	0	
CARL A COHN , DIRECTOR	5 00	Х						46,500	0	0	
D ROBERT GRAHAM , DIRECTOR	5 00	Х						45,000	0	0	
KAREN A HOLBROOK , DIRECTOR	5 00	Х						42,000	0	0	
ROBERTS T JONES , DIRECTOR	5 00	Х						45,500	0	0	
MARK D MUSICK , LEAD DIRECTOR	5 00	Х		Х				41,500	0	15,500	
DIANA G OBLINGER , DIRECTOR	5 00	Х						0	0	0	
CHARLES B REED , DIRECTOR	5 00	Х						49,500	0	0	
RICHARD WRILEY , DIRECTOR	5 00	Х						24,000	0	15,500	
J THEODORE SANDERS , DIRECTOR	5 00	Х						49,500	0	0	
BELLE S WHEELAN , DIRECTOR/SECRETARY	5 00	Х		х				49,000	0	0	
THOMAS GOEDKEN, CFO/TREASURER	58 00			Х				266,474	0	40,662	
CYNTHIA SCHMEISER, PRES & COO EDUCATION	59 00				x			321,810	0	113,651	
MARTIN L SCAGLIONE , PRES & COO WORKFORCE	57 00				x			273,770	0	37,639	
ARTHUR C PETERS , VP	61 00				Х			196,658	0	37,079	
ANN YORK , VP	48 00				Х			218,517	0	42,417	
THOMAS SATERFIEL , VP	46 00					Х		212,231	0	64,950	
JON ERICKSON , VP	68 00					Х		208,265	0	63,764	
ROSE RENNEKAMP, VP	48 00					Х		199,658	0	51,228	
DOUGLAS BECKER , VP	53 00					Х		190,277	0	39,253	
BO WANG, VP	45 00					x		183,556	0	26,422	

Form 990, Part III, Line 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.

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE C (Form 990 or 990-EZ)

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ 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," to Form 990, Part IV, Line 5 (Proxy Tax)

• S∈	ection 501(c)(4), (5), or (6) organi	zations complete Part III			
	ime of the organization T INC			Employer ider 42-0841485	ntification number
Par		oy all organizations exempt the the instructions for Schedule		1 2 2 3 1 2 3 2	
1	Provide a description of the or	ganızatıon's dırect and ındırect polıt	tical campaign act	tivities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Pai	To be completed b for Schedule C for d	oy all organizations exempt etails.)	under sectio	n 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization ui	nder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955	\$
3	If the organization incurred in	a section 4955 tax, did it file Form	4720 for this year	r?	┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
ь	If "Yes," describe in Part IV				
Pai		by all organizations exempt for Schedule C for details.)	under sectio	n 501(c), except sect	tion 501(c)(3).
1	,	ended by the filing organization for s	ection 527 exem	pt function activities	\$
2	Enter the amount of the filing of 527 exempt funtion activities	organization's internal funds contrib	uted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	empt function expenditures Add line	es 1 and 2 and en	ter here and on Form	\$
4	Did the filing organization file I	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made Enter the amount p political contributions received	nd Employer Identification Number paid and indicate if the amount was d and promptly and directly delivere action committee (PAC) If addition	paid from the filing d to a separate po	g organization's own interna olitical organization, such a	al funds or were as a separate
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0 -	(e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
	Danomyork Bodystian Ast Matica	, see the instructions for Form 990.	Cot No 5	00046 Sabadul- 67	Form 990 or 990-EZ) 200
OI	raperwork keduction ACT NOTICE	:, see the instructions for FOFM 990.	Cat No 5	00045 Schedule C ([FUIIII 990 OF 990-EZ] 201

d Grassroots non-taxable amount

f Grassroots lobbying expenditures

e Grassroots ceiling amount (150% of line d, column (e))

P	art II-A To be completed by (election under sec						768
	Check If the filing organization	belongs to an affili	ated group				
<u>B</u>	Check If the filing organization Limits on Lo (The term "expenditure	bbying Expend	litures—		oly	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion	(grass roots lob	bying)			
ь	Total lobbying expenditures to influe	nce a legislative b	ody (direct lobby	yıng)			
c	Total lobbying expenditures (add line						
d	Other exempt purpose expenditures						
e	Total exempt purpose expenditures	(add lines 1c and 1	Ld)				
f	Lobbying nontaxable amount Enters columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000		taxable amount				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	of the excess over \$	500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	of the excess over \$	51,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	f the excess over \$1	1,500,000			
	Over \$17,000,000	\$1,000,000					
	Grassroots nontaxable amount (ente	er 25% of line 1f)					
h	Subtract line 1g from line 1a Enter	0- ıflıne g ıs more	than line a				
i	Subtract line 1f from line 1c Enter-	0- ıflıne fıs more t	than line c				
j	If there is an amount other than zero section 4911 tax for this year?	on either line 1h c	or line 11, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	(Some organizations tha columns below.		on 501(h) el	ection do not	: have to cor		he five
	Lobb	ying Expendit	ures During	4-Year Avera	ging Period		
	Calendar year (or fisca beginning in)	l year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
_2a	Lobbying non-taxable amount						
	Lobbying ceiling amount (150% of line 2a, column(e))						
	: Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2008

	5768 (election under section 501(h)). (See the instructions for Schedule C f				/L\	
		(;	a)		(b)	
		Yes	No	Ar	noun	it
1	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					
а	V olunteers?		l No			
ь	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes				
С	Media advertisements?		Νο			
d	Mailings to members, legislators, or the public?		Νο			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			13	30,08
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through				13	30,08
2a	1: Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		l No l			
	If "Yes" enter the amount of any tax incurred under section 4912		1			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912		ŀ			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		1			
	t III-A To be completed by all organizations exempt under section 501(c)(4),	section	501(c)(5),	or	
	section 501(c)(6). (See the instructions for Schedule C for details.)					
	Wars substantially all (00% or more) dues reserved pendedustible by members?		_	1	Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3			-	3		<u> </u>
	Did the organization agree to carryover lobbying and political expenditures from the prior year?		F01/a			
Pal	t III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N					
	question 3 is answered "Yes." (See the instructions for Schedule C for details			•		
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of politiexpenses for which the section 527(f) tax was paid).	cal				
а	Current Year		2a \$			
b	Carryover from last year		2b\$			
_	Tabel	ŀ	2 +			

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
ь	Carryover from last year	2b \$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	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	4 \$
	expenditure next year?	<u> </u>
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
		PART II-B, OTHER INFORMATIONACT CONTRACTED WITH THREE FIRMS AND THREE CONSULTANTS 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

Part IV Supplemental I	upplemental Information							
Ident if ier	Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2008

