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DLN: 93493194007052

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

Part I Summary	Internal	Revenu	e Service	► The organization may ha	eve to use a copy of this return to satisfy s	state reporti	ng requiren	nents	Inspection
Act TIXC Dong Business As Act TIXC Authors change Initial return Number of intensional states Act TIXC Dong Business As Act TIXC Number and states (or PO box if mail is not delivered to street address) Room/suite PO BOX 168 Armended return Application prending F Name and address of principal officer JOW ACT TY, IA 5224 30168 F Name and address of principal officer JOW ACT TY, IA 5224 30168 H(b) Are all alliedes recibeder Po BOX 168 If No, "attach a list (see instructions) H(c) Group exemption number F Name and address of principal officer JOW ACT TY, IA 5224 30168 H(b) Are all alliedes recibeder Yes F No MON ACT ORG F Name and address of principal officer JOW ACT ORG H(b) Are all alliedes recibeder Yes F No MON ACT ORG To Section Toust Association Other ▶ Learn formation 1960 M State of legal domicial Learn formation H(c) Group exemption number F No MON ACT ORG H(b) Are all alliedes recibeder Yes F No MON ACT ORG Toust Association Other P Learn formation 1960 M State of legal domicial H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT ORG H(c) Group exemption number F No MON ACT	A Fo	r the	2010 ca		nning 09-01-2010 and ending 08-31-201	.1			
Total arterian Tot	B Ch	eck if a	applicable				D Emp	loyer	identification number
Name change	☐ Add	lress c	hange	Doing Business As			42-0	0841	485
Terminated Po Bbx 189 For Name and address of principal officer JON WHITMORE PO Bbx 168 To WA CITY, IN \$22430168	☐ Na	me cha	ange	bolling business / b			E Telep	ohone	number
Amended return City or town, state or country, and ZIP + 4 IOWA CITY, IA. \$22430168 F Name and address of principal officer JON WHITMORE PO BOX 168 IOWA CITY, IA. \$22430168 H(b) Are all affiliates included? Yes If No," attach a list (see instructions) H(c) If No," attach a list (see instructions) If No," attach a list (see instructions) H(c) If No," attach a li	Init	ıal retu	nm		ıf maıl ıs not delivered to street address)	Room/suite	(319	9)337	7-1000
Tax-exempt status F Name and address of principal officer JON WHITMORE POR SX 168 IOWA CITY, IA 522430168 H(b) Are all affiliates included? Yes If "No," statch a list (see instructions) Yes If "No," statch a list (see instr	Ter	mınate	ed	PO BOX 168					
F Name and address of principal officer JON WHITMORE PO BOX 168 IOWA CITY/IA 522430168 H(b) Is this agroup returnific affiliates \text{Ntibules} F No MITMORE PO BOX 168 H(b) Act affiliates included? Yes TI *No,** attach a list (see instructions) H(c) Group exemption number M(c)	☐ Am	ended	return		and ZIP + 4	_	— G Gross	s receip	ots \$ 324,150,079
JON WHITMORE PO BOX 168 IOWA CITY, IA 522430168 H(b) Are all affinites included? Tyes If "No," attach a list (see instructions) I Tax-exempt status F 501(c) (3) \$01(c) () \$ \$ (misert no) \$ 4947(a) (1) or \$ 527 \$ \$ (see instructions) \$ (see instructions) \$ (see instructions) \$ \$ (see instructions) \$ \$ \$ (see instructions) \$ \$ \$ \$ \$ \$ \$ \$ \$	Г Арі	olicatio	n pending	10WA C111, IA 322430108					
POB BX 168 IOWA CITY, IA 522430168 H(b) Are all affiliates included? Yes If "No," attach a list (see instructions) I Tax-exempt status F 501(c)(3) 501(c) ◆ (insert no) 4947(a)(1) or 527					principal officer	H(a) Is th	nis a group returr	n for affil	ıates?
Tax-exempt status									
Tax-exempt status				IOWA CITY, IA 522430	0168				
Summary	I Ta	x-exer	npt status	У 501(c)(3) J 501(c) ()	(insert no) 4947(a)(1) or 527				
Part I Summary	J W	ebsit	e:► WW	W ACT ORG					
1 Briefly describe the organization's mission or most significant activities HELPING PEOPLE ACHIEVE EDUCATION AND WORKPLACE SUCCESS	K For	n of or	rganization	Corporation Trust Assoc	ation Other ►	L Year of	formation 19	960	M State of legal domicile 14
### HELPING PEOPLE ACHIEVE EDUCATION AND WORKPLACE SUCCESS 2 Check this box	Pa	rt I	Sumi	mary					
2 Check this box									
Net unrelated business revenue (norm Fart VIII, column (C), line 12 7a 13,386,9	په		HELPING	S PEOPLE ACHIEVE EDUC	ATION AND WORKPLACE SUCCESS				
Net unrelated business revenue from Form 990-T, line 34 7b 424,1	allic								
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Net unrelated business revenue from Form 990-T, line 34 7b 424,1	70×	l		,			n 25% of its i		1
Net unrelated business revenue from Form 990-T, line 34 7b 424,1	2 0	l							1-
Net unrelated business revenue from Form 990-T, line 34 7b 424,1	<u>8</u>	l					•		1 05
Net unrelated business revenue from Form 990-T, line 34 7b 424,1	Ĕ	l					-		70
B Net unrelated business taxable income from Form 990-T, line 34 7b 424,1	Ş V	l		•	.,		-		
8 Contributions and grants (Part VIII, line 1h)		l			, , , , , , , , , , , , , , , , , , , ,		-		
8 Contributions and grants (Part VIII, line 1h)		_				Pı	rior Year	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Program service revenue (Part VIII, line 2g)		8	Contrib	outions and grants (Part VII	I, line 1 h)			477	
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	를	9		- '					277,064,750
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ever.	10	Invest	ment income (Part VIII, col	umn (A), lines 3, 4, and 7d)		11,486,	908	14,401,80
12)	Ť	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	(
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		12				е	274 112	883	293 400 331
14 Benefits paid to or for members (Part IX, column (A), line 4)		13							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)							27.007		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 135,689,362 140,535,94 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 238,211,142 244,529,64 19 Revenue less expenses Subtract line 18 from line 12 35,901,741 48,870,64		15							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 135,689,362 140,535,94 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 238,211,142 244,529,64 19 Revenue less expenses Subtract line 18 from line 12 35,901,741 48,870,64	\$,				93,121,	-	101,375,814
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 135,689,362 140,535,94 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 238,211,142 244,529,64 19 Revenue less expenses Subtract line 18 from line 12 35,901,741 48,870,64	<u>ē</u>	16a						0	(
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 238,211,142 244,529,6 19 Revenue less expenses Subtract line 18 from line 12 35,901,741 48,870,6	五								
19 Revenue less expenses Subtract line 18 from line 12								-	
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ម្តាំ End of Year End of Year	- or	19	Revent	ie iess expenses Subtract i	me 10 nom me 12	Beginni			
	8 8 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Degiiiii	_		End of Year	
20 Total assets (Part X, line 16)	SS B	20				392,693,266		454,190,77	
21 Total liabilities (Part X, line 26)	# P	21							86,673,170
二二 22 Net assets or fund balances Subtract line 21 from line 20		22			act line 21 from line 20		304,457,	236	367,517,60
温山 22 Net assets or fund halances. Subtract line 21 from line 20 304 457 236 367 517 60	Pai	t II	Signa	ature Block					
20 Total assets (Part X, line 16)	Not Assets or	16a b 17 18 19 20 21 22	5-10) Profess Total fur Other of Revenu Total a Total a Total II Net ass Signa	sional fundraising fees (Part ideasing expenses (Part IX, column expenses (Part IX, column (xpenses Add lines 13-17 due less expenses Subtract lussets (Part X, line 16) . abilities (Part X, line 26) . sets or fund balances Subtract ideas expenses Subtract lussets or fund balances Subtract lussets or fund bala	IX, column (A), line 11e)	Beginni	135,689, 238,211, 35,901, ing of Curre Year 392,693, 88,236, 304,457,	362 142 741 ent 266 030 236	140,53 244,52 48,87 End of Year 454,19 86,67 367,51
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Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my				, it is true, correct, and compl	ete. Declaration of preparer (other than office	er) is based o	n all Informa	ation (orwnich preparer has ar
Part II Signature Block							2012-07-02		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a knowledge. ******* 2012-07-02	_		S ignat	ture of officer			Date		
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a knowledge. ******* 2012-07-02	_								
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Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a knowledge. Sign ****** 2012-07-02					Preparer's signature KAY HEGARTY	Date			PTIN
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a knowledge. Sign Here Year Ye	Paid			name	MAI HEVANTI		Temployeu	· J	Firm's EIN
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a knowledge. Sign ****** 2012-07-02	•		Firm's add	ress • 221 THIRD AVENUE SE STE	300				
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a knowledge. Sign Here Y****** 2012-07-02	Use (Only	, iiii 3 aaa						Phone no (319) 298- 5333
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a knowledge. Sign Here *******	May	he IF	RS discus	CEDAR RAPIDS, IA 52401: s this return with the prepar	er shown above? (see instructions)				✓ Yes 「No