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

For Paperwork Reduction Act Notice, see the Intructions for Form 990

DLN: 93493162005190

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

Schedule D (Form 990) 2008

ternal F	Revenue Service	answered res, tore	51111 990, Part 1V, Illie 0, 7, 8, 9, 10, 11, 01		Inspection
Nam ACT	ne of the organi	izat ion		Employer identifie	cation number
, ici				42-0841485	
Par			dvised Funds or Other Similar Fu	unds or Account	s. Complete if th
	organiz	zation answered "Yes" to Form 99	(a) Donor advised funds	(h) Funds and	other accounts
	Total number a	t end of year	(a) Bollot davised lands	(B) i dilas alia	other accounts
		tributions to (during year)			
	Aggregate Grai	nts from (during year)			
	Aggregate valu	ie at end of year			
			sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes ┌ N
	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor or other		┌ Yes ┌ No
a r	t III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part 1	IV, line 7.
	Protection Preservati Complete lines	ion of land for public use (e g , recreati i of natural habitat ion of open space s 2a–2d if the organization held a quali r of the tax year		historically importa rtified historic struct of a conservation ea	ture
					t the End of the Ye
)		of conservation easements		2a	
	_	restricted by conservation easement		2b	
		nservation easements on a certified hi		2c	
		nservation easements included in (c) a	•	2d	
	Number of consthe taxable year		rred, released, extinguished, or terminate	d by the organization	n during
	Number of stat	es where property subject to conserva	ation easement is located 🕨		
	_	nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, viola	ations, and	┌ Yes ┌ N
	Staff or volunte	eer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►	
	A mount of exp	enses incurred in monitoring, inspectii	ng, and enforcing easements during the ye	ear ► \$	
		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes ┌ N
	balance sheet,	-	onservation easements in its revenue and the footnote to the organization's financial nents	•	
rt			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Similar	Assets.
	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	ch in furtherance of p	
•	historical treas	· ·	116, to report in its revenue statement a public exhibition, education, or research ii ;		•
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets Inc	luded in Form 990, Part X		► \$	
		tion received or held works of art, histonics are under SFA	orical treasures, or other similar assets fo S 116 relating to these items	or financial gain, prov	ride the
1	Revenues inclu	uded in Form 990, Part VIII, line 1		- \$	
b	Assets include	ed in Form 990. Part X		b- ¢	

Cat No 52283D

Part	Organizations Maintaining Colle	ctions of Art, His	tori	<u>cal Treası</u>	ires, or Othe	r Similar	<u>Asset</u>	S (coi	ntınued)
3	Using the organization's accession and other reitems (check all that apply)	cords, check any of th	ie fol	lowing that ar	e a significant u	se of its coll	ection		
а	Public exhibition	d	Γ	Loan or exc	hange programs				
ь	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's colle Part XIV	ctions and explain hov	v the	y further the o	organization's ex	cempt purpos	se in		
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b					nılar	Γ γ	es	∏ No
Par	Trust, Escrow and Custodial Arr Part IV, line 9, or reported an amou				nızatıon answ	ered "Yes"	to For	m 99	90,
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermediary	for c	ontributions	or other assets I	not	┌ Y	es	┌ No
b	If "Yes," explain why in Part XIV and complete	the following table							
							A moun	<u> </u>	
C _ı	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form	990, Part X, line 21?					⊢ Υ	es	☐ No
	If "Yes," explain the arrangement in Part XIV								
Pa	t V Endowment Funds. Complete if the								
_		(a)Current Year (b)	Prior '	Year (c)Tw	o Years Back (d)	Three Years Ba	ck (e) F	our Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year en	nd balance held as							
а	Board designated or quasi-endowment 🕨								
b	Permanent endowment 🕨								
С	Term endowment ▶								
3a	Are there endowment funds not in the possession	on of the organization	thata	are held and a	admınıstered for	the	_		
	organization by							Yes	No
	(i) unrelated organizations		•			<u> </u>	3a(i)	\rightarrow	
	(ii) related organizations					🖺	Ba(ii)		
ь 4	If "Yes" to 3a(II), are the related organizations I Describe In Part XIV the intended uses of the o	•					3b		
	t VI Investments—Land, Buildings, a				art V lina 10				
Pal	t vi investments—Land, Buildings, a	ina Equipment. 5			•		$\neg \vdash$		
	Description of investment			Cost or other s (investment)	(b)Cost or other basis (other)	(c) Deprecial	tion (d) Boo	k value
1a	and				4,402,630	1		4	1,402,630
Ь	Buildings				65,159,520	17,669	,061	47	7,490,459
c	easehold improvements				5,329,945	4,500	,729		829,216
d	Equipment				64,766,006	48,938	,138	15	,827,868
	Other				189,410			_	189,410
Tota	. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column (B)	, line	10(c).)		•		68	3,739,583
		<u> </u>			·	Schedul	e D (Fo	rm 99)O) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cost of end-of-year market value
Closely-held equity interests		
Other ASSET BACKED SECURITIES	36,538,420	F
Other NONMARKETABLE EQUITY SECURITIES	10,983,001	F
Other MONEY MARKET ACCOUNTS	7,484,852	F
Other INVESTMENT IN FOREIGN SUBSIDIARIES	1,885,722	С
Other INVESTMENT IN NATIONAL CENTER FOR		
EDUCATIONAL ACHIEVEMENT (SUBSIDIARY)	6,074,931	С
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	62,966,926	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(D) BOOK VAIVA	Cost or end-of-year market value
_		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, II	ne 15.	
(a) Descri	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes	1 020 211	
INTEREST RATE SWAP ACTUARIAL ESTIMATE OF EMPLOYEE BENEFIT PLAN	1,929,211	
LIABILITY	3,728,125	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	5,657,336	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	238,064,548
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	229,130,589
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,933,959
4	Net unrealized gains (losses) on investments	4	-4,302,535
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-162,162
9	Total adjustments (net) Add lines 4 - 8	9	-4,464,697
10		10	4,469,262
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial	ei ke	238,944,532
-	statements	1	230,944,332
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d 5,175,808		
e	Add lines 2a through 2d	2e	873,273
3	Subtract line 2e from line 1	3	238,071,259
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b -6,711		
c	Add lines 4a and 4b	4c	-6,711
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	238,064,548
Par	XIIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	Return
1	Total expenses and losses per audited financial statements	1	234,475,270
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	8,301,884
3	Subtract line 2e from line 1	3	226,173,386
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	2,957,203
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	229,130,589