Par	t III	Statement of Program S Check if Schedule O contains			I	
1	Brief	ly describe the organization's m	ission			
ON A AND EDU	UGUS COND CATO	(ACT) WAS ESTABLISHED AS IT 23, 1960 THE PURPOSE AN DUCTING RESEARCH THAT AS RS DELIVERING INSTRUCTIO ALS ARE READY FOR EDUCAT	ND MISSION OF AC SSISTS A) INDIVI N AND TRAINING,	CT IS TO ADVANCE DUALS PLANNING A AND C) POLICY MA	EDUCATION BY PROVID ND PURSUING EDUCATI	ING PROGRAMS, SERVICES, ON AND TRAINING, B)
2	the pr	ne organization undertake any s rior Form 990 or 990-EZ? .		ervices during the yea	ar which were not listed on	✓ Yes │ No
		s," describe these new services				
3	servi	ne organization cease conductin		nt changes in how it c	onducts, any program	✓ Yes │ No
4	Desci Section	s," describe these changes on S ribe the exempt purpose achiev on 501(c)(3) and 501(c)(4) org ations to others, the total expen	ements for each of t anizations and sect	ıon 4947 (a)(1) trusts	are required to report the	
	(Code	e) (Expenses \$	183,459,189	ıncludıng grants of \$	2,483,374) (Revenue	\$ 228,038,383)
	THEM ADMI PROV ADMI	CATION ASSESSMENT PROGRAM - ACT'S ABOUT THE KNOWLEDGE AND SKILLS NISTRATION OF THE ASSESSMENTS EN TIDE EDUCATORS AND TRAINERS WITH NISTRATION OF THE ASSESSMENTS FA POLICY MAKERS	NEEDED FOR SUCCESS ABLE INDIVIDUALS TO P INFORMATION USEFUL	S IN EDUCATION AND EVEN REPARE THEMSELVES FOR IN GUIDING THEIR TEACH:	ITUALLY CAREER INFORMATION A NEXT LEVEL OF EDUCATION A ING AND INSTRUCTION COLLEC	RESULTING FROM THE ND/OR TRAINING THE ASSESSMENTS TIVELY, DATA RESULTING FROM THE
4b	(Code	e) (Expenses s	32,071,458	ıncludıng grants of \$	134,550) (Revenue	\$ 49,026,367)
-	WORI ASSES PROG FOR V	KFORCE DEVELOPMENT ASSESSMENT F SSMENT PROGRAM IN THAT IT FOCUSE SRAM IS A COMPONENT PART OF THE O WORKPLACE RELATED EDUCATION AND IDE INSTRUCTIONAL INTERVENTIONS LES RESEARCH ON NATIONAL, STATE, A	ROGRAM - ACT'S WORK S ON HELPING INDIVIDU OVERALL EDUCATION PR O TRAINING PROGRAMS FOR THOSE INDIVIDUAL	KFORCE DEVELOPMENT ASS JALS TO ACQUIRE THE SKI OCESS AND HELPS INDIVID THE ASSESSMENTS ARE U S COLLECTIVELY, DATA RE	SESSMENT PROGRAM IS COMPLE LLS THAT THEY NEED FOR SUCC JUALS TO UNDERSTAND THE SKI SED WIDELY BY EDUCATORS AN SULTING FROM THE ADMINISTR	MENTARY OF ITS EDUCATION ESS IN THE WORKPLACE THE LLS THEY WILL NEED TO BE READY D TRAINERS TO PRESCRIBE AND ATION OF THE ASSESSMENTS
4c	(Code	e) (Expenses \$	3	ıncludıng grants of \$) (Revenue s)
4d		er program services (Describe i enses \$	n Schedule O) including grants o	of\$) (Revenue \$)
4e	Tota	I program service expenses►\$	215,530,6	47		

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXC GGII CG	Scriculics

			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 (see instruction)? $^{f z}$	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^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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 2	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, directly or through a related organization, hold assets in term, permanent, or quasiendowments? If "Yes," complete Schedule D, Part V^{\bullet}	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	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 U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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 U S ? If "Yes," complete Schedule F, Parts III and IV .	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II $\textcircled{\text{4}}$	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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 $512(b)(13)$?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 \Box			
36	Section 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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2010)

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Part V	Statements Regarding Other IRS Filings and Tax Compliance	

	Check if Schedule O contains a response to any question in this Part V	•	. ~	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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			
ь	If at least one is reported on line 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 (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a	Yes	
	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, ID			
	See instructions for 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		Νo
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 line 5a or 5b, did the organization file Form 8886-T?	E-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5с 6а		No
	organization solicit any contributions that were not tax deductible?			.,,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		No
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7 c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f		No
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
В	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
_	business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 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)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
Ŀ	Enter the amount of reserves the organization is required to maintain by the states			
D	in which the organization is licensed to issue qualified health plans			
_	m which the organization is needed to issue qualified health plans			
	Enter the amount of reserves on hand			
c	Enter the amount of reserves on hand	14a		No

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	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	
С	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	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	_
Se	ection C. Disclosure	_	·	
17	List the States with which a copy of this Form 990 is required to be filed▶CA,GA,IL,IN,IA,LA,MA,MI,MN	I , NH	, NY , O	H,OR
18	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			

- 19 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 ►
 THOMAS J GOEDKEN
 500 ACT DRIVE
 IOWA 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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours		tion (that a	(che		II		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee			organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) JON S WHITMORE CEO/DIRECTOR	60 00	х		Х				171,324	0	28,770
(2) MARK D MUSICK CHAIRMAN OF THE BOARD	5 00	Х		Х				86,975	0	16,500
(3) BELLE S WHEELAN SECRETARY	3 00	Х		х				40,625	0	0
(4) DIXIE L AXLEY DIRECTOR	3 00	Х						57,750	0	0
(5) JAMES E BOSTIC JR DIRECTOR	3 00	Х						54,750	0	0
(6) SARITA E BROWN DIRECTOR	3 00	х						46,550	0	0
(7) CARL A COHN DIRECTOR	3 00	Х						51,250	0	0
(8) D ROBERT GRAHAM DIRECTOR	3 00	х						41,250	0	0
(9) KAREN A HOLBROOK DIRECTOR	3 00	х						49,250	0	0
(10) ROBERTS T JONES DIRECTOR	3 00	х						44,750	0	0
(11) CHARLES B REED DIRECTOR	3 00	х						55,250	0	0
(12) RICHARD W RILEY DIRECTOR	3 00	х						28,250	0	16,500
(13) J THEODORE SANDERS DIRECTOR	4 00	х						70,375	0	0
(14) VIVIEN STEWART DIRECTOR	4 00	х						0	0	0
(15) THOMAS J GOEDKEN CFO/TREASURER	59 00			х				322,517	0	51,908
(16) CYNTHIA SCHMEISER PRESIDENT & COO EDUCATIONAL DIVISION	57 00				Х			756,016	0	58,229

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

(A) Name and Title	(B) A verage hours		tion that a	•		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) MARTIN L SCAGLIONE PRESIDENT & COO WORKFORCE DIVISION	55 00				х			295,780	0	45,868
(18) JON ERICKSON SENIOR VICE PRESIDENT	74 00				х			229,604	0	99,137
(19) ARTHUR C PETERS VICE PRESIDENT	56 00				х			228,644	0	39,889
(20) JANET GODWIN VICE PRESIDENT	52 00				х			162,612	0	42,145
(21) RANJIT SIDHU SENIOR VICE PRESIDENT	43 00					Х		286,822	0	46,414
(22) THOMAS SATERFIEL VICE PRESIDENT	45 00					х		225,199	0	50,990
(23) ROSE RENNEKAMP VICE PRESIDENT	46 00					х		212,939	0	40,270
(24) CHARLES SMITH VICE PRESIDENT	39 00					х		207,497	0	30,226
(25) DOUGLAS F BECKER VICE PRESIDENT	52 00					х		202,257	0	42,806
(26) RICHARD L FERGUSON FORMER CEO/CHAIRMAN OF THE BOARD	61 00						х	1,337,558	0	43,461
1b Sub-Total							F			
c Total from continuation sheets						•		5.055.704		550.440
d Total (add lines 1b and 1c) . Total number of individuals (inc							F	5,265,794	0	653,113

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual			
	on the Tax 17 rest, comprete seneral established in the Tax 17 rest, comprete seneral	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If</i> "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 or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5	Yes	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$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	24,872,298
MSI SYSTEMS INTEGRATORS 14301 1ST NATIONAL PKWY STE 400 OMAHA, NE 68154	DATA PROCESSING	3,297,373
VON HOFFMAN CORP AN RR DONNELLY COMPANY PO BOX 7060 ST LOUIS, MO 63195	PUBLISHING SERVICES	3,217,947
FEDERAL EXPRESS CORP 942 S SHADY GROVE RD MEMPHIS, TN 38120	FREIGHT AND SHIPPING	2,622,461
UNITED PARCEL SERVICE LOCKBOX 77 CAROL STREAM, IL 60132	FREIGHT AND SHIPPING	2,209,446
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	

\$100,000 in compensation from the organization \blacktriangleright 54

Form 9							Pag	e 9
		I Statement of Revenu			(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns	1a					
gra	ь	Membership dues	. 1b					
ts, ⊞	c	Fundraising events	. 1c					
<u>=</u> ,ਰ	d	Related organizations	. 1d					
åS, Si⊞	e	Government grants (contributions)	1e					
e e	f	All other contributions, gifts, grants,		1,933,784		 	! 	
흔등	_	similar amounts not included above Noncash contributions included in lir						
<u>5</u> 2	_				1,933,784			
<u> </u>	n	Total. Add lines 1a-1f	· · · · · · · ·		1,933,764			
<u>a</u>	2a			Business Code				
eur.	Za	EDUCATIONAL ASSESSMENT		611710	228,038,383	228,038,383		
æ	Ь	WORKFORCE DEVELOPMENT		541900	49,026,367	35,659,418	13,366,949	
93	c	WORKT ORGE BEVELOT HERT		341900	49,020,307		13,300,949	
Z.	d							
Program Service Revenue	e							
ž.	f	All other program service rev	/enue					
Š		T-1-1 Add by 2- 26	_		277.064.750			
	_	Total. Add lines 2a-2f Investment income (including			277,064,750			
		and other similar amounts)	- · · · · · · · · · · · · · · · · · · ·	ŀ	6,888,811			6,888,811
	4	Income from investment of tax-exe						
	5	Royalties		ľ				
			(ı) Real	(II) Personal				
		Gross Rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	38,239,734	23,000				
		assets other than inventory						
	ь	Less cost or other basis and	30,709,213	40,531				
		sales expenses						
	_	Gain or (loss)	7,530,521	-17,531	7.540.000			7.543.000
		Net gain or (loss)			7,512,990			7,512,990
ne	oa	Gross income from fundraisin (not including	ng events					
ᅙ		\$						
æ		of contributions reported on I See Part IV, line 18	·					
Other Revenue			а					
₹		Less direct expenses						
		Net income or (loss) from fun						
		Gross income from gaming actual Less direct expenses	ctivities See Part IV, line 19 . a					
		Net income or (loss) from gar						
		Gross sales of inventory, less						
		returns and allowances .						
	J	. Lana areta fili de la companya de	a					
		Less cost of goods sold . Net income or (loss) from sal						
	۲	Miscellaneous Revenue		Business Code				
	11a							
	ь							
	d	d All other revenue	.					
	e	Total. Add lines 11a-11d .		-				
			►	[
	12	Total revenue. See Instruction	ons		293,400,335			
						263,697,801	13,366,949 m 990 (20	

	990 (2010)				Page 10
Par	t IX Statement of Functional Expenses		-1		
А	Section $501(c)(3)$ and $501(c)(4)$ organizations must li other organizations must complete column (A) but are not required to c			'D).	
Do no	ot include amounts reported on lines 6b, b, 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	617,924	617,924		· ·
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	2,000,000	2,000,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,260,181	1,828,677	1,431,504	
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	73,573,049	66,312,257	7,260,792	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,894,373	7,944,612	949,761	
9	Other employee benefits	10,290,762	9,177,798	1,112,964	
10	Payroll taxes	, ,		 	
a	Fees for services (non-employees)	5,357,449	4,785,291	572,158	
L	Management	1 202 (02		1 202 (02	
b	Legal	1,383,602 408,578		1,383,602 408,578	
C C	1	· · · · · ·	72.067	408,578	
d	Lobbying	72,067	72,067		
e •		1.050.201		1.050.201	
f	Investment management fees	1,058,391 34,220,254	20 411 100	1,058,391	
g 12	Other	626,498	30,411,106		
13	Office expenses	26,859,031	522,674	103,824 3,735,286	
14	·	9,627,917	23,123,745 8,724,878	· · · ·	
15	Information technology		-,,	-39	
16	Royalties	1,003	1,042	950,908	
	Occupancy	5,922,187	4,971,279	· · · · · ·	
17 18	Travel	6,023,404	5,147,552	875,852	
19	Conferences, conventions, and meetings	2,975,375	1,826,956	1,148,419	
20	Interest	924,117	924,117	1,170,719	
21	Payments to affiliates	221,111	32.1,117		
22	Depreciation, depletion, and amortization	10,828,318	8,226,574	2,601,744	
23	Insurance	477,623	0,220,07	477,623	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	177,023		1117023	
a	TEST ADMINISTRATION	37,771,760	37,771,449	311	
b	BAD DEBTS	840,982	840,982		
c	MEMBERSHIP FEES	177,742	111,698	66,044	
d	FEDERAL TAXES (UBIT)	167,947	167,947		
е	STATE TAXES (UBIT)	1,339	1,339		
f	All other expenses	167,808	18,683	149,125	
25	Total functional expenses. Add lines 1 through 24f	244,529,681	215,530,647	28,999,034	0
26	Joint costs. Check here ► ☐ If following	·			
	SOP 98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				<u> </u>	rm 990 (2010)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments	•		32,800,740	2	66,964,039
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			21,257,982	4	21,067,266
	5	Receivables from current and former officers, directors, trustee highest compensated employees Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$, and contributing esponsoring organizations of section $501(c)(9)$ voluntary emploorganizations (see instructions)	ers, and				
sts		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	1,444,792
۲	8	Inventories for sale or use			2,906,250	8	2,821,025
	9	Prepaid expenses and deferred charges			4,448,290	9	6,232,080
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	142,174,165			_
	b	Less accumulated depreciation	10b	77,899,587	66,085,753	10 c	64,274,578
	11	Investments—publicly traded securities			242,313,238	11	254,242,152
	12	Investments—other securities See Part IV, line 11				12	3,341,680
	13	Investments—program-related See Part IV, line 11			16,671,117	13	15,702,631
	14	Intangible assets				14	8,953,628
	15	Other assets See Part IV, line 11			6,209,896	15	9,146,902
	16	Total assets. Add lines 1 through 15 (must equal line 34) .		392,693,266	16	454,190,773	
	17	Accounts payable and accrued expenses .			21,292,346	17	19,607,149
	18	Grants payable				18	
	19	Deferred revenue			27,450,309	19	25,986,735
_	20	Tax-exempt bond liabilities	33,875,000	20	32,865,000		
<u>6</u>	21	Escrow or custodial account liability Complete Part IV of Schedu	le D			21	
abilities	22	Payables to current and former officers, directors, trustees, keepnloyees, highest compensated employees, and disqualified					
Lial		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .		75,389	23	34,018
	24	Unsecured notes and loans payable to unrelated third parties				24	2,949,150
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	•		5,542,986	25	5,231,118
	26	Total liabilities. Add lines 17 through 25			88,236,030	26	86,673,170
S		Organizations that follow SFAS 117, check here ▶ 🔽 and com	plete	ines 27			
Balance		through 29, and lines 33 and 34.					
ar I	27	Unrestricted net assets			304,457,236	27	367,517,603
8	28	Temporarily restricted net assets				28	
Fund	29	Permanently restricted net assets				29	
교		Organizations that do not follow SFAS 117, check here ► a	nd cor	nplete			
ō		lines 30 through 34.					
£	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other f	unds		001.177.533	32	007.517.055
Net	33	Total net assets or fund balances			304,457,236		367,517,603
	34	Total liabilities and net assets/fund balances			392,693,266	34	454, 190, 773

FGI	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		293,4	100,33!
2	Total expenses (must equal Part IX, column (A), line 25)	2	244,529,6		
3	Revenue less expenses Subtract line 2 from line 1	3		48,8	370,654
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		304,4	157,236
5	Other changes in net assets or fund balances (explain in Schedule O)	5		14,1	189,71
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		367,5	517,60
Par	t XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response to any question in this Part XII		•	 	
		I		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? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	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?	ie	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits \cdot .	required	3b	Yes	

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As Filed Data -

DLN: 93493194007052

Employer identification number

42-0841485

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

Inspection

he o	organı:			e foundation becaus			= -				
1		A churc	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in se	ection 170(b))(1)(A)(i).		
2	Г	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	le E)				
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	atıon descrı	bed in sectio i	n 170(b)(1)(A)(iii).		
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	rıbed ın seci	ion 170(b)(1)(A)(iii). E	nter the
5	Γ	_	-	erated for the benefit A)(iv). (Complete P	_	or universit	y owned or o	perated by a	government	al unit descr	ribed in
6	_			local government or		al unit docci	nhad in casti i	on 170/b\/1\	\(A \\(\(\)		
7	<u>'</u>			at normally receives	_					om the gone	ral public
,	,	describ	ed in	A)(vi) (Complete P		i part or its :	зарроге пош	a governmen	icai unic oi n	om the gene	тат ривпс
8	Γ	A comn	nunity trust	described in section	170(b)(1)(A	A)(vi) (Com	plete Part II)			
9	굣	An orga	anızatıon tha	at normally receives	(1) more tha	an 331/3% c	of its support	from contrib	utions, mem	bership fees	, and gross
		receipt	s from actıv	ities related to its ex	empt function	ns—subject	to certain ex	cceptions, ar	nd (2) no mo	re than 331/	3% of
		ıts supp	oort from gr	oss investment inco	me and unrel	ated busines	ss taxable ind	come (less s	ection 511	tax) from bus	sinesses
		acquire	d by the org	janızatıon after June	30,1975 S	ee section 5	09(a)(2). (Co	omplete Part	:III)		
10		An orga	anızatıon orç	ganized and operated	dexclusively	to test for p	ublic safety	See section	509(a)(4).		
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a									
e f g	I	other the section of the ocheck the Since A	nan foundatı 509(a)(2) rganızatıon :hıs box	ox, I certify that the on managers and other received a written de 2006, has the organi	ner than one	or more publ	licly supporte	ed organizati Type I, Type	ons describ	ed in section	509(a)(1) or
				rectly or indirectly c	ontrols, eithe	er alone or to	gether with p	ersons desc	ribed in (ii)		Yes No
		and (III)) below, the	governing body of th	e the suppor	ted organıza	tion?			11g((i)
		(ii) a fa	mily membe	er of a person descri	bed ın (ı) abo	ve?				11g(ii)
		(iii) a 3	5% control	led entity of a perso	n described i	n (ı) or (ıı) a	bove?			11g(i	iii)
h		Provide	the following	ng information about	the supporte	ed organizati	on(s)				_
(i) Name support organiza		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support
				instructions))	Yes	No	Yes	No	Yes	No	