Part XIV Supplemental Information

Ident if ier	Return Reference	Explanation		
		Part X FIN 48 EXPLANATION AUDITED FINANCIAL		
		REPORT, NOTES 1 AND 5NOTE 1 - INCOME TAXESACT WA		
		INCORPORATED UNDER THE NONPROFIT CORPORATION		
		ACT OF IOWA ON AUGUST 23, 1960 AND WAS GRANTED		
		EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION		
		501(C)(3) OF THE INTERNAL REVENUE CODE AS OF MAY 3		
		1965 NCEA WAS GRANTED NON-PROFIT STATUS BY THE		
		INTERNAL REVENUE SERVICE IN A DETERMINATION		
		LETTER DATED FEBRUARY 28, 2008 SEE NOTE 5 FOR INFORMATION ON INCOME TAXES ON UNRELATED		
		BUSINESS INCOME ACT AND NCEA EACH FILE A FORM		
		990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME		
		TAX) ANNUALLY WHEN THESE RETURNS ARE FILED, IT IS		
		HIGHLY CERTAIN THAT SOME POSITIONS TAKEN WOULD		
		BE SUSTAINED UPON EXAMINATION BY THE TAXING		
		AUTHORITIES, WHILE OTHERS ARE SUBJECT TO		
		UNCERTAINTY ABOUT THE MERITS OF THE TAX POSITION		
		TAKEN OR THE AMOUNT OF THE POSITION THAT WOULD		
		ULTIMATELY BE SUSTAINED EXAMPLES OF TAX		
		POSITIONS COMMON TO NOT-FOR-PROFIT		
		ORGANIZATIONS INCLUDE SUCH MATTERS AS THE		
		FOLLOWING THE TAX EXEMPT STATUS OF EACH ENTITY		
		AND VARIOUS POSITIONS RELATIVE TO POTENTIAL		
		SOURCES OF UNRELATED BUSINESS TAXABLE INCOME		
		(UBIT) UBIT IS REPORTED ON FORM 990-T, AS		
		APPROPRIATE THE BENEFIT OF A TAX POSITION IS		
		RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE		
		PERIOD DURING WHICH, BASED ON ALL AVAILABLE		
		EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE		
		LIKELY THAN NOT THAT THE POSITION WILL BE		
		SUSTAINED UPON EXAMINATION, INCLUDING THE		
		RESOLUTION OF APPEALS OR LITIGATION PROCESSES, I		
		ANY TAX POSITIONS ARE NOT OFFSET OR AGGREGATED		
		WITH OTHER POSITIONS TAX POSITIONS THAT MEET		
		THE "MORE LIKELY THAN NOT" RECOGNITION		
		THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT O		
		TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY TO		
		BE REALIZED ON SETTLEMENT WITH THE APPLICABLE		
		TAXING AUTHORITY THE PORTION OF THE BENEFITS		
		ASSOCIATED WITH TAX POSITIONS TAKEN THAT		
		EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE		
		IS REFLECTED AS A LIABILITY FOR UNCERTAIN TAX		
		BENEFITS IN THE ACCOMPANYING BALANCE SHEETS		
		ALONG WITH ANY ASSOCIATED INTEREST AND		
		PENALTIES THAT WOULD BE PAYABLE TO THE TAXING		
		AUTHORITIES UPON EXAMINATION NOTE 5 - INCOME		
		TAX MATTERSACT HAS CERTAIN REVENUE FROM		
		PROGRAMS AND SERVICES THAT IT DEEMS TO BE		
		UNRELATED TO ITS TAX-EXEMPT PURPOSE AND,		
		THEREFORE, MAY BE SUBJECT TO FEDERAL AND STATE		
		INCOME TAX UNRELATED BUSINESS REVENUE FOR THE		
		YEARS ENDED AUGUST 31, 2009 AND 2008 TOTALED		
		\$13,352,201 AND \$13,586,890, RESPECTIVELY THE		
		TAXABLE INCOME AND INCOME TAX LIABILITY FOR THE		
		YEAR ENDED AUGUST 31, 2009 IS \$216,602 AND \$43,140		
		RESPECTIVELY THE TAXABLE INCOME AND INCOME TAX		
		LIABILITY FOR THE YEAR ENDED AUGUST 31, 2008 IS		
		\$210,613 AND \$26,000, RESPECTIVELY AS OF AUGUST		
		31, 2009 AND 2008, THERE WERE NO UNCERTAIN TAX		
		BENEFITS IDENTIFIED AND RECORDED AS A LIABILITY		
		FORMS 990 AND 990-T FILED BY ACT ARE SUBJECT TO		
		EXAMINATION BY THE INTERNAL REVENUE SERVICE (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 FISCAL		
		YEARS ENDED AUGUST 31, 2005 AND PRIOR FORM 990		
		FILED BY NCEA AS OF AUGUST 31, 2009 AND 2008 COULI		
		BE SUBJECT TO EXAMINATION		
	1	DE SOBJECT TO EVALUTA LION		
		·		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493162005190

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Employer identification number

۲О	TINC						_
				de the Helical Clair.		42-084148	
Pa	General Infor "Yes" to Form 9			de the United States	s. Complete	e if the organ	nization answered
1	assistance, the grante	ees' eligibility fo	r the grants or	ecords to substantiate to assistance, and the se	lection crite	rıa used to a	
2	For grant makers. Descri United States	be in Part IV the	organization's pr	ocedures for monitoring th	ne use of grar	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf add	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progra describe sp	ty listed in (d) am service, ecific type of s) in region	(f) Total expenditures in region
	T ASIA AND THE			PROGRAM SERVICES	TESTING SE		
	ROPE			PROGRAM SERVICES	TESTING SE	ERVICES	207,885
1 O F	RTH AMERICA	1		PROGRAM SERVICES	TESTING SE	ERVICES	511,962
		1					719,847
ota	als ▶	1 *	I	I	I		I , 1 , 0 , 7

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Part IV	Supplemental Infor	mation provide the information required	ın Part I, line 2, and any other additional information.
	Identifier	ReturnReference	Explanation
	Tuentiner	ReturnReference	Schedule F, Part I, Line 3 THE FOREIGN EXPENDITURES REPORTED ON SCHEDULE F RELATE TO THE ADMINISTRATION OF ACT ASSESSMENTS INTERNATIONALLY ACT MAY HAVE OTHER FOREIGN EXPENDITURES IN THE REGIONS LISTED THAT SUPPORT THE PROGRAMS OF ACT'S FOREIGN SUBSIDIARIES THESE AMOUNTS ARE NOT SEPARATELY TRACKED AND ARE NOT REFLECTED IN THE AMOUNTS REPORTED
_			

Software ID:

Software Version:

EIN: 42-0841485

Name: ACT INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493162005190

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Employer identification number Name of the organization ACT INC 42-0841485 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is (h) Purpose of grant (c) IRC section (f) Method of 1(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(g) Description of organization ıf applıcable arant cash valuation (book, FMV, non-cash assistance or assistance or government assistance appraisal, other) FOR USE IN NATIONAL CENTER FOR N/A 26-0778560 501(C)(3) 2,000,000 N/A GENERAL EDUCATIONAL ACHIEVEMENT4030-2 W OPERATIONS BRAKER LN STE 200 AUSTIN, TX 78759 N/A N/A UNRESTRICTED UNITED WAY OF JOHNSON 42-6062055 501(C)(3) 58.402 COUNTY1150 5TH ST STE CONTRIBUTION 290 CORALVILLE, IA 52241 N/A N/A SPONSORSHIP **DIVERSITY FOCUS205** 20-3420207 501(C)(3) 40,000 2ND AVE SE CEDAR RAPIDS, IA 52401 COMMUNITY 42-1508117 501(C)(3) 25,000 N/A N/A UNRESTRICTED CONTRIBUTION **FOUNDATION OF** JOHNSON COUNTY325 E WASHINGTON ST IOWA CITY, IA 52240 NATIONAL GOVERNORS 23-7391796 501(C)(3) 20,000 N/A N/A CORPORATE FELLOWS PROGRAM ASSOCIATION444 N CAPITOL ST STE 267 ANNUAL WASHINGTON.DC 20001 CONTRIBUTION SPONSORSHIP OF THE EDUCATION TRUST 52-1982223 501(C)(3) 15,000 N/A N/A INC1250 H ST STE 700 CONFERENCE WASHINGTON.DC 20006 KIRKWOOD COMMUNITY N/A TO SUPPORT 23-7076632 501(C)(3) N/A 12.500 COLLEGE FOUNDATION WORKPLACE 1030 5TH AVE SE STE LEARNING 2700 CONNECTION CEDAR RAPIDS, IA 52403 AMERICAN CANCER 13-1788491 N/A \$10,000 FOR ALL 501(C)(3) 11.000 N/A SOCIETY4080 1ST ST NE PROGRAMS, \$1,000 FOR RELAY FOR LIFE **STE 101** CEDAR RAPIDS, IA 52402 SPONSOR HIGHER CAPITAL AREA 23-1739071 170(C)(1) 10,000 N/A N/A INTERMEDIATE UNIT55 EDUCATION MILLER ST PO BOX 489 CONFERENCE SUMMERDALE, PA 17093 501(C)(3) **ENGLERT CIVIC THEATRE** 42-1508154 10,000 N/A N/A UNRESTRICTED INC221 E WASHINGTON CONTRIBUTION IOWA CITY, IA 52240 CORALVILLE PUBLIC 42-1476202 501(C)(3) 5,000 N/A N/A UNRESTRICTED LIBRARY FOUNDATION CONTRIBUTION 1401 5TH ST CORALVILLE, IA 52241 Enter total number of section 501(c)(3) and government