Total

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

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

<u> </u>	ection A. Public Support		and to quanty t			Jaco complete	
	endar year (or fiscal year beginning						
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	I I.			
	endar year (or fiscal year beginning						
	ın) >	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and stop here						►
	-tiC Ct-tiC D-l	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, check	
_	and stop here. The organization qua						▶ □
b	33 1/3% support test—2009. If the				5a, and line 15 is 3	33 1/3% or more,	- -
	box and stop here. The organization				45.46		►
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	► □
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						V
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	10	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual			640,000	1,660,477	1,9	33,784	4,234,261	
2	grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	201,972,325	215,000,757	230,131,241	260,965,498	263,6	97,801	1,171,767,622	
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5	201,972,325	215,000,757	230,771,241	262,625,975	265,6	31,585	1,176,001,883	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			744,764	1,856,626	1,9	61,524	4,562,914	
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the	35,366,570	28,301,121	29,868,001	30,934,592	33,418,101		157,888,385	
c	year Add lines 7a and 7b	35,366,570	28,301,121	30,612,765	32,791,218	35.3	379,625	162,451,299	
8	Public Support (Subtract line 7c from line 6)	, ,	, ,	, ,	, ,	,		1,013,550,584	
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 201	.0	(f) Total	
9	Amounts from line 6	201,972,325	215,000,757	230,771,241	262,625,975	265,6	31,585	1,176,001,883	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,012,395	7,876,843	7,036,999	6,419,666	6,8	88,811	36,234,714	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b	8,012,395	7,876,843	7,036,999	6,419,666	6,8	88,811	36,234,714	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	604,781	193,568	215,650	132,124	4	24,173	1,570,296	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support (Add lines 9,	210,589,501	223,071,168	238,023,890	269,177,765	272,9	44,569	1,213,806,893	
14	10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here			· · · · L					
	ation C. Communication of D. I	hlia C	\						
<u>Se</u> 15	ction C. Computation of Pul Public Support Percentage for 201			13 column (fl)		1=		0.2 E00.0/	
16	Public support percentage from 20	•		. 15 column (1 <i>))</i>		15 83 500 %			
						16		82 950 %	
	ction D. Computation of Inv								
17	Investment income percentage for	2010 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17		2 990 %	

Investment income percentage from 2009 Schedule A, Part III, line 17

17	2 990	%
18	3 170	%

19a 33 1/3% support tests—2010. 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 ►V organization

33 1/3% support tests—2009. 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

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. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

Schedule B	Schedule of Contributors	OMB No 1545-0047					
(Form 990, 990-EZ, or 990-PF) Department of the Treasury	► Attach to Form 990, 990-EZ, or 990-PF.		2010				
Internal Revenue Service Name of organization		Employer ide	entification number				
ACT INC		42-084148					
Organization type (ch	eck one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or r ny one contributor Complete Parts I and II	(
under sections (1(c)(3) organization filing Form 990 or 990-EZ, that met the 33 ¹ /3% support test of 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E	e year, a contributi					
during the year,	1(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from a aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, choice of cruelty to children or animals. Co	naritable,					
during the year, not aggregate to the year for an o applies to this or	1(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from a contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but the more than \$1,000. If this box is checked, enter here the total contributions that vexclusively religious, charitable, etc., purpose. Do not complete any of the parts of ganization because it received nonexclusively religious, charitable, etc., contributions.	ese contributions d were received duri unless the Gener a	id ing al Rule				
990-EZ, or 990-PF), but	on that is not covered by the General Rule and/or the Special Rules does not file it must answer "No" on Part IV, line 2 of its Form 990, or check the box on lin H 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Sch	of its					

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organization.

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Open to Public **Inspection**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	Name of the organization ACT INC		Employer identification number				
		42-0841485					
Par	t I-A Complete if the organization is exempt under section 501(c) or is a	section 52	7 organi:	zation			
1	Provide a description of the organization's direct and indirect political campaign activities in Pa	art IV					
2	Political expenditures	>	\$				
3	Volunteer hours						

Par	t I-B Complete if the organization is exempt under section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organization under section 4955	F	\$	
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$	
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		┌ Yes	┌ No
4a	Was a correction made?		☐ Yes	┌ No

If "Yes," describe in Part IV

ГŒ	to the complete in the organization is exempt under section 501(c) except section	11 50	<u> </u>	(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	Þ	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	.	\$ <u>_</u>		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	•	\$		
4	Did the filing organization file Form 1120-POL for this year?		. –	☐ Yes	☐ No

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Р	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked bo	n affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a and 1	o)		
d	O ther exempt purpose expenditures			
е	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		
j	If there is an amount other than zero on either lii section 4911 tax for this year?	ne 1h or line 1i, did the organization file Form	4720 reporting	┌ Yes ┌ No

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

	Lobbying Expenditures During 4-Year Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

· · · · · · · · · · · · · · · · · · ·			ı age
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		(6	a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
C	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		Νo	
e	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		72,06
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			72,06
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ľ	
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r section
		·	_	Yes No

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

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

1	Dues, assessments and similar amounts from members	1	
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	
b	Carryover from last year	2b	
С	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	4	
	political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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

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

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As Filed Data -

DLN: 93493194007052

OMB No 1545-0047

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** ACT INC 42-0841485 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 **▶**\$_____ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Раг	Organizations maintaining Collections of Art,	HIS	TOF	ıca	i ireasi	ures, or oth	ег	Similai	ASSE	ts (co	ntinuea)
3	Using the organization's accession and other records, check any items (check all that apply)	of th	ne fo	llov	ving that a	re a sıgnıfıcant	us	e of its co	ollectio	n	
а	Public exhibition	d	Γ	L	oan or exc	hange program	ns				
b	Scholarly research	e	Γ	C	ther						
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain Part XIV	n hov	w the	y f	urther the	organızatıon's (exe	mpt purp	ose in		
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as p						ımı	lar	Г	Yes	┌ No
Pai	Escrow and Custodial Arrangements. Complete Part IV, line 9, or reported an amount on Form 990					n answered '	"Ye	s" to Fo	rm 990),	
1a	Is the organization an agent, trustee, custodian or other intermed included on Form 990, Part X ?	diary	for	con	trıbutıons	or other assets	s no	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV and complete the fo	ollov	ving t	ab	le		$\overline{}$		Amoi	ınt	
С	Beginning balance					10	,†		71110		
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	212	,							Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	21.							'	163	, 140
	rt V Endowment Funds. Complete if the organization	ans	wer	ed	"Yes" to	Form 990 Pa	art	TV line	10		
	(a)Current Year)Prior					ree Years I		Four Ye	ears Back
1a	Beginning of year balance										
b	Contributions										
c	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 end balance held as	S									
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
За	Are there endowment funds not in the possession of the organiza	tıon	that	are	held and	admınıstered fo	or t	he			
	organization by								22/i\	Yes	No
	(i) unrelated organizations		•	•			•		3a(i) 3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as required								3b	<u> </u>	
4	Describe in Part XIV the intended uses of the organization's endo										
Pai	t VI Investments—Land, Buildings, and Equipmen	nt. S	See I	or	m 990, P	art X, line 10).				
	Description of investment				ost or other investment)	(b)Cost or other basis (other)	r	(c) Accumu depreciat		(d) Boo	ok value
1a	Land					4,922,64	9				4,922,649
ь	Buildings					68,154,53	$\overline{}$	20,8	69,652		7,284,886
c	Leasehold improvements					5,329,94	5	4,6	94,915		635,030
d	Equipment					63,729,55	64	52,3	35,020	1	1,394,534
e	Other					37,47	9				37,479
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, colum	n (B), line	= 10	O(c).			▶		6	4,274,578

Part VII Investments—Other Securities. See	Form 990, Part X, line 12)
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(2)20011 14114	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Se		.3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
(•	
Part IX Other Assets. See Form 990, Part X, II		(h) Pook volue
(a) Descri	ption	(b) Book value
T. 1 (0) (1) (1) (1) (2) (2) (2) (2) (3)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	(S) / (mount	
INTEREST RATE SWAP	2 140 445	
POST RETIREMENT BENEFIT PLAN OBLIGATIONS	2,140,445	
1031 KETIKEMENT BENETIT FEAN OBLIGATIONS	3,030,073	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	5,231,118	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	293,400,335
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	244,529,681
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	48,870,654
4	Net unrealized gains (losses) on investments	4	12,484,947
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,704,766
9	Total adjustments (net) Add lines 4 - 8	9	14,189,713
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	63,060,367
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	
1	Total revenue, gains, and other support per audited financial statements	1	307,206,590
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)		
e	Add lines 2a through 2d	2e	13,788,724
3	Subtract line 2e from line 1	3	293,417,866
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	-17,531
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	293,400,335
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per	
1	Total expenses and losses per audited financial statements	1	245,146,223
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses	1	
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	3,540,659
3	Subtract line 2e from line 1	3	241,605,564
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b 2,924,117	_	
c	Add lines 4a and 4b	4c	2,924,117
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	244,529,681
	t XIV Supplemental Information		
Con	onlete this part to provide the descriptions required for Part II, lines 3 5, and 9 Part III, lines $1a$ and 4 P	art IV	lines 1 b and 2 b

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FIN 48 FOOTNOTE FROM AUDITED FINANCIAL REPORT, NOTES 1 AND 4 NOTE 1 - INCOME TAXES ACT WAS INCORPORATED UNDER THE NONPROFIT CORPORATION ACT OF 10 WA 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 SEE NOTE 4 FOR INFORMATION ON INCOME TAX'S ON UNRELATED BUSINESS INCOME ACT FILES 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 UITIMATELY 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, IF ANY TAX POSITIONS TAX POSITIONS THAT MEET THI "MORE LIKELY THAN NOT TRECOGNITION THAT MEET THI "MORE LIKELY THAN NOT TRECOGNITION THAT SENDEFIT THAT IS MORE THAN SO PERCENT LIKELY TO BE REALIZED ON SETTLEMENT WITH THE POSITION STAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNCERTAIN TAX BENEFITS IN THE POSITION OF THE BENEFIT THAT IS MORE THAN SO PERCENT LIKELY TO BE REALIZED ON SETTLEMENT WITH THE INTERNAL REVENUE SERVICE, IS DEEMED TO BE UNRELATED TO ITS TAX-EXEMPT PURPOSE ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITY THE POSITION OF THE BENEFITS DEEMED TO BE UNRELATED TO ITS TAX-EXEMPT PURPOSE AND, THEREFORE, MAY BE SUBJECT TO FE
PART XI, LINE 8 - OTHER ADJUSTMENTS		NET APPRECIATION IN FAIR VALUE OF INTEREST RATE SWAPS 323,404 (DECREASE) IN NET ASSETS - FOREIGN SUBSIDIARIES -409,647 (DECREASE) IN NET ASSETS - ACT BRIDGE -658,320 EQUITY IN NET LOSS OF NONMARKETABLE EQUITY SECURITIES -550,671 PROGRAM-RELATED INVESTMENT REPORTED AS GRANT PER FORM 990 INSTRUCTIONS 2,000,000 CAPITAL CONTRIBUTION 1,000,000
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET APPRECIATION IN FAIR VALUE OF INTEREST RATE SWAPS 323,404 INTEREST EXPENSE NETTED WITH REVENUE FOR AUDIT -924,117 INTERCOMPANY REVENUE - AES -136,478 INTERCOMPANY REVENUE - ABS -34,736 ACT INTERNATIONAL REVENUE - SEPARATE ENTITIES 2,626,375 EQUITY IN NET LOSS OF NONMARKETABLE EQUITY SECURITIES -550,671
PART XII, LINE 4B - OTHER ADJUSTMENTS		(LOSS) ON SALE OF EQUIPMENT -17,531
PART XIII, LINE 2D - OTHER ADJUSTMENTS		INTERCOMPANY REVENUE- AES -136,478 INTERCOMPANY REVENUE- ABS -34,736 ACT INTERNATIONAL EXPENSES - SEPARATE ENTITIES 3,036,022 ACT BRIDGE EXPENSES - SEPERATE ENTITY 658,320 LOSS ON SALE OF EQUIPMENT 17,531
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INTEREST EXPENSE NETTED WITH REVENUE FOR AUDIT 924,117 PROGRAM-RELATED INVESTMENT REPORTED AS GRANT PER FORM 990 INSTRUCTIONS 2,000,000

DLN: 93493194007052

Employer identification number

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE F (Form 990)

ACT INC

Name of the organization

3a Sub-total

to Part I

b Total from continuation sheets

c Totals (add lines 3a and 3b)

► Complete if the organization answered "Yes" to Form 990. Part IV. line 14b. 15. or 16.

Statement of Activities Outside the United States

► Attach to Form 990. ► See separate instructions. Department of the Treasury Internal Revenue Service

42-0841485

General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award ✓ Yes No For grantmakers, Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Part V if additional space is needed) (b) Number of (e) If activity listed in (d) is a (a) Region (c) Number of (d) Activities conducted in (f) Total employees or region (by type) (e.g., program service, describe expenditures for offices in the agents in region or region fundraising, program specific type of region/investments ındependent services, investments, grants service(s) in region ın region contractors to recipients located in the region) 29,056 CENTRAL AMERICA AND THE 0 0 PROGRAM SERVICES TESTING SERVICES CARIBBEAN EAST ASIA AND THE 0 0 PROGRAM SERVICES TESTING SERVICES 161.762 **PACIFIC EUROPE (INCLUDING** 0 PROGRAM SERVICES 0 TESTING SERVICES 130,473 ICELAND & GREENLAND) MIDDLE EAST AND NORTH 0 0 PROGRAM SERVICES TESTING SERVICES 114,990 AFRICA NORTH AMERICA 0 0 PROGRAM SERVICES TESTING SERVICES 943,660 **RUSSIA & THE NEWLY** 0 0 PROGRAM SERVICES TESTING SERVICES 7,778 INDEPENDENT STATES SOUTH AMERICA 0 0 PROGRAM SERVICES TESTING SERVICES 34,590 SOUTH ASIA 0 0 PROGRAM SERVICES TESTING SERVICES 24,551 SUB-SAHARAN AFRICA 0 0 PROGRAM SERVICES TESTING SERVICES 20,620 2,000,000 EUROPE (INCLUDING 0 O GRANTS AND OTHER ICELAND & GREENLAND) ASSISTANCE TO RECIPIENTS LOCATED IN REGION

0

1,446,860

2,020,620

3,467,480

Use Part V if additional space is needed.

(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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CAPITAL CONTRIBUTION TO CONTROLLED FOREIGN CORPORATION FOR GENERAL SUPPORT	2,000,000	WIRE TRANSFER		O N/A	N/A
2 Enter total nu	mber of recipions the IRS. or f	ent organizations li for which the grant	sted above that are re	ecognized as charit vided a section 501	 es by the foreign c (c)(3) equivalency	l ountry, recognized letter	as	0
-		_	ntities				. ▶	1 F (Form 990) 2010

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,

Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(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)
			I				
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	[~	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	ি	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	্	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	▽	Yes	Г	Νo

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 ACT, INC CONDUCTS SOME PROGRAM-RELATED ACTIVITIES THROUGH 100% OWNED CORPORATIONS ORGANIZED IN FOREIGN COUNTRIES AS DETAILED IN FORM 990, SCH R, PART IV DURING THE YEAR, ACT, INC MADE A CONTRIBUTION OF CAPITAL TO ONE SUCH FOREIGN CORPORATION LOCATED IN EUROPE. THE \$2,000,000 CONTRIBUTION OF CAPITAL IS BEING REPORTED AS GRANTS AND OTHER ASSISTANCE TO ORGANIZATIONS OR ENTITIES OUTSIDE THE UNITED STATES PURSUANT TO FORM 990 INSTRUCTIONS AS THE 100% OWNER OF THE RECIPIENT FOREIGN CORPORATION, ACT, INC MAINTAINS FULL CONTROL AND OVERSIGHT OF THE USE OF THE FUNDS FOR EXEMPT PURPOSES

ldentifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 THE FOREIGN EXPENDITURES FOR PROGRAM SERVICES REPORTED IN COLUMN (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

Schedule F (Form 990) 2010

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

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493194007052 OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

Inspection

Name of the organization						Employer Identification	оп питрег
ACTINC						42-0841485	
Part I General Information	on on Grants and	l Assistance				•	
Does the organization maintain the selection criteria used to avDescribe in Part IV the organization	ward the grants or as	sıstance? .					✓ Yes
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	es" to . Part II can be
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
See Additional Data Table							
2 Enter total number of section 5		_				<u>*</u> _	15

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 ACT REVIEWS THE QUALIFICATIONS OF THOSE REQUESTING CONTRIBUTIONS TO ENSURE THAT THEY ARE NONPROFIT ORGANIZATIONS ACT HAS CREATED AN EMPLOYEE COMMITTEE TO REVIEW ALL SUCH REQUESTS ALL GRANTS AND CONTRIBUTIONS ARE REVIEWED AND APPROVED BY THE CEO PRIOR TO COMMITMENT

Software ID:

Software Version:

EIN: 42-0841485

Name: ACT INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DATA QUALITY CAMPAIGN INC1250 H ST NW STE 825 WASHINGTON, DC 20005	27-4566795	501(C)(3)	100,000		N/A	N/A	GENERAL SUPPORT
COMMUNITY FOUNDATION OF JOHNSON COUNTY325 E WASHINGTON ST IOWA CITY,IA 52240	42-1508117	501(C)(3)	75,000		N/A	N/A	\$25,000 UNITED WAY HEALTHY KIDS SCHOOL BASED CLINICS, \$50,000 CORALVILLE CTR FOR THE PERFORMING ARTS PLEDGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION3035 CENTER GREEN DR STE 200 BOULDER,CO 80301	84-6008945	501(C)(3)	75,000		N/A	N/A	SECOND PLEDGE PAYMENT
UNITED WAY OF JOHNSON COUNTY1150 5TH ST STE 290 CORALVILLE,IA 52241	42-6062055	501(C)(3)	73,404		N/A	N/A	GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVERSITY FOCUS205 2ND AVE SE CEDAR RAPIDS, IA 52401	20-3420207	501(C)(3)	50,000		N/A	N/A	GENERAL SUPPORT
EXCELENCIA IN EDUCATION1717 N ST NW 2ND FL WASHINGTON, DC 20036	20-0927912	501(C)(3)	30,000		N/A	N/A	2011 SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
NATIONAL CRC ADVOCATES7063 COUNTRY SPRINGS BYRON CENTER, MI 49314	45-2041430	501(C)(3)	30,000		N/A	N/A	GENERAL SUPPORT	
UNIVERSITY OF IOWA FOUNDATION500 ALUMNI CENTER PO BOX 4550 IOWA CITY,IA 52244	42-0796760	501(C)(3)	25,000		N/A	N/A	HANCHER PARTNERS PROGRAM	