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line	e 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
 _	·	·	· ·	· · · · · · · · · · · · · · · · · · ·	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
		Schedule I, Part I, Line 1 ALL GRANTS AND CONTRIBUTIONS ARE REVIEWED AND APPROVED BY THE CEO PRIOR TO PAYMENT MONTHLY FINANCIALS ARE PREPARED BY NCEA AND SENT TO ACT FOR REVIEW TOM GOEDKEN, ACT CFO, REVIEWS THE INCOME STATEMENT EACH MONTH AND DISCUSSES IT WITH ROXANA GALAN, NCEA CFO IN ADDITION, MR GOEDKEN ALSO LOOKS AT NCEA'S BALANCE SHEET ON A QUARTERLY BASIS IN ADDITION TO MR GOEDKEN'S REVIEW, CYNTHIA SCHMEISER, ACT COO, REVIEWS NCEA OPERATIONS AS ONE OF ACT'S PROJECTS THIS ENTAILS REVIEWING MONTHLY FINANCIALS AND DISCUSSIONS WITH ANGELA HALL WATKINS, NCEA MANAGING DIRECTOR

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493162005190

Employer identification number

OMB No 1545-0047

Schedule J

Compensation Information

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

ACT INC

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Attach to Form 990. To be completed by organizations

that answered "Yes" to Form 990, Part IV, line 23.

42-0841485 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First class or charter travel Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in 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 Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo 6b Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III

Νo

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
RICHARD L FERGUSON	(1) (11)	543,885	25,000	81,063	78,800	5,835	734,583	
THOMAS GOEDKEN	(ı) (ıı)	254,571	10,000	1,903	28,638	12,024	307,136	
CYNTHIA SCHMEISER	(ı) (ıı)	291,960	15,000	14,850	96,865	16,786	435,461	
MARTIN L SCAGLIONE	(I) (II)	261,852	10,000	1,918	24,300	13,339	311,409	
ARTHUR C PETERS	(ı) (ıı)	188,728	7,500	430	23,245	13,834	233,737	
ANNYORK	(ı) (ıı)	208,904	7,500	2,113	33,982	8,435	260,934	
THOMAS SATERFIEL	(ı) (ıı)	202,888	7,500	1,843	51,060	13,890	277,181	
JON ERICKSON	(ı) (ıı)	195,507	10,000	2,758	53,101	10,663	272,029	
ROSE RENNEKAMP	(I) (II)	190,921	7,500	1,237	38,832	12,396	250,886	
DOUGLAS BECKER	(I) (II)	181,864	7,500	913	22,488	16,765	229,530	
BO WANG	(I) (II)	165,769	5,000	12,787	20,688	5,734	209,978	
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
		Part I, Line 1a THOMAS GOEDKEN, CYNTHIA SCHMEISER, JON ERICKSON, AND MARTIN SCAGLIONE RECEIVED AMOUNTS FOR SPOUSAL TRAVEL THESE AMOUNTS ARE TAXABLE TO THE EMPLOYEE AND ARE REFLECTED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN B (III) BO WANG RECEIVED AN AMOUNT FOR A HOUSING ALLOWANCE THIS AMOUNT IS TAXABLE TO THE EMPLOYEE AND IS REFLECTED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN B(III) RICHARD FERGUSON, CYNTHIA SCHMEISER, THOMAS SATERFIEL, JON ERICKSON, MARTIN SCAGLIONE, AND DOUGLAS BECKER RECEIVED AMOUNTS FOR HEALTH OR SOCIAL CLUB DUES THESE AMOUNTS ARE TAXABLE TO THE EMPLOYEE AND ARE REFLECTED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN B(III) PART II, COLUMN B(III) REPORTABLE OTHER COMPENSATION FOR RICHARD FERGUSON INCLUDES A DISTRIBUTION OF DEFERRED COMPENSATION UNDER IRC SECTION 457(F) IN THE AMOUNT OF \$62,922
·		

Software ID: Software Version:

EIN: 42-0841485

Name: ACT INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
	(ı) II)	543,885	25,000	81,063	78,800	5,835	734,583	
	(ı) 11)	254,571	10,000	1,903	28,638	12,024	307,136	
	(ı) ıı)	291,960	15,000	14,850	96,865	16,786	435,461	
	(ı) II)	261,852	10,000	1,918	24,300	13,339	311,409	
	(ı) II)	188,728	7,500	430	23,245	13,834	233,737	
	(ı) ıı)	208,904	7,500	2,113	33,982	8,435	260,934	
	(ı) 11)	202,888	7,500	1,843	51,060	13,890	277,181	
	(ı) II)	195,507	10,000	2,758	53,101	10,663	272,029	
	(ı) 11)	190,921	7,500	1,237	38,832	12,396	250,886	
	(ı) ıı)	181,864	7,500	913	22,488	16,765	229,530	
BO WANG	(ı) II)	165,769	5,000	12,787	20,688	5,734	209,978	

DLN: 93493162005190

OMB No 1545-0047

Open to Public Inspection

Schedule L **Transactions with Interested Persons**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** ACT INC Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to or (g)Written (e) In Approved from the (a) Name of interested person and (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? Τо From Yes No Yes No Yes No Total **Grants or Assistance Benefitting Interested Persons** Part III To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
NCEA	SEE SCH O	4,198,838	SEE SCH O		No

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

DLN: 93493162005190 OMB No 1545-0047

Inspection

Name of the organization ACT INC

Employer identification number

42-0841485

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		SOME OFFICERS AND DIRECTORS HAVE A BUSINESS RELATIONSHIP WITH OTHER OFFICERS AND DIRECTORS TO THE EXTENT THAT THEY ALSO SERVE TOGETHER ON THE BOARDS OFOTHER ENTITIES (1) RICHARD FERGUSON AND THOMAS GOEDKEN ARE DIRECTORS OF ACT INTERNATIONAL B V (2) RICHARD FERGUSON AND THOMAS GOEDKEN ARE DIRECTORS OF ACT EDUCATION SOLUTIONS LTD (HONG KONG) (3) RICHARD FERGUSON AND THOMAS GOEDKEN ARE DIRECTORS OF ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY LTD (4) RICHARD FERGUSON AND THOMAS GOEDKEN ARE DIRECTORS OF ACT INFORMATION CONSULTING (SHANGHAI) CO LTD (5) RICHARD FERGUSON AND THOMAS GOEDKEN ARE DIRECTORS OFACT BUSINESS SOLUTIONS B V (6) RICHARD FERGUSON, THOMAS GOEDKEN, CHARLES REED, AND ROBERTS JONES ARE DIRECTORS AND/OR OFFICERS OF NATIONAL CENTER FOR EDUCATIONAL ACHIEVEMENT (NCEA) (7) RICHARD FERGUSON, THOMAS GOEDKEN, AND J THEODORE SANDERS ARE DIRECTORS OF TEACHERS SUPPORT NETWORK (TSN)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, Iine 4		THERE WERE NO SIGNIFICANT CHANGES TO THE ORGANIZATION'S ARTICLES OF INCORPORATION DURING THE YEAR SIGNIFICANT CHANGES TO THE BY LAWS APPROVED BY THE BOARD DURING THE YEAR ARE AS FOLLOWS (1) THE WAY BOARD OFFICERS ARE SELECTED WAS CHANGED PREVIOUSLY, THE BOARD ELECTED THE BOARD OFFICERS THE AMENDMENTADDED LANGUAGE STATING THAT THE BOARD CHAIR WOULD APPOINT TWO OTHER BOARD MEMBERS, NEITHER OF WHOM IS A BOARD OFFICER, TO SERVE WITH THE CHAIR AS A NOMINATING COMMITTEE FOR BOARD OFFICERS FOR THE COMING YEAR THE FULL BOARD OF DIRECTORS STILL ELECTS THE OFFICERS ONCE THEY ARE NOMINATED BY THE THREE-PERSON NOMINATING COMMITTEE (2) THE STANDING COMMITTEES OF THE BOARD INCREASEDFROM THREE (CORPORATE DEVELOPMENT, AUDIT AND FINANCE, AND PERSONNEL) TO FOUR (AUDIT, CORPORATE DEVELOPMENT AND FINANCE, INVESTMENT, AND PERSONNEL) (3)THE LEAD DIRECTOR WAS NAMED AS AN OFFICER OF THE CORPORATION (4) LANGUAGE WAS ADDED TO OFFICIALLY REQUIRE THE BOARD TO FOLLOW POLICIES ALREADY IN PRACTICE STATING THAT COMPENSATION FOR THE CEO AND DIRECTORS WILL BE DETERMINED WITH DUE CONSIDERATION FOR THE COMPENSATION RECEIVED BY MEMBERS OF COMPARABLE ORGANIZATIONS AND THAT SUCH INFORMATION SHALL BE OBTAINED THROUGH PUBLISHED OR BOARD COMMISSIONED COMPENSATION SURVEYS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		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 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

Identifier	Return Reference	Explanation
		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
Form 990,		SEEING THAT CONFLICTS OF INTEREST ARE INVESTIGATEDAND APPROPRIATELY ADDRESSED THEY ALSO
Part VI,		WORK CLOSELY WITH ACT'S HUMAN RESOURCES DEPARTMENT TO DEVELOP EDUCATION AND TRAINING
Section B,		PROGRAMS FOR EMPLOYEES REGARDING THE CONFLICTS OF INTEREST POLICY AND ETHICS ISSUES THE
line 12c		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 EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		COMPENSATION OF OFFICERS AND DIRECTORS IS DETERMINED BY THE BOARD BASED UPON AN INDEPENDENT COMPENSATION STUDY CONDUCTED BY A PROFESSIONAL FIRM COMPENSATION OF KEY EMPLOYEES IS INFORMED BY THE SAME STUDY AND IS ESTABLISHED BY THE BOARD ANNUALLY ALL OTHER EMPLOYEE COMPENSATION IS REVIEWED AT LEAST ANNUALLY, UNDER THE DIRECTION OF THE HUMAN RESOURCE DEPARTMENT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		ACT DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ANDFINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A		PER ACT POLICY, BOARD MEMBERS ARE EXPECTED TO PARTICIPATE IN FOUR THREE-DAYBOARD 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 WITHAN ANNUAL AMOUNT THAT IS PRORATED FOR MEETING ATTENDANCE AND PARTIAL YEARS OF SERVICE THE LEAD DIRECTOR AND COMMITTEE CHAIRS, AS WELL AS BOARD MEMBERSWHO ARE REQUESTED TO PROVIDE TIME OTHER THAN FOR MEETING ATTENDANCE, RECEIVE ADDITIONAL COMPENSATION AT A COMMENSURATE HOURLY RATE IN ADDITION TO SERVING AS CHAIRMAN OF THE BOARD, RICHARD FERGUSON ALSO SERVED AS CEO OF ACT HIS COMPENSATION AS CEO IS DISCLOSED ON FORM 990, PART VII, SECTION A HE RECEIVES NO ADDITIONAL COMPENSATION FOR SERVICE AS BOARD CHAIR SOME BOARD MEMBERS HAVE CHOSEN TO FORGO COMPENSATION FOR THEIR SERVICES TO ACT

ldentifier	Return Reference	Explanation
FORM 990, PART VII,	ACTUARIAL INCREASE IN	THE ORGANIZATION MAINTAINS A LEGACY EARLY RETIREMENT PLAN THAT HAS BEEN CLOSED TO NEW ENTRANTS FORM 990, PART VII, SECTION A, COLUMN (F), "OTHER COMPENSATION" AND SCHEDULE J, PART II, COLUMN (C), "DEFERRED COMPENSATION" INCLUDES THE INCREASE IN
SECTION A AND SCHEDULE J	EARLY RETIREMENT BENEFIT	ACTUARIAL VALUE THAT HAS OCCURRED TO AN INDIVIDUAL'S VESTED BALANCE DURING THE YEAR ENDED AUGUST 31, 2009 DEPENDING ON THE INDIVIDUAL'S AGE AT DATE OF RETIREMENT, THE ACTUAL EARLY RETIREMENT BENEFIT DISTRIBUTED AT THE TIME OF RETIREMENT MAY BE LESS THAN THE AMOUNT THAT IS CURRENTLY BEING INCLUDED IN OTHER/DEFERRED COMPENSATION

ldentifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12 AND PART XI, LINES 2B AND 2C	AUDITED FINANCIAL STATEMENTS	ALTHOUGH THE ORGANIZATION DOES NOT RECEIVE STAND ALONE GAAP FINANCIAL STATEMENTS, ACT DOES RECEIVE ON AN ANNUAL BASIS FROM INDEPENDENT AUDITORS CONSOLIDATED ENTITY GAAP FINANCIAL STATEMENTS FOR ACT AND ITS CONSOLIDATED ENTITIES THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

ldentifier	Return Reference	Explanation
FORM 990, PART I, LINE 6	EXPLANATION OF ESTIMATE OF VOLUNTEERS	APPROXIMATELY 7 TO 8 THOUSAND REPRESENTATIVES FROM EDUCATIONAL INSTITUTIONSARE MEMBERS OF ACT'S ADVISORY GROUPS THAT RECEIVE INFORMATION FROM ACT AND PROVIDE INPUT OUT OF THIS GROUP, THERE ARE APPROXIMATELY 800 INDIVIDUALS WHO ACTIVELY VOLUNTEER THEIR TIME TO SERVE IN AN ADVISORY CAPACITY BY ATTENDING MEETINGS WITH ACT REGIONAL OFFICE STAFF TO PROVIDE INPUT

ldentifier	Return Reference	Explanation
FORM 990, SCH L, PART IV	EXPLANATION REGARDING NATIONAL CENTER FOR EDUCATIONAL ACHIEV EMENT (NCEA)	(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION ENTITY WITH GOVERNING BODY AND/OR OFFICERS INCLUDING (1) RICHARD FERGUSON, CEO/CHAIRMAN, (2) THOMAS GOEDKEN, CFO, (3) CHARLES REED, DIRECTOR, AND (4) ROBERTS JONES, DIRECTOR (D) DESCRIPTION OF TRANSACTION NCEA PAID ACT \$4,198,838 FOR SALARIES, BENEFITS, AND PAYROLL TAXES OF EMPLOYEES PROVIDING SERVICES TO NCEA THAT ARE LEASED FROM ACT