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA CITY COMMUNITY SCHOOL DISTRICT FOUNDATION509 S DUBUQUE ST IOWA CITY,IA 52240	42-1177023	501(C)(3)	25,000		N/A	N/A	2ND HALF OF 2007 PLEDGE
IOWA CITY AREA DEVELOPMENT GROUP INC 325 E WASHINGTON ST STE 101 IOWA CITY, IA 52244	42-1234837	501(C)(6)	25,000		N/A	N/A	FY2011 PLEDGE PAYMENT

				_			
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ASSOCIATION OF COMMUNITY COLLEGESONE DUPONT CIRCLE NW STE 410 WASHINGTON, DC 20036	53-0196569	501(C)(3)	25,000		N/A	N/A	AACC NATIONAL COMMISSION
NATIONAL GOVERNORS ASSOCIATION CENTER FOR BEST PRACTICES444 N CAPITOL ST STE 267 WASHINGTON.DC 20001	23-7391796	501(C)(3)	20,000		N/A	N/A	CORPORATE FELLOWS PROGRAM ANNUAL CONTRIBUTION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF LATINO ADMINISTRATORS AND SUPERINTENDENTS65 W BOSTON POST RD STE 200 MARLBOROUGH, MA 01752	27-2674757	501(C)(3)	20,000		N/A	N/A	2011 ALAS LEADERSHIP ACADEMY SPONSORSHIP
AMERICAN CANCER SOCIETY4080 1ST ST NE STE 101 CEDAR RAPIDS,IA 52402	13-1788491	501(C)(3)	11,000		N/A	N/A	\$10,000 HOPE LODGE PLEDGE, \$1,000 RELAY FOR LIFE

	· · · · · · · · · · · · · · · · · · ·						
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA129 E WASHINGTON ST IOWA CITY,IA 52242	42-6004813	501(C)(3)	10,000		N/A	N/A	4-26-11 WOMEN'S LEADERSHIP CONFERENCE - SILVER SPONSORSHIP
IOWA CITY CHAMBER OF COMMERCE325 E WASHINGTON STE 100 IOWA CITY,IA 52240	42-0330530	501(C)(6)	9,050		N/A	N/A	LEADERSHIP AND EDUCATION PROGRAMS, ANNUAL BANQUET SPONSORSHIP

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR RAPIDS OPERA THEATRE1120 2ND AVE SE CEDAR RAPIDS,IA 52403	42-1476568	501(C)(3)	5,000		N/A	N/A	4-23-11 GALA EVENT SPONSORSHIP

DLN: 93493194007052

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

ACT	TINC 42-0841485			
Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	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	
3	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 Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization	ation		
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С		4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
а	The organization?	6a		Νο
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	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		No
8	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 in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			100

section 53 4958-6(c)?

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

For each individual whose compensation must be reported 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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
(1) JON S WHITMORE	(I) (II)	166,617 0	0 0	4,707 0	14,538 0	14,232 0	200,094	. 0	
(2) CARL A COHN	(I) (II)	51,250 0	0	0	0	0	51,250 0	0	
(3) THOMAS J GOEDKEN	(ı) (ıı)	294,860 0	10,000 0	17,657 0	37,775 0	14,133 0	374,425 0	0	
(4) CYNTHIA SCHMEISER	(ı) (ıı)	290,279 0	10,000 0	455,737 0	39,200 0	19,029 0	814,245 0	67,935	
(5) MARTIN L SCAGLIONE	(I) (II)	268,235 0	10,000 0	17,545 0	29,400 0	16,468 0	341,648 0	0	
(6) JON ERICKSON	(I) (II)	206,509 0	5,000 0	18,095 0	86,835 0	12,302 0	328,741 0	0	
(7) ARTHUR C PETERS	(I) (II)	185,150 0	5,000 0	38,494 0	22,274 0	17,615 0	268,533 0	0	
(8) JANET GODWIN	(I) (II)	154,765 0	7,500 0	347 0	19,667 0	22,478 0	204,757 0	0	
(9) RANJIT SIDHU	(1) (11)	233,531 0	5,000 0	48,291 0	22,050	24,364 0	333,236 0	0	
(10)THOMAS SATERFIEL	(I) (II)	201,458 0	5,000 0	18,741 0	35,694 0	15,296 0	276,189 0	0	
(11) ROSE RENNEKAMP	(ı) (ıı)	189,349 0	5,000 0	18,590 0	25,254 0	15,016 0	253,209	0	
(12) CHARLES SMITH	(I) (II)	193,994 0	7,500 0	6,003 0	18,108 0	12,118	237,723	0	
(13) DOUGLAS F BECKER	(I) (II)	196,562 0	5,000 0	695 0	24,067 0	18,739 0	245,063	0	
(14) RICHARD L FERGUSON	(I) (II)	548,746 0	0	788,812 0	39,290 0	4,171	1,381,019	0	
(15)									
(16)									

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

Identifier	Return Reference	Explanation Explanation
	1A	ONE KEY EMPLOYEE RECEIVED AN AMOUNT FOR HEALTH OR SOCIAL CLUB DUES THIS AMOUNT IS TAXABLE TO THE EMPLOYEE AND IS REFLECTED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN (B)(III) ONE HIGHEST COMPENSATED EMPLOYEE RECEIVED AN AMOUNT FOR A HOUSING ALLOWANCE THIS IS A TEMPORARY BENEFIT PROVIDED TO ELIGIBLE EMPLOYEES UNDER THE ORGANIZATION'S WRITTEN RELOCATION POLICY THIS AMOUNT IS TAXABLE TO THE EMPLOYEE AND IS REFLECTED IN REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN (B)(III)
	4B	ACT MAINTAINED A NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN FOR THE FORMER CEO/CHAIRMAN OF THE BOARD UNDER THE TERMS OF THE AGREEMENT, THE DISTRIBUTION UPON RETIREMENT WAS CALCULATED BASED ON ANNUAL SALARY AT RETIREMENT MULTIPLIED BY A FACTOR THAT IS BASED ON AGE AT RETIREMENT PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION FOR RICHARD FERGUSON, FORMER CEO/CHAIRMAN OF THE BOARD INCLUDES A DISTRIBUTION FROM THE NON-QUALIFIED SUPPLEMENTAL RETIREMENT PLAN IN THE AMOUNT OF \$714,000 NO OTHER LISTED PERSONS PARTICIPATED IN OR RECEIVED DISTRIBUTIONS FROM THIS PLAN DURING THE YEAR ACT MAINTAINS A NON-QUALIFIED DEFERRED COMPENSATION PLAN UNDER SECTION 457(F) OF THE INTERNAL REVENUE CODE FOR CERTAIN LISTED PERSONS THE PLAN PROVIDES FOR ACT TO MAKE DISCRETIONARY CONTRIBUTIONS FOR ELIGIBLE EMPLOYEES PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION FOR CYNTHIA SCHMEISER, PRESIDENT & COO EDUCATIONAL DIVISION INCLUDES A DISTRIBUTION FROM THE SECTION 457(F) PLAN IN THE AMOUNT OF \$30,942 OF THIS AMOUNT, \$22,685 WAS REPORTED AS DEFERRED COMPENSATION IN A PRIOR YEAR FORM 990 OTHER LISTED PERSONS PARTICIPATE IN BUT DID NOT RECEIVE DISTRIBUTIONS FROM THIS PLAN DURING THE YEAR ACT MAINTAINS A LEGACY EARLY RETIREMENT PLAN THAT HAS BEEN CLOSED TO NEW ENTRANTS TO BE ELIGIBLE, THE EMPLOYEE MUST HAVE COMPLETED 20 YEARS OF CONTINUOUS SERVICE AND RETIRE BETWEEN THE AGES OF 60 AND 65 THE PLAN PROVIDES FOR THE PAYMENT OF CERTAIN RETIREMENT BENEFITS BASED ON SALARY OF THE EMPLOYEE AT DATE OF RETIREMENT PART II, COLUMN (C), DEFERRED COMPENSATION INCLUDES THE INCREASE IN ACTUARIAL VALUE THAT HAS OCCURRED TO AN INDIVIDUAL'S VESTED BALANCE DURING THE YEAR 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 DEFERRED COMPENSATION PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION FOR CYNTHIA SCHMEISER, PRESIDENT & COO EDUCATIONAL DIVISION INCLUDES A DISTRIBUTION FROM THE EARLY RETIREMENT
SUPPLEMENTAL INFORMATION		FORM 990, PART VII, SECTION A, LINE 5 AND SCH J, PART II CARL COHN'S BASE COMPENSATION OF \$51,250 INCLUDES \$11,250 PAID BY ACT AND \$40,000 PAID BY URBAN SCHOOL IMAGINEERS, AN UNRELATED ORGANIZATION OF WHICH COHN IS A PRINCIPAL TOGETHER THESE AMOUNTS REPRESENT COMPENSATION FOR SERVICES PROVIDED TO ACT