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493162005190

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ACT INC				Employer ident	tification number
				42-0841485	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN 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 Organiza	tions				
(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 sta (if section 501(c)	(F) atus Direct controlling ((3)) entity
NATIONAL CENTER FOR EDUCATIONAL ACHIEVEMENT					
4030-2 WEST BRAKER LANE NO 200 AUSTIN, TX78759 26-0778560	EDUCATIONAL RESEARCH	TX	501(C)(3)	9	N/A
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat No 50135	5Y		Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	(B) Primary ac	tivity d	(C) Legal omicile state or foreign ountry)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat	rtionate	(I) Code V—UBI on Box 20 o	I amount	Gener mana partr	ral or aging
								Yes	No			Yes	No
													<u> </u>
Part IV Identification of Re (A) Name, address, and EIN of related orga		(B) Primary activity	Leg	(C) al domicile	(D) Direct controlling	(E) Type of entity	(F) Share of total income	2	Sha	G) re of	Perce	H) ntage	
				(state or foreign country)	entity	(C corp, S corp, or trust)				of-year sets	owne	ership	
ACT EDUCATION SOLUTIONS LTD (HONG KON ROOM 2503 BANK OF AMERICA TOWER HONG KONG HK	IG)	TESTING SERVICES	S	НК	ACT INTERNATIONAL BV	С	-218,68	13		2,576,378	100 0	00 %	
ACT INTERNATIONAL BV NARITAWEG 165 1043 BW AMSTERDAM NL		HOLDING COMPAN	Y	NL	N/A	С	-27,77	'2		1,096,315	100 0	00 %	
ACT BUSINESS SOLUTIONS BV NARITAWEG 165 1043 BW AMSTERDAM NL		HOLDING COMPAN	Y	NL	ACT INTERNATIONAL BV	С	-627,25	57		251,741	100 0	00 %	
ACT EDUCATION SOLUTIONS (AUSTRALIA) PT LEVEL 7 54 MILLER ST NORTH SYDNEY NSW AS	Y LTD	TESTING SERVICES	S	AS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	30,82	!8		855,741	100 0	00 %	
ACT EDUCATION SOLUTIONS (KOREA) INC 20F KOREA FIRST BANK BLDG 100 GONGP SEOUL KS		TESTING SERVICES	S	KS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	-103,53	37		47,726	100 0	00 %	
ACT INFORMATION CONSULTING (SHANGHAI) ROOM 1204 TIAN AN CTR 338 NANJING W SHANGHAI CH	CO LTD	TESTING SERVICES	S	СН	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	312,23	31		665,408	100 0	00 %	

Yes No

Part V Transactions with Related Organizations

|--|

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 (iv) rent from a controlled entity
- **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- **d** Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- i Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- **q** O ther transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	ACT INTERNATIONAL BV	А	8,960
(2)	NATIONAL CENTER FOR EDUCATIONAL ACHIEVEMENT	В	2,000,000
(3)	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	В	492,796
(4)	ACT BUSINESS SOLUTIONS BV	В	613,730
(5)	NATIONAL CENTER FOR EDUCATIONAL ACHIEVEMENT	N	4,198,838
(6)			

1a	Yes	
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g 1h		No
1h		No
1i		No
1j		No
1k	Yes	
11		No
1m		No
1n	Yes	
1o		No
1р	Yes	
1q		No
1r		No

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(C) egal domicile ate or foreign country) (D) Are all partners section 501(c)(3) organizations?		(E) (F) Share of Disproprtionate allocations? assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

DLN: 93493162005190

OMB No 1545-0172

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

		▶	See separate instruction	s. 🕨 Attach	to your tax re	eturn.			Attachment Sequence No. 67
Name(s) show	vn on return		Business or a	activity to which	this form rel	ates	Ident	t if y ing	g number
ACT INC			5 000 P-	10			42.0	0414	0.5
Part I	Flection	To Eynense (Form 990 Pa Certain Property Un	•	179		42-0	8414	85
raiti		-	isted property, comple			nplete Pari	t I.		
1 Maxımum	amount Se	e the instructions	for a higher limit for cer	taın busınesses				1	250,000
2 Total cost	of section :	179 property plac	ced in service (see instru	ictions) .			. [2	
3 Threshold	cost of sec	tion 179 propert	y before reduction in limit	atıon (see ınstr	uctions) .		. [3	800,000
4 Reduction	ın lımıtatıoı	n Subtract line 3	from line 2 If zero or les	s, enter -0-			. [4	
5 Dollar lımı	tation for ta	x year Subtract	line 4 from line 1 If zero	or less, enter - 0	0- If married	filing			
separately	, see ınstru	ctions						5	
									T
	(a) [Description of pro	perty	` '	(business us only)	e (c) Ele	cted o	cost	
6					•, ,				1
									7
7 Listed pro	perty Enter	the amount from	ı lıne 29		. 7				
8 Total elec	ted cost of	section 179 prop	erty Add amounts in col	umn (c), lines 6	and 7 .			8	
9 Tentative	deduction I	Enter the smaller	of line 5 or line 8 .					9	
10 Carryover	of disallowe	ed deduction from	n line 13 of your 2007 Fo	rm 4562 .			[10	
11 Business inco	ome limitation	Enter the smaller of	business income (not less tha	n zero) or line 5 (se	ee instructions)		. [11	
12 Section 1	79 expense	deduction Add I	ines 9 and 10, but do not	enter more tha	n line 11 •		. [12	
13 Carryover	of disallowe	ed deduction to 2	009 Add lines 9 and 10	, less line 12	. 13				
Note: Do no	ot use Part	II or Part III L	below for listed proper	ty. Instead, u	se Part V.				
		_	Allowance and Othe	_	_			<u>operty</u>	(See instructions)
	epreciation a see instruct		lified property (other thar	n listed property) placed in se	ervice durin	g the	14	
		ection 168(f)(1) e	election				_	15	
	•	icluding ACRS)					_	16	
			Do not include listed i	property.) (Se	e instructio	ns.)			
				ection A		,			
17 MACRS do	eductions fo	r assets placed ı	n service in tax years be	gınnıng before 2	. 800		. [17	8,438,101
18 If you ar	e electing	to group any a	ssets placed in servic	e during the t	ax year into	one or m	ıo <u>re</u>		
		unts, check he							
Secti	on B—Ass	ets Placed in	Service During 200	08 Tax Year	Using the	General	Depr	<u>ecia</u>	tion System
		(b) Month and	(c) Basis for depreciation						
(a) Classif		year placed in	(business/investment	(d) Recovery period	(e) Convent	tion (f)	Metho	d	(g) Depreciation deduction
ргор	-109	service	use only—see instructions)	period					deddetion
19a 3-year pr	operty		only—see mstructions)					\dashv	
b 5-year pr									
c 7 - year pro	operty								
d 10-year p	roperty								
e 15-year p								\rightarrow	
f 20-year p				25			- //	\rightarrow	
g 25-year p h Residenti				25 yrs	MM	+	5/L 5/L	\dashv	
property	ai rentai			27 5 yrs 27 5 yrs	MM		5/L	\dashv	
i Nonreside	ntıal real			39 yrs	MM S/L			\dashv	
property				·	ММ		5/L	\neg	
	Sect i	on C—Assets Pla	ced in Service During 200	8 Tax Year Usin	g the Alterna	tive Deprec	iat ion	Syst e	em
20a Class life						9	S/L	\rightarrow	
b 12-year				12 yrs			S/L	\rightarrow	
c 40-year Part IV	Summa	<u> </u> ry (See instrud	tions)	40 yrs	MM		S/L		
		amount from line					. 1	21	
•			14 through 17, lines 19	and 20 in colum	n (g), and lin	e 21 Enter	here	_ - _	
			urn Partnerships and S					22	8,438,101
			service during the curren	it year, enter the					
portion of	the basis at	tributable to sec	tion 263A costs .		23				

Form 4562 (2008) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) basis service use period use only) cost percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 4 Vehicle 1 Vehicle 3 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use No No Yes No No No Yes Yes Yes Yes Yes No during off-duty hours? . . . 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e) (d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or

amount section this year begins percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 7,201,008 7,201,008 44 Total. Add amounts in column (f) See the instructions for where to report 44

DLN: 93493162005190

Form **8858**(Rev December 2008)

Information Return of U.S. Persons With Respect To Foreign Disregarded Entities

OMB No 1545-1910

► See separate instructions.

Department of the Treasury Internal Revenue Service Information furnished for the foreign disregarded entity's annual accounting period (see instructions) beginning 09-01-2008, and ending 08-31-2009

Attachment Sequence No **140**

Name of person filing this return ACT INC Filer's identifying number

42-0841485

Number, street, and room or suite no (or PO box number if mail is not delivered to street address)
PO BOX 168

City or town, state, and ZIP code IOWA CITY, IA, 522430168

Filer's tax year beginning 2008-09-01, and ending 2009-08-31

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

- Name and address of foreign disregarded entity **b** US identifying number, if any ACT BUSINESS SOLUTIONS SUCURSAL ESPPLAZA MORENO EDIFICIO ALREDO MAHOU **MADRID 28020** d Date(s) of organization Effective date as foreign Country(ies) under whose laws organized and entity type under local tax law disregarded entity 2005-12-21 2005-12-21 NATURAL BRANCH If benefits under a U S tax treaty were claimed Principal business activity Country in which principal Functional currency with respect to income of the foreign disregarded business activity is conducted TESTING SERVICES entity, enter the treaty and article number European Union Euro
- 2 Provide the following information for the foreign disregarded entity's accounting period stated above
- Name, address, and identifying number of branch office or agent (if any) in the United States

Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the foreign disregarded entity, and the location of such books and records, if different

- 3 For the tax owner of the foreign disregarded entity (if different from the filer) provide the following

 Name and address
 ACT BUSINESS SOLUTIONS BV
 NARITAWEG 165 1043 BW
 AMSTERDAM

 D Annual accounting period covered by the return (see instructions)
 to

For the **direct owner** of the foreign disregarded entity (if different from the tax owner) provide the following

- Name and address

 b Country under whose laws organized

 c U S identifying number, if any organized

 d Functional currency
- Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the foreign disregarded entity, and the chain of ownership between the foreign disregarded entity and each entity in which the foreign disregarded entity has a 10% or more direct or indirect interest. See instructions

Schedule C Income Statement (see instructions)

Important: Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for foreign disregarded entities that use DASTM.

If you are using the average exchange rate (determined under section 989(b)), check the following box

Functional Currency U.S. Dollars Gross receipts or sales (net of returns and allowances) 116,594 169,087 2 2 Cost of goods sold Gross profit (subtract line 2 from line 1) 3 116,594 169,087 3 4 Total income (add lines 3 and 4) 62,142 90,119 6 Total deductions 6 472,837 685,718 7 7 Other adjustments Net income (loss) per books . 8

Sc	thedule C-1 Section 987 Gain or Loss Information				
			(a) Amount stated in functional currency of foreign disregarded entity	A moun function	(b) t stated in al currency cipient
1	Remittances from the foreign disregarded entity	1			
2	Section 987 gain (loss) of recipient	2			
				Yes	No
3	Were all remittances from the foreign disregarded entity treated as made to the d	ırect o	wner?		
4	Did the tax owner change its method of accounting for section 987 gain or loss w from the foreign disregarded entity during the tax year?	ith res	pect to remittances		
	hedule F Balance Sheet				
	portant: Report all amounts in U.S. dollars computed in functional cu				
<u>acc</u>	cordance with U.S. GAAP. See instructions for an exception for foreign	uisre	(a)		/ / [/] /. (b)
	Assets		Beginning of annual		נט) fannual
			accounting period	account	ing period
1	Cash and other current assets	1	-12,25	1	31,815
2	Other assets	2	260,80	8	203,983
3	Total assets	3	248,55	7	235,798
	Liabilities and Owner's Equity				
	• •	١.	262702		2 025 524
4	Liabilities	4	2,627,83		2,025,521
5	Owner's equity	6	-2,379,27	_	-1,789,723
6 (3a	Total liabilities and owner's equity	6	248,55	<u>′I</u>	235,798
50	nedule d Other Information			Yes	No
1	During the tax year, did the foreign disregarded entity own an interest in any trus	t?.			No
2	During the tax year, did the foreign disregarded entity own at least a 10% interest foreign partnership?		ctly or indirectly, in an	y	No
3	Answer the following question only if the foreign disregarded entity made its election from its owner during the tax year: Did the tax owner claim a loss with respect to s disregarded entity as a result of the election?				
4	Answer the following question only if the foreign disregarded entity is owned directly corporation and the foreign disregarded entity incurred a net operating loss for the tax disregarded entity a separate unit as defined in Regulations sections 1 1503(d)-instructions)	k year:	Is the foreign	Yes	
5	Answer the following question only if the tax owner of the foreign disregarded entity corporation (CFC): Were there any intracompany transactions between the foreign CFC or any other branch of the CFC during the tax year, in which the foreign disremanufacturing, selling, or purchasing branch?	dısreg	arded entity and the		No
	hedule H Current Earnings and Profits or Taxable Income (see				
	portant: Enter the amounts on lines 1 through 6 in functional curr	rency		1	
1	Current year net income or (loss) per foreign books of account		1		
2	Total net additions		2	1	
3	Total net substractions		3		
4	Current earnings and profits (or taxable income—see instructions) (line 1 plus lin	ie 2 mi	•	1	
5	DASTM gain or loss (if applicable)		5		
6	Combine lines 4 and 5		6	1	
7	Current earnings and profits (or taxable income) in U S dollars (line 6 translated exchange rate determined under section 989(b) and the related regulations (see Enter exchange rate used for line 7				

DLN: 93493162005190

SCHEDULE M (Form 8858)

(December 2004) Department of the Treasury Internal Revenue Service

Transactions Between Foreign Disregarded Entity of a Foreign Tax Owner and the Filer or Other Related Entities

OMB No 1545-1910

Attach to Form 8858.