Schedule J (Form 990) 2010

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DLN: 93493194007052

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

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Department of the Treasury
Internal Revenue Service

Name of ACT INC	f the organization							E	mployer id	lent if ica	tion numbe	er	
									2-08414				
Part I	Excess Benefit Tran										405		
	Complete if the organizat	ion ans	werea	Yes" on For	m 990, F T	art IV, line 25a c	or 250,	or Form	990-EZ,	Part V, II		(c)	
1	(a) Name of disq	ualıfıed	person			(b) Desc	ription	of trans	action			rected?	
						, ,	•				Yes	No	
2 Ent	er the amount of tax impos	od on ti	oo organ	nization man	agore or	disqualified person	one dur	ına tha v	oar undo	-			
	tion 4958		_					-	F	\$			
3 Ent	er the amount of tax, if any	, on line	2, abo	ve, reimburs	ed by th	e organization .			🕨	\$			
						-							
Part II	Loans to and/or F Complete if the organiz					Dowt IV June 26	a	~ 000 [-7 Dowt \/	lina 20	_		
	Complete if the organiz			l les onr	OTTI 990	, Faiciv, line 20	, 01 - 011	11 990-1	(f)	, iiile 30			
(a) Nam	e of interested person and		oan to m the	(c)0 rig	unal	1	(e) In Approved				(g)Written		
(a) Naiii	purpose		zation?	principal a		(d)Balance due	defau	lt?	by boar		agreeme	nt?	
		To	From	1			Yes	No	Yes	No	Yes	No	
		'	110111				103	110	1.03	110	103	110	
Γotal .					▶ \$								
Part II	Grants or Assistar Complete if the orga						luno 1	77					
						een interested per							
(a) Name of interested pers	on	'	•	•	ganization	3011	(c) A m	nount of gi	ant or ty	pe of assis	stance	

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete ii the organizat	ion answered res on	ronni 990, Part IV, ili	ie zoa, zob, or zoc.		
(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			organiz reven Yes	No
(1) TEACHERS SUPPORT NETWORK	SEE SCH L, PART V	2,100,450	SEE PART V		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION THOMAS GOEDKEN AND J THEODORE SANDERS ARE DIRECTORS OF TEACHERS SUPPORT NETWORK (D) DESCRIPTION OF TRANSACTION DURING THE YEAR, ACT ENTERED INTO A CONTRACT WITH TEACHERS SUPPORT NETWORK TO REDEEM ITS SHARES OF STOCK IN TEACHERS SUPPORT NETWORK FOR A SALES PRICE OF \$2,100,000 ACT ALSO RECEIVED PAYMENT OF \$450 FOR TESTING SERVICES PROVIDED TO TEACHERS SUPPORT NETWORK DURING THE YEAR

Schedule L (Form 990 or 990-EZ) 2010

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As Filed Data -

DLN: 93493194007052

OMB No 1545-0047 2010

> Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization **Employer identification number** ACT INC 42-0841485

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6, NUMBER OF VOLUNTEERS	ACT HAS STATE ORGANIZATIONS THAT SERVE AS ADVISORY AND ADVOCACY GROUPS TO FACILITATE COMMUNICATIONS BETWEEN ACT AND THE EDUCATIONAL INSTITUTIONS AND AGENCIES THAT PARTICIPATE IN ACT PROGRAMS THESE ORGANIZATIONS ARE NOT SEPARATE LEGAL ENTITIES, BUT DO HAVE ORGANIZING BY LAWS THE STATE ORGANIZATIONS PROVIDE FEEDBACK TO ACT ON ITS PROGRAMS AS THEY RELATE TO THE INFORMATION NEEDS OF INDIVIDUALS, SCHOOLS, AND AGENCIES IN THE STATE APPROXIMATELY 10,813 REPRESENTATIVES FROM EDUCATIONAL INSTITUTIONS ARE MEMBERS OF ACT'S ADVISORY GROUPS THAT RECEIVE INFORMATION FROM ACT OUT OF THIS GROUP, THERE ARE APPROXIMATELY 703 INDIVIDUALS WHO ACTIVELY VOLUNTEER THEIR TIME TO SERVE IN AN ADVISORY CAPACITY BY ATTENDING MEETINGS WITH ACT REGIONAL AND NATIONAL OFFICE STAFF TO PROVIDE INPUT

ldentifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	WORKFORCE CURRICULUM (KEYTRAIN) - ACQUIRED IN DECEMBER 2010, KEYTRAIN PROVIDES CURRICULUM THAT MAPS DIRECTLY TO WORKFORCE ASSESSMENTS THE ASSESSMENTS DIAGNOSE SKILL DEFICIENCIES WHICH ARE THEN TARGETED AND REMEDIATED THROUGH THE CURRICULUM PROVIDED BY KEYTRAIN NCEA COREWORK - RESEARCH-BASED SCHOOL IMPROVEMENT PROGRAM WHICH HELPS DISTRICTS AND SCHOOLS TO EVALUATE CURRENT CORE PRACTICES IN ORDER TO PRIORITIZE INITIATIVES AND CREATE CONCRETE STRATEGIES TO INCREASE STUDENT LEARNING

ldentifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	· '	DATA QUALITY CAMPAIGN - DATA QUALITY CAMPAIGN IS AN INITIATIVE TO PROMOTE THE USE OF QUALITY DATA TO DRIVE SCHOOL IMPROVEMENT THIS CAMPAIGN BECAME A SEPARATE NON-PROFIT CORPORATION IN JUNE 2011

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 OF OTHER ENTITIES (1) JON WHITMORE AND THOMAS GOEDKEN ARE DIRECTORS OF ACT INTERNATIONAL B V (2) JON WHITMORE AND THOMAS GOEDKEN ARE DIRECTORS OF ACT EDUCATION SOLUTIONS LTD (HONG KONG) (3) JON WHITMORE AND THOMAS GOEDKEN ARE DIRECTORS OF ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY LTD (4) JON WHITMORE AND THOMAS GOEDKEN ARE DIRECTORS OF ACT INFORMATION CONSULTING (SHANGHAI) CO LTD (5) JON WHITMORE AND THOMAS GOEDKEN ARE DIRECTORS OF ACT BUSINESS SOLUTIONS B V (6) JON WHITMORE AND JAMES BOSTIC, JR ARE DIRECTORS OF ACT BRIDGE, INC (7) THOMAS GOEDKEN AND J THEODORE SANDERS ARE DIRECTORS OF TEACHERS SUPPORT NETWORK

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		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 OUTSIDE TAX PREPARER AND 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

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ACT HAS CREATED AN ETHICS ADVISORY COMMITTEE MEMBERS OF THE ETHICS ADVISORY COMMITTEE REVIEW CONFLICT OF INTEREST QUESTIONNAIRES SUBMITTED BY EMPLOYEES AND ARE RESPONSIBLE FOR SEEING THAT CONFLICTS OF INTEREST ARE INVESTIGATED AND APPROPRIATELY ADDRESSED THEY ALSO WORK CLOSELY WITH ACT'S HUMAN RESOURCES DEPARTMENT TO DEVELOP EDUCATION AND TRAINING PROGRAMS FOR EMPLOYEES REGARDING THE CONFLICTS OF INTEREST POLICY AND ETHICS ISSUES THE ETHICS ADVISORY COMMITTEE REPORTS DIRECTLY TO THE AUDIT COMMITTEE OF ACT'S BOARD OF DIRECTORS CONFLICT OF INTEREST QUESTIONNAIRES SUBMITTED BY DIRECTORS OR OFFICERS ARE REVIEWED AND ADDRESSED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION OF OFFICERS AND DIRECTORS IS DETERMINED BY THE BOARD BASED UPON A PROCESS THAT INCLUDES A COMPENSATION COMMITTEE OF THE BOARD AND AN INDEPENDENT COMPENSATION STUDY CONDUCTED BY A PROFESSIONAL FIRM THAT INCLUDES REVIEW OF COMPENSATION PUBLISHED BY SIMILAR ORGANIZATIONS CONTAINED IN FORM 990 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 AND INCLUDES APPLICABLE DATA GATHERED AND REVIEWED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ACT DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

ldentifier	Return Reference	Explanation
	· '	PER ACT POLICY, BOARD MEMBERS ARE EXPECTED TO PARTICIPATE IN FOUR THREE-DAY BOARD MEETINGS, COMMITTEE MEETINGS THAT OCCUR THROUGHOUT THE YEAR, AND AT OTHER TIMES TO DISCUSS IMPORTANT AND STRATEGIC MATTERS PERTAINING TO ACT IN EXCHANGE FOR THEIR VALUABLE TIME AND SERVICE, ACT COMPENSATES THE BOARD WITH AN ANNUAL AMOUNT THAT IS PRORATED FOR MEETING ATTENDANCE AND PARTIAL YEARS OF SERVICE. THE CHAIRMAN OF THE BOARD AND COMMITTEE CHAIRS, AS WELL AS BOARD MEMBERS WHO ARE REQUESTED TO PROVIDE TIME OTHER THAN FOR MEETING ATTENDANCE, RECEIVE ADDITIONAL COMPENSATION AT A COMMENSURATE HOURLY RATE. IN ADDITION TO SERVING AS A VOTING MEMBER OF THE BOARD OF DIRECTORS, JON WHITMORE ALSO SERVES AS CEO OF ACT. HIS COMPENSATION AS CEO IS DISCLOSED ON FORM 990, PART VII, SECTION A AND SCHEDULE J. HE RECEIVES NO ADDITIONAL COMPENSATION FOR SERVICE AS A MEMBER OF THE BOARD OF DIRECTORS. SOME BOARD MEMBERS HAVE CHOSEN TO FORGO COMPENSATION FOR THEIR SERVICES TO ACT.