See separate instructions.

Identifying number

42-0841485

Name of foreign disregarded entity ACT BUSINESS SOLUTIONS SUCURSAL ESP

Name of person filing Form 8858

Name of tax owner ACT BUSINESS SOLUTIONS BV

Important: Complete a separate Schedule M for each foreign disregarded entity for which the tax owner is a controlled foreign corporation or controlled foreign partnership. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign disregarded entity and the persons listed in the applicable columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the appropriate exchange rate for the foreign disregarded entity's tax year (see instructions).

Enter the relevant functional currency and the exchange rate used throughout this schedule 🕨 United StatesDollar

Column Headings. This schedule contains two sets of column headings. Check the box that identifies the status of the tax owner and complete lines 1 through 19 with respect to the applicable set of column headings

Г (Controlled Foreign Partnership (a) Transactions of foreign disregarded entity	(b) U S person filing this return	(c) A ny domestic corporation or partnership controlling or controlled by the filer	(d) A ny foreign corporation or partnership controlling or controlled by the filer (other than the tax owner)	(e) Any US person with a 10% or more direct interest in the controlled foreign partnership (other than the filer)	
∀ (Controlled Foreign Corporation (a) Transactions of foreign disregarded entity	(b) U S person filing this return	(c) A ny domestic corporation or partnership controlled by the filer	(d) A ny foreign corporation or partnership controlled by the filer (other than tax owner)	(e) 10% or more US shareholder of any corporation controlling the tax owner	(f) 10% or more US shareholder, or other owner, of any entity controlling the tax owner
1	Sales of inventory					
2	Sales of property rights .					
3	Compensation recieved for					
	certain services					
4	Commissions received .					
5	Rents, royalties, and license					
	fees received					
6	Dividends/Distributions					
	received					
7	Interest received					
8	Other					
9	Add lines 1 through 8					
10	Purchases of inventory .					
11	Purchases of tangible prop-					
	erty other than inventory					
12	Purchases of property rights					
13	Compensation paid for					
	certain services					
14	Commissions paid					
15	Rents, royalties, and license					
	feespaid			1	1	
16	Interest paid					
17	Add lines 10 through 16 .					
18	A mounts borrowed (see					
	ınstructıons)					
19	A mounts loaned (see					
	ınstructıons)					



TY 2008 Earnings and Profits Other Adjustments Statement

Name: ACT INC

Description	Amount
TAX PAID	-11,093



TY 2008 Earnings and Profits Other Adjustments Statement

Name: ACT INC

Description	Amount
TAXES	-443,525

TY 2008 Investment in Subsidiaries Statement

Name: ACT INC

Description	Beginning Amount	Ending Amount
investment in SUBSIDIARIES	1,072,636	1,072,636

	efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493162005190
--	--------------------------------------	-----------------	---------------------

TY 2008 Investment in Subsidiaries Statement

Name: ACT INC

Description	Beginning Amount	Ending Amount
INVESTMENT IN SUBSIDIA RIES	280,052	400,052

TY 2008 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	PROVISION FOR INCOME TAX		-18,885
ACT INC	42-0841485	PROVISION FOR PAYROLL TAX	756	
ACT INC	42-0841485	WITHHOLDING PAYABLE	11,637	
ACT INC	42-0841485	OTHER CURRENT LIABILITIES	1	82,655
ACT INC	42-0841485	ACCRUED LEAVE	112,511	

TY 2008 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	PROVISION FOR TAXES	2,760	5,761
ACT INC	42-0841485	PROVISION FOR SUPERANNUATION	1,979	
ACT INC	42-0841485	ACCRUED SALARIES	1,377	

TY 2008 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	INTERCOMPANY PAYABLE		148,190

TY 2008 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	other current liabilities	20,585	

TY 2008 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	EXCHANGE VARIANCE	-46,280	
ACT INC	42-0841485	ACCRUED SALARIES	24,287	
ACT INC	42-0841485	OTHER CURRENT LIABILITIES		-1,049
ACT INC	42-0841485	GST LIABILITIES		

TY 2008 Itemized Other Assets Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	OTHER NON-CURRENT ASSETS		1,233

TY 2008 Itemized Other Assets Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	LOAN RECEIVABLE	6,559	

TY 2008 Itemized Other Current Assets Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	PROVISION FOR INCOME TAX	28,910	
ACT INC	42-0841485	GST RECEIVABLE	1,284	
ACT INC	42-0841485	ADVANCES	2,583	
ACT INC	42-0841485	OTHER CURRENT ASSETS		2,525

TY 2008 Itemized Other Current Assets Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	BOND	21,080	4,283

TY 2008 Itemized Other Current Assets Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	OTHER CURRENT ASSETS	92,462	20,242

TY 2008 Itemized Other Current Assets Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	CHINA CLEARING ACCOUNT	-3,345	
ACT INC	42-0841485	OTHER CURRENT ASSETS		9,795

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493162005190

Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A	386,788	279,515

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493162005190

Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&a	63,947,573	48,425

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493162005190

Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A	2,126,651	310,637

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493162005190

Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A		28,942

Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
EXTAERNAL WORKS		593,727
OTHER SG&A		49,135

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493162005190

Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A		703,748

TY 2008 Itemized Other Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	OTHER CURRENT LIABILITIES		2,089

TY 2008 Itemized Other Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
ACT INC	42-0841485	OTHER NON-CURRENT LIABILITIES		1,808

TY 2008 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS	154,743	111,826

TY 2008 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS	-9,006,143	-6,820

TY 2008 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS	-1,936,552	-282,869

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493162005190

TY 2008 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE GAIN		1,170

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493162005190

TY 2008 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE GAIN		1,484
EXTRAORDINARY LOSS		-78,968

TY 2008 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS		455

TY 2008 Owns Foreign Entities Statement

Name: ACT INC

Name	Country	EIN
ACT BUS SOLUTIONS SUCURSAL EN ESPANA	SP	42-0841485

TY 2008 Organization Chart Statement

Name: ACT INC

Entity Name	Placement Or Position	Percentage Of Ownership	Tax Classification	Country
ACT INC	PARENT	100 000 %	Domestic entity electing to be classified as a corporation	
ACT INTERNATIONAL BV	SUBSIDIARY OF ACT, INC	100 000 %	Foreign entity electing to be classified as a corporation	NL
ACT BUSINESS SOLUTIONS BV	SUBSIDIARY OF ACT INTERNATIONAL B V	100 000 %	Foreign entity electing to be classified as a corporation	NL
ACT BUSINESS SOLUTIONS ESPANA	SUBSIDIARY OF ACT BUSINESS SOLUTIONS	0 %	Foreign single owner electing to be disregarded as separate entity	SP