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B), AVERAGE HOURS PER WEEK	HOURS LISTED FOR EACH INDIVIDUAL ARE REPORTED ON A CALENDAR YEAR BASIS

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	,	NET UNREALIZED GAINS ON INVESTMENTS 12,484,947 NET APPRECIATION IN FAIR VALUE OF INTEREST RATE SWAPS 323,404 (DECREASE) IN NET ASSETS - FOREIGN SUBSIDIARIES -409,647 (DECREASE) IN NET ASSETS - ACT BRIDGE -658,320 EQUITY IN NET LOSS OF NONMARKETABLE EQUITY SECURITIES -550,671 PROGRAM-RELATED INVESTMENT REPORTED AS GRANT PER FORM 990 INSTRUCTIONS 2,000,000 CAPITAL CONTRIBUTION 1,000,000 TOTAL TO FORM 990, PART XI, LINE 5 14,189,713

Identifier	Return Reference Explanation						
	FORM 990, PART XII, LINE 2C, RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT	THE ORGANIZATION'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT					

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DLN: 93493194007052

2010

OMB No 1545-0047

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 42-0841485

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete the tax year.)	ıf the organizatior	n answered "Yes" (on Form 990, Part	: IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5: contr organi	rolled
						Yes	No
(1) ACT FOUNDATION							
500 ACT DRIVE	TO SUPPORT THE ACTIVITIES OF ACT, INC	IA	501(C)(3)	LINE 11A, I	N/A	Yes	
IOWA CITY, IA 52243 27-2574917							
						+	
For Privacy Act and Paperwork Reduction Act Notice, see the Instruct	ions for Form 990.	Cat No 50	0135Y	•	Schedule R (I	Form 990)	2010

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

			3		, <u>, , , , , , , , , , , , , , , , , , </u>	, ,						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Genei mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	
						1			1 10 4 11	_		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ACT EDUCATION SOLUTIONS LTD (HONG KONG) ROOM 2503 BANK OF AMERICA TOWER HONG KONG HK	TESTING SERVICES	нк	ACT INTERNATIONAL BV	С	927,750	2,748,307	100 000 %
(2) ACT INTERNATIONAL BV NARITAWEG 165 1043 BW AMSTERDAM NL	HOLDING COMPANY	NL	N/A	С	-3,044	7,533,510	100 000 %
(3) ACT BUSINESS SOLUTIONS BV NARITAWEG 165 1043 BW AMSTERDAM NL	HOLDING COMPANY	NL	ACT INTERNATIONAL BV	С	-393,373	122,811	100 000 %
(4) ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY LTD LEVEL 7 54 MILLER ST NORTH SYDNEY, NSW 2060 AS	TESTING SERVICES	AS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	1,073,322	614,812	100 000 %
(5) ACT EDUCATION SOLUTIONS (KOREA) INC 20F KOREA FIRST BANK BLDG 100 GONG SEOUL KS	TESTING SERVICES	KS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	8,621	5,495	100 000 %
(6) ACT INFORMATION CONSULTING (SHANGHAI) CO LTD ROOM 1204 TIAN AN CTR 338 NANJING SHANGHAI CH	TESTING SERVICES	СН	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	1,854,685	1,778,825	100 000 %
(7) ACT BRIDGE INC 3475 LENOX ROAD NE SUITE 300 ATLANTA, GA30326 45-1602599	TESTING SERVICES	DE	N/A	С		2,521,862	100 000 %

Schedule R (Form 990) 2010		Рa	ge 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or	r 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1 c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f	Yes	
g Purchase of assets from other organization(s)	1 g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No
· · · · · · · · · · · · · · · · · · ·			

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) ACT INTERNATIONAL BV	В	2,000,000	CASH
(2) ACT EDUCATION SOLUTIONS LTD (HONG KONG)	Р	85,133	COST PLUS % MARK-UP
(3) ACT EDUCATION SOLUTIONS LTD (HONG KONG)	к	48,250	COMPARABLE SALES
(4) ACT BUSINESS SOLUTIONS BV	А	704	% OF GROSS SALES
(5) ACT BRIDGE INC	В	3,000,000	CASH
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners :ion :)(3) :ations?	(e) Share of end-of-year assets		r) ortionate tions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	h) eral or laging tner?
			Yes	No		Yes	No		Yes	No
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2010

Software ID:

Software Version:

EIN: 42-0841485

Name: ACT INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
ACT EDUCATION SOLUTIONS LTD (HONG KONG) ROOM 2503 BANK OF AMERICA TOWER HONG KONG HK	TESTING SERVICES	нк	ACT INTERNATIONAL BV	С	927,750	2,748,307	100 000 %
	HOLDING COMPANY	NL	N/A	С	-3,044	7,533,510	100 000 %
	HOLDING COMPANY	NL	ACT INTERNATIONAL BV	С	-393,373	122,811	100 000 %
ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY LTD LEVEL 7 54 MILLER ST NORTH SYDNEY, NSW 2060 AS	TESTING SERVICES	AS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	1,073,322	614,812	100 000 %
ACT EDUCATION SOLUTIONS (KOREA) INC 20F KOREA FIRST BANK BLDG 100 GONG SEOUL KS	TESTING SERVICES	KS	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	8,621	5,495	100 000 %
ACT INFORMATION CONSULTING (SHANGHAI) CO LTD ROOM 1204 TIAN AN CTR 338 NANJING SHANGHAI CH	TESTING SERVICES	СН	ACT EDUCATION SOLUTIONS LTD (HONG KONG)	С	1,854,685	1,778,825	100 000 %
ACT BRIDGE INC 3475 LENOX ROAD NE SUITE 300 ATLANTA, GA30326 45-1602599	TESTING SERVICES	DE	N/A	С		2,521,862	100 000 %



TY 2010 Earnings and Profits Other Adjustments Statement

Name: ACT INC

Description	Amount
TAX PAID	-36,870



TY 2010 Earnings and Profits Other Adjustments Statement

Name: ACT INC

Description	Amount
TAXES	-537,967

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TY 2010 Investment in Subsidiaries Statement

Name: ACT INC

Description	Beginning Amount	Ending Amount
INVESTMENT IN SUBSIDIARIES	4,965,177	6,837,135

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TY 2010 Investment in Subsidiaries Statement

Name: ACT INC

Description	Beginning Amount	Ending Amount
INVESTMENT IN SUBSIDIARIES	400,052	400,052

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TY 2010 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY		PROVISION FOR INCOME TAX	1,142	0
		OTHER CURRENT LIABILITIES	91,198	113,022

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TY 2010 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS (KOREA) INC		OTHER CURRENT LIABILITIES	856	0
		ACCRUED SALARIES	43,516	0

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TY 2010 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT INFORMATION CONSULTING (SHANGHAI) CO		PROVISION FOR TAXES	6,410	3,021

TY 2010 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS LIMITED (HONG KO		OTHER CURRENT LIABILITIES	-4,577	107

TY 2010 Itemized Other Current Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		OTHER CURRENT LIABILITIES	0	28,154

TY 2010 Itemized Other Assets Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
ACT INFORMATION CONSULTING (SHANGHAI) CO		OTHER NON-CURRENT ASSETS	4,035	5,278

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS (AUSTRALIA) PTY		OTHER CURRENT ASSETS	10,347	16,579

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS (KOREA) INC		BOND	438	0

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT INFORMATION CONSULTING (SHANGHAI) CO		OTHER CURRENT ASSETS	19,971	23,007

Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
ACT EDUCATION SOLUTIONS LIMITED (HONG KO		OTHER CURRENT ASSETS	10,519	7,511

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Name: ACT INC

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		INCOME TAXES RECEIVABLE	0	2,448

Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A	263,198	267,666

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Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A	2,182,361	1,965

Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A	4,163,951	633,207

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Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A		45,612

Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
EXTAERNAL WORKS		351,509
OTHER SG&A		22,022

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Name: ACT INC

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
OTHER SG&A		1,441,787

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TY 2010 Itemized Other Liabilities Schedule

Name: ACT INC

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
ACT INFORMATION CONSULTING (SHANGHAI) CO		OTHER NON-CURRENT LIABILITIES	2,342	0

TY 2010 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE GAIN	26,323	26,770

TY 2010 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE GAIN	2,835,403	2,553

TY 2010 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE GAIN	3,308	503

TY 2010 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS		-3,044

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TY 2010 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE LOSS		-3,045
EXTRAORDINARY LOSS - SPANISH BRANCH		-400,119

TY 2010 Other Income Statement

Name: ACT INC

Description	Foreign Amount	Amount
FOREIGN CURRENCY EXCHANGE GAIN		1,223

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TY 2010 Owns Foreign Entities Statement

Name: ACT INC

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

TY 2010 Organization Chart Statement

Name: ACT INC

Entity Name	Placement Or Position	Percentage Of Ownership	Tax Classification	Country
ACT INC	PARENT		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 SUCURSA	SUBSIDIARY OF ACT BUSINESS SOLUTIONS	100 000 %	FOREIGN SINGLE OWNER ELECTING TO BE DISREGARDED AS SEPARATE ENTITY	SP